

Rotha Mary Clay, The Medieval Hospitals of England. Methuen & Co. London, 1909.

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CHAPTER IV

THE LAZAR-HOUSE

*“For the relief of divers persons smitten with this sickness and destitute and walking at large within the realm.”*¹



[Illustration: Harbledown Hospital, Near Canterbury.]

On the outskirts of a town seven hundred years ago, the eye of the traveller would have been caught by a well-known landmark—a group of cottages with an adjoining chapel, clustering round a green enclosure. At a glance he would recognise it as the lazarus-house, and would prepare to throw an alms to the crippled and disfigured representative of the community.

It is a startling fact that there is documentary evidence for the existence of over 200 such institutions in this country [England] in the middle ages, though

historians disagree in their conclusions on this subject, as they do on the extent and duration of the disease itself. To some, leprosy is a phantom praying upon the imagination of a terror-stricken nation ; to others, an all-devouring giant stalking through the land. One writer surmises that all the British leper-hospitals together did not exceed fifty, for “there might have been a leper in a village here and there, one or two in a market-town, a dozen or more in a city, a score or so in a whole diocese.” Another says that “the number of these lazar-houses, however great, was insufficient to accommodate

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more than a small proportion of those suffering from the disease. The rest flocked to the highroads, and exposed their distorted limbs and sores, and sought by attracting the notice of travellers to gain alms for their support.”

Speaking broadly, one may say that leprosy raged from the eleventh to the middle of the thirteenth century, when it abated ; that it was inconsiderable after the middle of the fourteenth ; that, though not extinct, it became rare in the fifteenth ; and had practically died out by the sixteenth century, save in the extreme south-west of England.

It is commonly supposed that leprosy was introduced into this country by returning crusaders. “The leprosy was one epidemical infection which tainted the pilgrims coming thither,” says Fuller ; “hence was it brought over into England—never before known in this island—and many lazar-houses erected.” Voltaire makes this satirical epigram :— “All that we gained in the end by engaging in the Crusades, was the leprosy ; and of all that we had taken, that was the only thing that remained with us.” This theory, however, is no longer accepted, and Dr. C. Creighton expresses an opinion that it is absurd to suppose that leprosy could be “introduced” in any such way. Geoffrey de Vinsauf, the chronicler who accompanied Richard I, says, indeed, that many perished from sickness of a dropsical nature. He was an eyewitness of the famine which led to the consumption of abominable food, but there is little proof that these retched conditions engendered leprosy among the pilgrim-warriors. Only once is a leper mentioned in his *Itinerary*, and then it is no less a personage than Baldwin IV, the young prince who became seventh King of Jerusalem and victor over

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Saladin. It is, moreover, an undeniable fact that there were lepers in Saxon and early Norman England. The Anglo-Saxon equivalent is found in the vocabulary attributed to Aelfric. Roger of Hoveden tells the story of a poor leper whom Edward the Confessor was instrumental in curing. Aelfward, Saxon Bishop of London, retired into a monastery because of this affliction ; and Hugh d’Orivalle, Bishop of London, a Norman, died a leper in 1085. Finally, at least two lazar-houses were established within twenty years of the Conquest, and before the first Crusade.

(a) *Twelfth and Thirteenth Centuries*

Leprosy was rampant during the Norman period. By a happy providence, charity was quickened simultaneously by the religious movement which illuminated a dark age, so that the need was met. Two leper-houses were rivals in point of antiquity, namely Rochester and Harbledown, both founded before 1100. There were followed (before 1135) by foundations at Alkmonon, Whitby, London, Lincoln, Colchester, Norwich, Newark, Peterborough, Oxford, Newcastle, Wilton, St. Alban's, Bury, Warwick. Within the next twenty years hospitals are mentioned at Canterbury (St. Laurence), Buckland by Dover, Lynn, Burton Lazars, Aylesbury, York, Ripon, and Northampton ; there were also other early asylums at Carlisle, Preston, Shrewsbury, Ilford, Exeter, etc. The chief building period was before the middle of the thirteenth century. A glance at *Appendix B* will show how such houses multiplied. Moreover, many not specifically described as for lepers, were doubtless originally intended for them. (Cf. Lewes, Abingdon, Scarborough, etc.)

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(b) *Fourteenth Century (1300 – 1350)*

During the first part of the fourteenth century, leprosy was widespread, but by no means as common as formerly. Directly or indirectly, testimony is borne to the fact of its prevalence by national law, by hospital authorities and by the charitable public.

In the first place there is the witness of external legislation, which is two-fold. Schemes of taxation refer constantly to lepers (*Rolls of Parliament*, 1307 – 1324). Measures are repeatedly taken for their expulsion from towns. An ordinance was made in the Parliament of Lincoln (1315) commanding that houses founded for the infirm and lepers would be devoted to their use. The admission of other persons was now refused, as for example, at St. Giles', London, and St. Bartholomew's, Oxford.²

There is, secondly, the phraseology of contemporary leper-house statutes, e.g. those drawn up by the Abbot of St Alban's (1344), and by the Bishop of London for Ilford (1346). Here it is right to note a case where infected inmates were already in a minority. A summary of the history of St. Nicolas', Carlisle (1341), includes this definite statement :— “until by lapse of time the greater part of the lepers died, when . . . their places were filled by poor impotent folk”³

Thirdly, it is evident from the gifts of charitable persons that there were still many outcasts in need of assistance. Bishop Bitton of Exeter left money to lazars in thirty-nine localities within his dioceses (1307). Practi-

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cally all the wills of the period allude to the presence of lepers in the neighbourhood. Although there already existed two asylums outside Rochester (St. Bartholomew's and St. Nicholas' at Whiteditch), to which bequests were continuously made until far into the next century, ⁴ St. Katherine's hospital was founded in 1316 for lepers and other mendicants :—

“If it happe anie man or woman of the cittie of Rouchester to be uisited with lepre, or other suche diseases that longe to impotence, with unpouer of pouertie, there sholde be receaued.”

If leper-houses were empty, the fact is largely accounted for by the mismanagement and poverty of charitable institutions at that period. This aspect of the subject has never received adequate attention. Destitute persons were ousted to make way for paying inmates. One thirteenth-century master of St. Nicholas', York, admitted thirty-six brethren and sisters, of whom four were received *pro Deo*, because they were lepers, but the rest for money. This practice was sadly common, and notorious instances might be cited from Lincoln (Holy Innocents'), London (St. Giles'), and Oxford (St. Bartholomew's).

Moreover, the leper would probably not be anxious for admission, because at this time, when hospitals were barely able to supply the necessaries of life, it meant restriction without the corresponding comfort which sometimes made it welcome. It is related that in 1315, the lepers of Kingston showed their independence by quitting the hospital and demolishing it. A Close Roll entry relating to St. Nicholas', Royston (1359), declares that the “lepers for a great while past have refused to come or to dwell

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there.” About the year 1350 the chronicler of St. Alban's states that at St. Julian's hospital “in general there are now not above three, sometimes only two, and occasionally one.” Possibly they had rebelled against the strict life enforced ; in 1353 the master and lepers were made semi-independent by grant of the abbot and convent.⁵

In truth, hospitals were in great straits during this distressful century, and retrenchment was necessary. Leper-houses in particular were seldom on a sound financial basis. Even if they possessed certain endowments in kind there was rarely money to spend on the fabric, and buildings became dilapidated. Experience teaches the difficulty of maintaining old-established charities. Much of the early enthusiasm had passed away, and charity was at a low ebb.

It was indeed a poverty-stricken period. Heavy taxation drained the country's resources. War, famine and pestilence were like the locust, palmerworm and caterpillar devastating the land. These were cruel times for the poor, and also for houses of charity. The medieval tale of St. Amiloun shows that, so long as the land had plenty, the leper-knight and his companion fared well, but that when corn waxed dear, they were driven by hunger from town to town, and could barely keep themselves alive.

A few instances will show how charity suffered. At the Harbledown Leper-house (1276), voluntary offerings were so diminished that inmates were come to great want, and it was feared the sick would be compelled to leave. In 1301 the authorities of the Stafford hospital were

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said to be accustomed to receive lepers with good and chattels, but they were not bound to support them, and the prior himself had been driven away by destitutions. St. Giles', Hexham, was suffering from the Scotch wars. An inquiry ordered by the archbishop (1320) showed that the numbers were reduced, that none were admitted without payment, and that they had to work hard. The allowance of bread and beer from the priory was diminished, oxen were borrowed for ploughing, and there was scarcely enough corn to sow the land.⁶ Wayfaring lepers had ceased to frequent St. Mary Magdalene's, Ripon (where they used to receive food and shelter), because applicants went away empty-handed (1317); and a later inquiry showed that none came there "because it was fallen down." In 1327, the Huntingdon lepers had barely sufficient to maintain their present company, admittance being refused to applicants solely on that account, and they were excused taxation in 1340 because if payment were made, they would have to diminish the number of inmates and disperse them to seek their food. Civil and ecclesiastical registers alike, in issuing protections and briefs for leprous men collecting alms for hospitals, tell a tale of utter destitution.

(c) *Fourteenth Century (1350 – 1400)*

Having discussed that portion of the century which preceded the fateful year 1349, we now inquire to what extent leprosy existed during the fifty years that followed. It is no longer mentioned in legislation, and there are indications that it had come to be regarded chiefly as a question for local government; the *Letter Books* of the

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Corporation of London record edicts of expulsion. There are other proofs that the number of sufferers was decreasing. If, for example, the language be compared of two Harbledown deeds, dated 1276 and 1371, an appreciable difference can be discerned. In the first it is declared that there "a hundred lepers are confined to avoid contagion," but a century later, it is merely stated that "some of these poor are infected with leprosy." It was said at Maldon in 1402 that there had been no leper-burgesses for twenty years or more. The mention of burgesses is, however, inconclusive, for there may have been mendicant lazars who would gladly have accepted the shelter of St. Giles'; but the town was not bound to support them.

The gifts and bequests of this period testify to the fact that although there were lepers—notably in the vicinity of towns—yet the institutions provided for them were small in comparison with former asylums. A new lazar-house was

built at Sudbury in 1373, to accommodate three persons. Shortly before 1384 a house for lepers and other infirm was founded at Broughton-under-Blean.⁷ Richard II left money to complete two hospitals near London. The will of his uncle, John of Gaunt, who died the same year (1399), indicates the smallness of existing institutions within five miles of the city, for he bequeaths to every leper-house containing five *malades*, five nobles, and to lesser hospitals, three nobles each.

For a time, the pestilence of 1349 [when the black plague swept through Europe] had brought financial ruin to houses depended upon charity. In London, for example, in 1355, the full complement at St. Giles' should

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have been fourteen—it had originally been forty—but the authorities complained that they could not maintain even the reduced number, for their lands lay uncultivated “by reason of the horrible mortality.” St. James' hospital—which used to support fourteen—was empty, save for the sole survivor of the scourge who remained as caretaker, nor does it appear to have been reorganized as a leper-asylum.

This diminution in numbers may be attributed to various causes. An increase of medical knowledge with improved diagnosis, together with the strict examination which now preceded expulsion, doubtless prevented the incarceration of some who would formerly have been injudiciously classed as lazars. Possibly, too, the disease now took a milder form, as it is apt to do in course of time. Again, the Black Death (1349) had not merely impoverished leper-hospitals, but must surely have been an important factor in the decline of leprosy itself. If it reduced the population by two-thirds, or even by one-half, as is computed, it also carried off the weakest members of society, those most prone to disease. When the plague reached a lazar-house, it found ready victims, and left it without inhabitant. The same may be said of the terrible though lesser pestilences which followed (1361 – 76). The attempt to purify towns by sanitary measures contributed to the improvement of public health. In Bartholomew's *De Proprietatibus Rerum* (circa 1360) it is declared, among divers causes of leprosy that :— “sometime it cometh . . . of infete and corrupte ayre.” Steps were taken in London to improve sanitation (1388) because “many and intolerable diseases do daily happen.”

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(d) Fifteenth Century

Having admitted that leprosy was steadily declining, so that by the year 1400 it was rare, we are not prepared to echo the statement that its disappearance “may be taken as absolute.” Certain lazar-houses were, indeed, appropriated to other uses, as at Alkington (1406), Sherburn (1434), and Blyth (1446). In remembrance of the original foundation, accommodation was reserved at

Sherburn for two lepers “if they could be found in those parts” (i.e. in the Bishopric of Durham) “or would willingly come to remain there,” the place of the sixty-five lepers being now taken by thirteen poor men unable of their own means to support themselves.⁸ This was a period of transition, and although ruins already marked the site of many a former settlement, yet there were places where a few lepers occupied the old habitations.

Leprosy certainly lurked here and there. The testimony of wills may not be considered wholly trustworthy evidence, yet they show that the public still recognized a need. In 1426 a testator left money for four lepers to receive four marks yearly for ten years. Bequests were made to lepers of Winchester (1420) ; to “eche laser of man and woman or child within Bury” (1463) ; to “the leprous men now in the house of lepers” at Sandwich (1466). There were, perhaps cases where testators had little personal knowledge of the charities. We cannot, however, doubt that a real need existed when the former mayor of Newcastle leaves forty shillings to “the leper men of Newcastell” (1429), or when John Carpenter—

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for over twenty years town-clerk of London—bequeaths money to poor lepers at Holburn, Locks and Hackney (1441).

In 1464 when confirming Holy Innocents’, Lincoln, to Burton lazars, Edward IV renewed Henry VI’s stipulation that three leprous retainers should still be supported :— “to fynde and sustain there yerely for ever, certain Lepurs of oure menialx Seruantez and of oure Heires & Successours, yf eny suche be founde.” The king relinquished some property near Holoway (Middlesex), in order to provide a retreat for infected persons. In the year 1480 there were a few lepers at Lydd, who were allowed to share in the festivities when the quarrels between Edward VI and Louis XI came to an end. The ships of the Cinque Ports had been requisitioned, including “the George” of Romney. The town-clerk of Lydd makes an entry of 4*d*. “Paid to the leperys, whenne the George was fette home fro Hethe.”⁹

(e) Sixteenth Century

Cases of true leprosy were now of rare occurrence. Probably leper hospitals were in the main only nominally such, as a testator hints in 1519, bequeathing a legacy “to every Alms House called Lepars in the Shire of Kent.” But although the social condition of the country improved during the Tudor period, they were still low enough continually to engender pestilence. When Erasmus visited England, he was struck by the filthy habits which were prevalent ; but the avengers of neglect of cleanliness were now plague and the sweating sickness. In some few cases old hospitals were

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utilized for the sufferers. The plague having lately raged in Newcastle, it was recorded in the Chantry Certificate of St. Mary Magdalene's (1546) that it was once used for lepers, but "syns that kynde of sickeness is abated it is used for the comforte and helpe of the poore folks that chaunceth to fall sycke in tyme of pestilence."

The south-west corner of England was now the last stronghold of leprosy. St. Margaret's, Honiton, had been refounded about 1530. A new leper-hospital was built at Newton Bushell near Exeter in 1538 :—

"for the releff of powre lazar-people, whereof grete number with that diseas be now infectid in that partis, to the grete daunger of infection of moche people . . . for lacke of conueayent houses in the county of Devonshire for them."

Even in 1580, none were admitted to St. Mary Madalene's, Exeter, except "sick persons in the disease of the leprosy." About the same time it was reported that for a long time there had been a great company of lazar-people" at Bodmin.

A few of the old hospitals were kept up in different parts. In the first year of Edward IV (1547) it was enacted that all "leprouse and poore beddred creatures" who were inmates of charitable houses should continue in the places appointed, and be permitted to have proctors to gather alms for them. The Corporation MSS. of Hereford include a notification that year of the appointment of collectors for "the house of leprous persons founded in the worship of St. Anne and St. Loye." Strype records similar licenses granted to Beccles and Bury ; and he also cites ¹⁰ "A protection to beg, granted to

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the poor lazars of the house of our Saviour Jesus Christ and Mary Magdalene, at Mile-end (in Stepney), and J. Mills appointed their proctor" (1551). The sixteenth-century seal of this *Domus Dei et S. Marie Magd. de Myle End* (figured below) shows a crippled leper and an infirm woman of the hospital. In 1553, £60 was given to the lazar-houses round London on condition that inmates did not beg to people's annoyance within three miles.

It has here been attempted to bring together some notes touching the extent and duration of leprosy during the Middle Ages, as affecting the provision and maintenance of leper-hospitals. In the nature of disease itself we have not endeavored to inquire, that being a scientific rather than an historic study. Those who would go further into the subject just gain access to the writings of Sir James Simpson, Dr. C Creighton, Dr. George Newman and others.



6. SEAL OF THE LAZAR-HOUSE, MILE END

[Illustration: Seal of the Lazar-house, Mile End.]

~Footnotes

1. Patent 12 Ed. IV, pt. II, m. 6.
2. Pat. 8 Edw. II. pt. ii. m. 5. Close 9 Edw. II, m. 18 d.
3. Pat. 15 Edw. III, pt. i. m. 49, 48.
4. J. Thorpe, *Custumale Roffense*, p. 39 et sq. ; *Reg. Roff.* p. 113.
5. Pat. 27 Edw. III, pt. ii. m. 16.
6. Surtees Soc. 46, ii. 130.
7. Cited Vict. Co. Hist. *Kent*.
8. One deed of reformation speaks of “the diminution of the means of the hospital and the small number of lepers who resort thither.” (*Pap. Lett.* 1430-1.)
9. Hist. MSS. 5th R. p. 527 a.
10. Ecclesiastical Memorials, II, 248.

-end chapter four-