Historic England

Sites of Health and Welfare

Scheduling Selection Guide

Summary

Historic England's scheduling selection guides help to define which archaeological sites are likely to meet the relevant tests for national designation and be included on the National Heritage List for England. For archaeological sites and monuments, they are divided into categories ranging from Agriculture to Utilities and complement the listing selection guides for buildings. Scheduling is applied only to sites of national importance, and even then only if it is the best means of protection. Only deliberately created structures, features and remains can be scheduled. The scheduling selection guides are supplemented by the Introductions to Heritage Assets which provide more detailed considerations of specific archaeological sites and monuments.

This selection guide offers an overview of the sorts of archaeological monument or site associated with health and welfare which are likely to be deemed to have national importance, and for which of those scheduling may be appropriate. It aims to do two things: to set these within their historical context, and to give an introduction to the designation approaches employed.

This document has been prepared by Listing Group. It is one is of a series of 18 documents. This edition published by Historic England July 2018.

Please refer to this document as:

Historic England 2018 Sites of Health and Welfare: Scheduling Selection Guide. Swindon. Historic England.

HistoricEngland.org.uk/listing/selection-criteria/scheduling-selection/

Front cover
The scheduled earthworks of the Hospital of St Mary and St Lazarus, Burton Lazars (Leicestershire), England's most important leper hospital

Contents

Introduction

This selection guide offers an overview of the sorts of archaeological monument or site associated with health and welfare which are likely to be deemed to have national importance, and for which of those scheduling may be appropriate. It aims to do two things: to set these within their historical context, and to give an introduction to the designation approaches employed. A parallel Health and Welfare Buildings listing selection guide treats the selection of related buildings for listing.

In order to gain a cohesive approach to archaeological designation, cross referencing with the Commemorative and Funerary and Religion and Ritual post-AD 410 scheduling selection guides is necessary when considering the significance of other palaeopathological, archaeological and documentary evidence for the designation of health and welfare sites. Other related topics include Roman baths (for which see the Culture, Entertainment and Sport scheduling selection guide.

1 Historical Summary

1.1 Prehistoric

The evidence for prehistoric health and welfare sites is circumstantial. While it has been suggested that some Neolithic and later ritual sites such as Stonehenge have, in part, healing functions, there is no clear evidence to support this claim. However, archaeological evidence indicates that trepanning (drilling a hole through the skull to relieve pressure on the brain), amputation and bone-setting were practised in the British Isles from at least 10,000 BC, and it is reasonable to assume that some simple herbal remedies were also in use, but have not survived in the archaeological record. Around 40 trepanned skulls have been found in Britain. A trepanned, but partly healed, skull found in the Thames at Hammersmith, London, dates to the Neolithic; another found on the foreshore at Chelsea is mid-Bronze Age in date. It is possible that trepanning may have also had a ritual purpose, with the skulls deposited as a rite or an offering after the death of the individual.

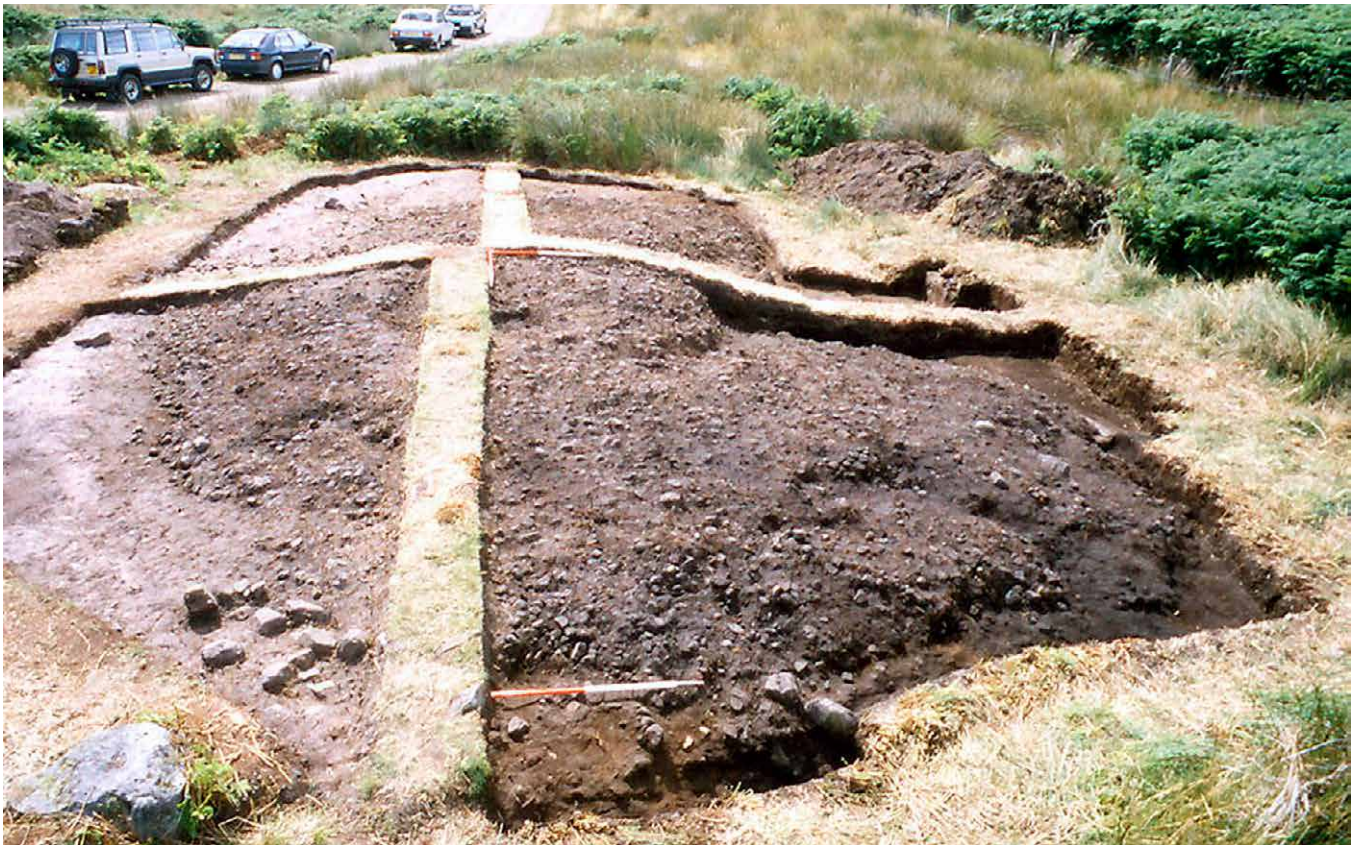

Figure 1
Burnt Mound, Titlington Mount, Northumberland. A stream runs by the right side of the mound. A trough and several hearths evidenced the heating of water.

Evidence for prehistoric welfare sites is also inconclusive. A burnt mound comprises a kidney- or oval-shaped mound of burnt stone, frequently masked by turf, lying near to a watercourse. Burnt mounds tend to be concentrated in the midlands and southern England, but this may reflect intensity of archaeological survey and examples outside of these areas have been found. Approximately 100 have been identified, of which 15 sites are scheduled including clusters in Teesdale, County Durham and Birmingham. The main phase of use spanned the Bronze Age (roughly 2300-850 BC), although earlier and later examples are known. Excavations have revealed the principal features of burnt mounds as the mound itself (effectively a dump of burnt stones interspersed with deposits of charcoal), a hearth for heating these stones, and a water-tight trough or pit within close proximity to a source of water. At Swales Fen, Suffolk the trough was withy-lined; other examples such as the burnt mound at Titlington Mount in Northumberland (Fig 1) had clay-lined troughs. The heated stones were clearly dropped into the trough to heat the water.

1.2 Roman

Roman medicine was an amalgam of the theories and practices derived from the Etruscan, Egyptian and Greek traditions, and based on the balance of the four humours established by Hippocrates. Historical and documentary evidence for medical practice in this period is strong. Galen, for example, is probably the best known Roman epoch physician, whose practices and discoveries in the second century continued to be referenced in the post-medieval period. Dioscorides recorded 600 herbal remedies in his five-volume *De Materia Medica* (AD 64), which continued to be printed well into the Renaissance.

Roman medical practices spread throughout the Empire as attested by the discovery of Roman surgical equipment on English sites, for example, scalpels, forceps, saws and divination rods were found at a burial of about AD 50 near Colchester (Essex), and a surgeon's lancet was retrieved from a burial at Wroxeter (Shropshire). Other artefacts, such as knives, tweezers and so on may have also had a wholly or partial medical purpose.

Civilian healthcare buildings are not clearly identified, however, although it has been suggested that the scheduled bath and temple complex at Lydney (Gloucestershire) may have also been a healing centre. The complex included a building with cubicles and ward-like accommodation, and votive offerings depicting diseased body parts have been retrieved from the site. The formal provision of medical care in the Roman army is not entirely clear, but the use of orderlies (*casparii*) and doctors (*medici*) is mentioned in altar inscriptions from the Empire. *Valetudinaria*, or military hospitals, are referred to in written tablets from *Vindolanda* on Hadrians Wall. Also on the Wall, at Housesteads Roman fort a building comprising wards arranged around a central courtyard with a latrine, a small plunge bath and a possible operating theatre is interpreted as a *Valetudinaria*.

1.3 Anglo-Saxon and Medieval

Treatment of the sick, old and infirm in the Middle Ages was largely the preserve of the church, and in particular of monasteries. Designation guidance on monastic infirmaries, as buildings within a religious House, is to be found in the Religion and Ritual post-AD 410 scheduling selection guide and Health and Welfare Buildings listing selection guide. This guide addresses secular, archaeological sites.

Hospitals

There is little evidence for hospitals in the Anglo-Saxon period, and it has been thought that the majority were founded from the late eleventh century. However, excavations on the site of the former leper hospital at St Mary Magdalen in Winchester (Hampshire) exposed burials exhibiting evidence of leprosy which were radiocarbon-dated to between AD 960 and 1030. Artefacts from the site seem to support an early, that is, pre-Conquest (1066), date for the

hospital foundation. Other early examples date to the immediate post-Conquest period, when Archbishop Lanfranc established independent hospitals such as that at Harbledown, outside Canterbury (Kent).

The post-Conquest period in England, as in Western Europe generally, saw the development of the hierarchical, educated, medical profession, from physician at the top down to the surgeon and apothecary nearer the base, with other healers marginalised. This burgeoning profession is matched by the growing provision of health and welfare facilities during the medieval period. In the reign of Henry III (1216-1272), for example, approximately 300 hospitals were constructed, providing medical services rather than shelter and care.

Hospitals were founded by royal, ecclesiastical or secular individuals, or corporations (monastic and military orders, burgesses, guilds, fraternities), for the general poor or specific groups (such as Jewish converts; poor mariners; blind priests). In addition to providing relief for afflicted groups, hospitals often had an intercessory role. They functioned as chantries, providing prayer for the souls of founders, benefactors and their families. For this, a number of chaplains and additional altars would have been required. College hospitals, which functioned solely as chantries, were established to provide prayer and charity for a founder and friends (for example, the scheduled Tattershall Castle and College, Lincolnshire). Some monastic orders had charge of hospitals: the Orders of St Anthony of Vienne; St Mary of Bethlehem; St Thomas the Martyr, of Acon; and St Lazarus of Jerusalem. The last of these was a military order especially devoted to the foundation and protection of Christian leper hospitals. Its principal English hospital was at Burton Lazars in Leicestershire, where the earthwork remains of the hospital complex are scheduled (see cover).

From documentary sources, the number of hospitals in existence by the Dissolution is thought to be approximately 1,100; the sites of many remain as yet undiscovered. The number of *Maisons Dieu* (see below) and small informal foundations is unknown, however, and additional examples continue to be discovered by the study of medieval wills. At the Dissolution a few hospitals escaped suppression or were refounded soon after, while the majority became almshouses.

Within the class of medieval hospitals are several distinct types of charitable institution. *Maisons Dieu* (such as the thirteenth-century example at Faversham in Kent) were usually established in existing private houses. Here pilgrims might claim lodging, alongside permanent pensioners such as old soldiers. The hospice (*hospitum*) was a place of refuge for pilgrims or wayfarers set up along major roads. The larger general infirmaries (hospitals, almshouses, bedeshouses) were often organised like monasteries, and were established to provide temporary relief of the sick, aged and insane. Houses specifically founded for the insane may have existed only in London (for example, St Mary of Bethlehem 1403). Hospitals which followed a monastic rule, generally based on that of St Augustine, are termed Regular hospitals. Leper houses (lazar houses), such as the scheduled St Giles Hospital in Maldon, Essex, were segregated establishments set up for those suffering from leprosy and other diseases described under that name (in particular, syphilis).

A classification of hospital plans can be made according to divisions in function and date noted by Clay (1909) and elaborated by Godfrey (1955), which defined the following types based on the standing remains of major hospital buildings, most of which are listed at a higher grade: infirmary hall/chapel (Ospringe, Kent, also a Scheduled Monument; the Hospital of St John, Magdalen College, Oxford); double hospitals (providing segregated facilities for both men and women, for example St John's at Canterbury, Kent); two-storey hospitals; hospitals with detached chapels (such as St Cross, Winchester); cruciform plan, such as the site of the Savoy Hospital London (Fig 2); isolation hospitals; almshouses; and narrow courtyard plan (Ford's Hospital, Coventry).

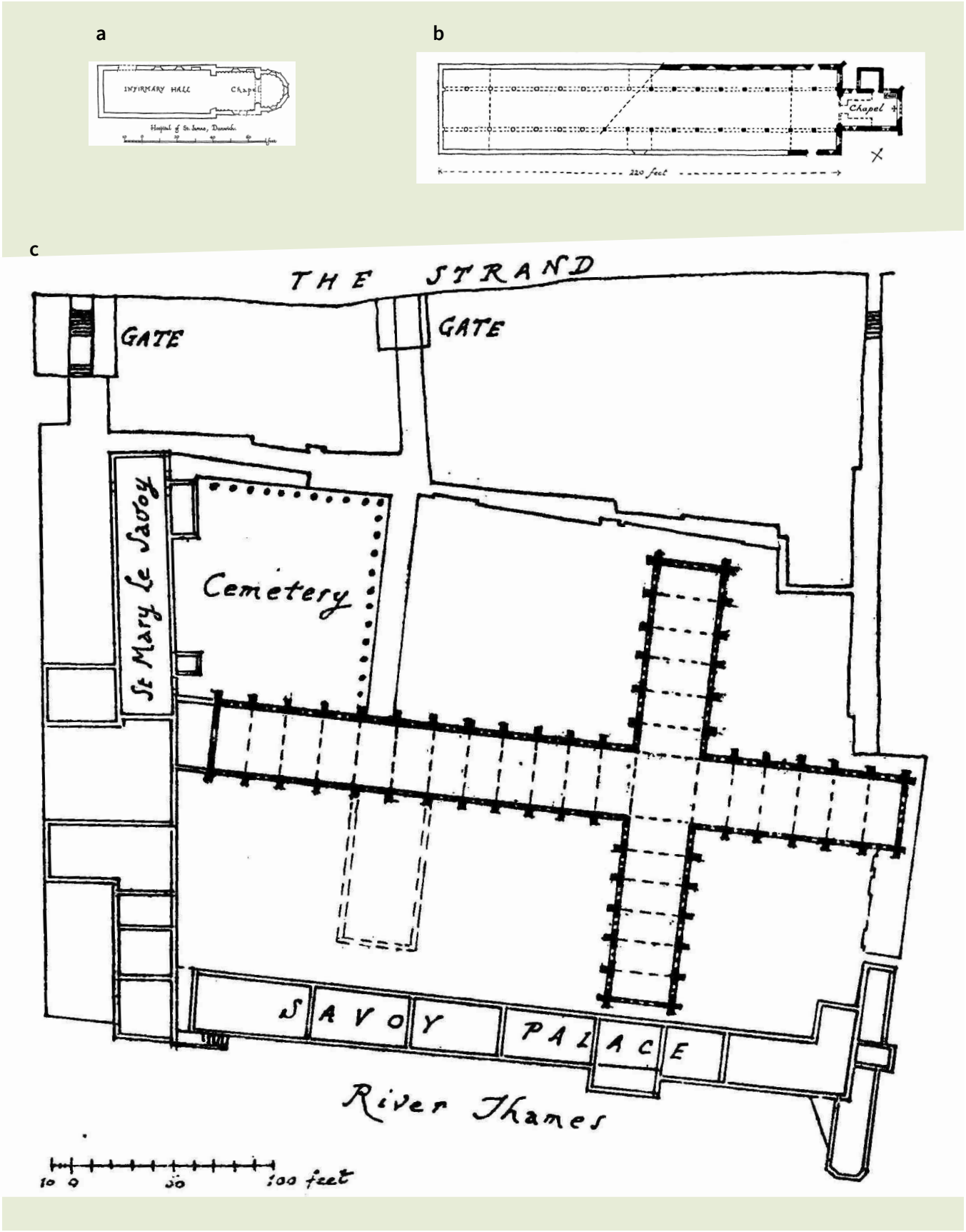

Figure 2
Comparative plans of hospitals (a) St James, Dunwich, Suffolk (founded 1199); length approx 30 metres (b) The Newarke Hospital, Leicester (founded 1331); length approx 73 metres (c) The Savoy, London (built 1510-15); length of cruciform hospital approx 110 metres.

Typically, hospitals would have had their own burial grounds. With the exception of leper hospitals (see below) there is a paucity of excavated sites and the complete arrangement of a medieval hospital, with its areas for inmates, staff, servants and guests, is still unknown, although excavations at Ospringe and Oxford have revealed substantial proportions of a plan. Most excavations have uncovered sequences of foundations which are difficult to interpret, or have concentrated on the area of the chapel and a major adjacent hall or range. Where excavation has been conducted on hospital sites, the results indicate that the chapel and infirmary hall were often altered and completely reconstructed during the life of the site (St Bartholomew's, Bristol; St Mary's, York; Poor Priests', Canterbury; St Mary's, Strood, Kent). To date, the results of excavation suggest that types further (or contradictory) to Godfrey's typology may be forthcoming, and that the evolution of even the poorer hospitals is complex.

Excavations at hospital sites commonly record a wide range of structures, deposits and finds ranging from masonry and timber buildings, surfaces and objects with ecclesiastical associations (parchment prickers, leaden pilgrims' badges, painted window glass, lead cames, painted wall plaster, ceramic tiles, and a gilt and enamelled plaque from Ospringe). Excavated cemeteries generally yield individual inhumations, although mass graves are known, and have considerable potential to contribute to our understanding of the history of disease and medicine whether via osteoarchaeological data (for example, set bone fractures) or occasionally via artefacts (such as a hernia truss from St Mary Merton, Surrey). However, it should be remembered that, especially before the Black Death, many hospitals provided the principal place of burial for the surrounding area, as well as for inmates – an example is the Hospital of St John the Evangelist, Cambridge, a Regular hospital founded about 1195, where eventually as many as 1,500 of the town's population were buried, of which only a proportion were residents of the hospital.

At St Mary Spital, in Spitalfields (London Borough of Tower Hamlets), approximately 5,500 burials of the twelfth century and later medieval period were excavated from the 1980s to the early 2000s. Osteoarchaeological analysis of the skeletal remains produced significant results, including some of the earliest cases of syphilis in Europe and numerous examples of healed skeletal trauma, possibly indicating surgical intervention. Samples from pits at the Soutra Hospital (Lothian, Scotland) have yielded blood residues, evidence for lead contamination and exotic plant remains and rare pottery, which may indicate a trade in medical preparations. In general, sieved grave fills might provide the toe and finger bones necessary for the diagnosis of leprosy.

Documentary sources relevant to recognising hospitals include personal wills, foundation cartularies, and episcopal licenses to build oratories. Details of the running of a hospital may come from the individual hospital rules, surviving account and kitchen rolls, and grants of corrodies (pensions for secular lodgers). Details of the condition and layout of buildings can sometimes be found in bishops' visitations. Inventories and surveys taken at the Dissolution, or the Certificates of Chantries (1546), list the buildings and possessions of hospitals. These can all shed light on the functioning of these sites.

Leper houses

Clay suggested that the majority of leper houses were seldom planned establishments. The smaller houses may have been private dwellings adapted for temporary use, often of wood and thatch construction. Where leper houses were planned, the earliest were common dormitories but by the thirteenth century separate cells were kept.

From the extant remains of leper hospitals (St Bartholomew's, Oxford; Mary Magdalene, Stourbridge, Cambridgeshire) and antiquarian drawings, it seems that they consisted of groups of cottages around a detached chapel. Mary Magdalene, Winchester, seems to have had an aisled chapel, with a master's hall joining it at right-angles, and a row of inmate's cells placed around the interior of the enclosure wall. A well

was placed centrally, but no evidence survives for a conduit system. Excavations at Hulton Low Cross (North Yorkshire) at the supposed site of a leper house uncovered a building with a built-in drain. The extant chapel at Harbledown (Kent) has a sloping floor, which may have facilitated irrigation after the lepers attended mass.

Leper hospitals commonly had a detached chapel, warden's lodging and individual dwellings for the inmates. The chapel of Mary Magdalene, Stourbridge (Cambridgeshire) is a simple two-cell building; its nave has north and south doors. The excavated hospital of SS Stephen and Thomas, New Romney (Kent) had a single-cell chapel with north aisle. A north-south range nearly abutted the chapel to its north. This probably comprised lodgings for the master and staff. Rigold suggested that a row of cells may have been located to the south of the chapel: these structures were probably built in timber. The whole complex was on an embanked platform; the bank may have been a base for a precinct wall.

Almshouses

Large numbers of almshouses were endowed in the Middle Ages, although it is not possible to talk about precise numbers. As their name suggests, almshouses were endowed to provide the poorest and neediest with alms: basic shelter, food and security. These acts of charity formed an important aspect of medieval piety. Typically these were elderly men and women from the locality. Almshouses represent a valuable link between medieval and modern approaches to welfare provision. St Cross Hospital, Winchester (refounded in 1443, and still flourishing; listed Grade I), embodies the collegiate approach, with individual units around shared facilities. While those remaining as standing structures and in use are eligible for listing, the remains of others, where identified, may be scheduled. An example of a scheduled site is the below-ground remains of ten almshouses within the fourteenth-century hospital of St Mary Magdalene (Glastonbury, Somerset).

2 Overarching Considerations

2.1 Scheduling and protection

Archaeological sites and monuments vary greatly in character, and can be protected in many ways: through positive management by owners, through policy, and through designation. In terms of our designation system, this consists of several separate approaches which operate alongside each other, and our aim is to recommend the most appropriate sort of protection for each asset. Our approach towards designation will vary, depending on the asset in question: our selection guides aim to indicate our broad approaches, but are subordinate to Department for Digital, Culture, Media and Sport (DCMS) policy.

Scheduling, through triggering careful control and the involvement of Historic England, ensures that the long-term interests of a site are placed first. It is warranted for sites with real claims to national importance which are the most significant remains in terms of their key place in telling our national story, and the need for close management of their archaeological potential. Scheduled monuments possess a high order of significance: they derive this from their archaeological and historic interest. Our selection guides aim to indicate some of the grounds of importance which may be relevant. Unlike listed buildings, scheduled sites are not generally suited to adaptive re-use.

Scheduling is discretionary: the Secretary of State has a choice as to whether to add a site to the Schedule or not. Scheduling is deliberately selective: given the ever-increasing numbers of archaeological remains which continue to be identified and interpreted, this is unavoidable. The Schedule aims to capture a representative sample of nationally important sites, rather than be an inclusive compendium of all such assets.

Given that archaeological sensitivity is all around us, it is important that all means of protecting archaeological remains are recognised. Other designations such as listing can play an important part here. Other sites may be identified as being of national importance, but not scheduled. Government policy affords them protection through the planning system, and local authorities play a key part in managing them through their archaeological services and Historic Environment Records (HERs).

The Schedule has evolved since it began in 1882, and some entries fall far short of modern standards. We are striving to upgrade these older records as part of our programme of upgrading the National Heritage List for England. Historic England continues to revise and upgrade these entries, which can be consulted on the Historic England website.

2.2 Heritage assets and national importance

Paragraph 194 and footnote 63 of the National Planning Policy Framework (July 2018) states that any harm to, or loss of, the significance of a designated heritage asset should require clear and convincing justification and for assets of the highest significance should be wholly exceptional; 'non-designated heritage assets of archaeological interest that are demonstrably of equivalent significance to scheduled monuments, should be considered subject to the policies for designated heritage assets'. These assets are defined as having National Importance (NI). This is the latest articulation of a principle first raised in PPG16 (1990-2010) and later in PPS5 (2010-2012).

2.3 Selection criteria

The particular considerations used by the Secretary of State when determining whether sites of all types are suitable for statutory designation through scheduling are set out in their Scheduled Monuments Policy Statement.

3 Specific Considerations

Most institutions considered under this heading were concerned more with providing succour and shelter for those afflicted by illness, poverty or old age than with medical intervention. Evidence of medical and surgical activity does appear in the archaeological record, but usually from burial grounds rather than from any site or building where such activities may have taken place. Burial ground evidence tends to be derived mainly from skeletal remains and occasionally from artefacts. Some ritual sites such as holy wells may have had a partly therapeutic role, but this is little understood and presents challenges for scheduling: where established, such a role may add a subsidiary claim to recognition. Definite archaeological evidence of folkloric beliefs and practices intended to promote well-being – evidenced in the written sources – are largely absent from the archaeological record, although what might be termed exceptional deposits such as anatomical offerings (modelled legs or arms) are sometimes interpreted as having been intended to bring good health or favour.

3.1 Prehistoric

Burnt mounds are a relatively rare monument type, although better understanding of their form and function has led to an increase in recognised examples in recent years. They represent good evidence for communal activity, particularly during the Bronze Age. They are among the few classes of monument whose construction and use spans the period. Most burnt mounds survive as incomplete structures which have either lost the upper portions of their mounds or have been partly cut away by a watercourse, drain or some other feature; well-preserved examples (such as those at Stotley Grange, County Durham) may be deemed worthy of scheduling. Additional factors for consideration include unusual geographical position, association with other prehistoric settlement and features, and structural or typological variation.

3.2 Roman

Valetudinaria are found within fort complexes, although identification can prove problematic. In any case where an example can be positively identified, its potential for improving our understanding of Roman medical care can raise the importance of the wider complex.

The site specific criteria for scheduling bath houses are found in the Culture, Entertainment and Sport scheduling selection guide.

3.3 Medieval

Hospitals have a great diversity of form. The precise locations of relatively few are known, and archaeologically investigated examples are rare. Almshouses were also fairly common institutions;

the longer they survived, and especially if beyond the Dissolution, the more likely it is that their location will be known. Where there are upstanding remains of medieval hospitals and almshouses that survive in anything like their original form, particularly where incorporated into a building still in use, listing is considered to be the most appropriate designation. Below-ground archaeological remains of both categories will be considered to be nationally important and eligible for scheduling where a significant proportion of their plan can be discerned, and where the known and potential survival of structural features, artefactual and environmental information is high. The potential for skeletal remains (excavated in cemeteries associated with hospitals) to produce data on medical treatment is good, and may add importance to such sites (see Commemorative and Funerary scheduling selection guide). Survival of relevant documentary records may further strengthen the case.

4 Select Bibliography

4.1 Roman

Summerzton, N., *Medicine and Health Care in Roman Britain* (2007)

4.2 Medieval

Bailey, B., *Almshouses of England and Wales* (1988)

Clay, R.M., *The Medieval Hospitals of England* (1909)

Durham, B., 'The Infirmary and Hall of the Medieval Hospital of St John the Baptist at Oxford', *Oxoniensia* **56** (1991), 18-75

Godfrey, W.H., *The English Almshouse* (1955)

Hallett, A., *Almshouses* (2004)

Knowles, D. and Hadcock, R.N., *Religious Houses of England and Wales* (1971)

Porter, R., *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present.* (1997)

Powers, N., 'Cranial Trauma and Treatment: A case study from the Medieval Cemetery of St Mary Spital, London', *International Journal of Osteoarchaeology* **15** (2005), 1-14

Rigold, S.E., 'Two Kentish Hospitals Re-examined: St Mary Ospringe and SS Stephen and Thomas, New Romney', *Archaeologia Cantiana* **79** (1964), 31-69

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

Thomas, K., *Religion and the Decline of Magic* (1971)

Many of the county series of *The Victoria History of the Counties of England* (popularly known as the *V.C.H.)* include a volume on religious houses, including hospitals and almshouses.

5 Where to Get Advice

If you would like to contact the Listing Team in one of our regional offices, please email: customers@HistoricEngland.org.uk noting the subject of your query, or call or write to the local team at:

North Region
37 Tanner Row
York
YO1 6WP
Tel: 01904 601948
Fax: 01904 601999

South Region
4th Floor
Cannon Bridge House
25 Dowgate Hill
London
EC4R 2YA
Tel: 020 7973 3700
Fax: 020 7973 3001

East Region
Brooklands
24 Brooklands Avenue
Cambridge
CB2 8BU
Tel: 01223 582749
Fax: 01223 582701

West Region
29 Queen Square
Bristol
BS1 4ND
Tel: 0117 975 1308
Fax: 0117 975 0701

This page is left blank intentionally

This page is left blank intentionally

Acknowledgements

Images

© Historic England

All images except those listed below

© Other

Figure 2: W.H. Godfrey, *The English Almshouse* (1955), courtesy Faber & Faber.

Every effort has been made to trace the copyright holders and we apologise in advance for any unintentional omissions, which we would be pleased to correct in any subsequent editions.

Historic England

We are the public body that helps people care for, enjoy and celebrate England's spectacular historic environment.

Please contact
guidance@HistoricEngland.org.uk
with any questions about this document.

HistoricEngland.org.uk

If you would like this document in a different format, please contact our customer services department on:

Tel: 0370 333 0607
Email: customers@HistoricEngland.org.uk

All information and weblinks accurate at the time of publication.

Please consider the environment before printing this document

HEAG245
Publication date: May 2012 © English Heritage
Reissue date: July 2018 © Historic England
Design: Historic England