

THE CHANCEL EAST WINDOW IN  
THE HOSPITAL OF ST GILES,  
NORWICH

*Historical Notes and a  
Brief for Building Analysis and Recording*

*by*

Richard Bond and David M. Robinson

Historical Analysis & Research Team

*Reports and Papers 39*

2000



ENGLISH HERITAGE

# Contents

1.	The Purpose of this Document	3
2.	The Context for the Brief	4
2.1	<i>Medieval Hospitals</i>	4
2.2	<i>Medieval Hospitals in Norwich</i>	5
2.3	<i>St Hospital of Giles: The Great Hospital</i>	5
2.4	<i>The Medieval Buildings of St Giles</i>	6
3.	The Chancel East Window	8
3.1	<i>General Description and Conservation Issues</i>	8
3.2	<i>Dating Issues</i>	8
4.	The Brief for Recording and Analysis	10
4.1	<i>Detailed Objectives</i>	10
4.2	<i>Methodology</i>	10
4.3	<i>Programming</i>	10
4.4	<i>Monitoring and Quality Control</i>	11
4.5	<i>Reporting, Archiving, and Publication</i>	11
4.6	<i>Professional Competence</i>	11
4.7	<i>Procurement</i>	12
4.8	<i>Health and Safety, Site Access and Insurance Arrangements</i>	12
5.	Sources of Further Information	13

The Historical Analysis & Research Team (part of the Architectural Investigation section of English Heritage) is based at Savile Row in London.

Origin of Request: *Trudi Hughes (East of England Region)*  
Date of Request: *October 2000*  
Date of Brief: *Original brief, November 2000; this document, March 2001*  
File Number: *HA&RT London Files, Out County 615.*

© English Heritage 2001      Produced by English Heritage, 23 Savile Row, London, W1S 2ET.

# 1

## *The Purpose of this Document*

There are two strands to this document. In the first instance, it has emerged from the need for a programme of Conservation-Based Research and Analysis (CoBRA) at the hospital of St Giles (the Great Hospital) at Bishopgate in Norwich, the core of which is a grade I listed building (figs. 1–3). Detailed analysis is required as the precursor to grant-aided repair works on the late-medieval window at the east end of the chancel. A brief is seen an essential first element in the procurement of such qualitative investigation.<sup>1</sup> Secondly, English Heritage is seeking to promote the production of a ‘conservation statement’ for the entire hospital site, which further includes the ‘Master’s Lodging’ (grade I), the ‘Chaplains House’ (grade I), ‘St Helen’s House’ (grade II\*) and ‘Birkbeck Hall’ (grade II). Such a statement should provide a detailed appraisal of the condition of the buildings and provide recommendations for their repair. Given the likely programme — with the possibility of further involvement from the Historical Analysis & Research Team — it is considered as well to prepare a set of preliminary background notes by way of providing context for the significance of the medieval hospital complex as a whole. A bibliography of the most relevant published works is appended.

In sum, this particular programme of research and analysis is expected to further elucidate the history of the chancel east window, and to assess its significance as a potentially important example of early Perpendicular architecture in Norwich. It will be necessary to compile a comprehensive list of all previous research into the site (including documentary research, dendrochronology and earlier architectural descriptions of the building), and to produce a synthetic, interpretative summary outlining the significance of the work undertaken to date. A final, illustrated report must be produced, explaining the findings of the current building analysis, and including recommendations for any further research which may be required. The report must include a set of accurate ‘as existing’ record drawings of the window, produced at various scales, together with a set of interpretative reconstruction drawings showing the development of the St Giles hospital site as a whole.

It is envisaged that the analysis will be indispensable to the development of a sympathetic repair scheme by ensuring that — during the course of the works — full account is taken of the historical and archaeological significance of vulnerable fabric. In addition to explaining the chronology of the fabric, the survey drawings will themselves constitute an invaluable historical record of the appearance of the window prior to the proposed repair works taking place.

1 Clark 2001, 42, 106–10.

## 2

### *The Context for the Brief*

This section of the document begins by looking at the background to the study of medieval hospitals in England, outlining what is known of the general distribution pattern. There follows a summary of those institutions located in medieval Norwich, with a brief account of the history of St Giles. The section concludes with a short review of the known architectural development of the site.

#### 2.1

##### *Medieval Hospitals*

Unlike the modern medical institution, medieval hospitals fulfilled a far wider range of charitable obligations. Certainly they served the needs of the sick and infirm, but they also took care of the poor, provided for the traveller, and had a significant role in education.<sup>2</sup> Many hospitals were organized in line with monastic principles; some were indeed fully monastic hospital-cum-priories, occupied by both a community of professed religious men or women as well as the body of needy inmates. Staff and inmates tended to observe at least a quasi-monastic lifestyle, and the buildings were very often arranged in claustral fashion. All in all, medieval hospitals were as much concerned with spiritual well-being as with medicinal care.

Until recent years, the subject of English hospitals from their origins in the late eleventh century to the time of the Reformation was very much neglected. The classic survey was published as long ago as 1909,<sup>3</sup> though this had been supplemented by a comparatively full gazetteer of hospices and almshouses, produced in revised and expanded form in 1971.<sup>4</sup> In the past decade or so, however, there has been a considerable growth in scholarly interest in medieval hospitals. At least two fresh historical overviews have been produced,<sup>5</sup> and there is also a much greater appreciation of the buildings of these institutions, and of the place of their archaeology and architecture in the wider sphere of monastic studies generally.<sup>6</sup> The occasional important historical monograph or excavation report adds to the expanding body of literature.<sup>7</sup>

It is difficult to calculate the precise number of hospitals of all kinds situated throughout England at any one time.<sup>8</sup> Statistics were produced in 1971,<sup>9</sup> though more recent and far more detailed local studies raise questions about the overall figures.<sup>10</sup> By way of general guidance — and no more — we might think in terms of around seventy houses across the country by 1150, rising to a little under 400 a century later, and increasing still further to almost 600 on the eve of the Reformation (fig. 4).

2 In general, see Orme and Webster 1995, 23–31, 49–68.

3 The point is made in Orme and Webster 1995, 1–12. The volume in question is Clay 1909; but see, also, Godfrey 1955.

4 Knowles and Hadcock 1971, 310–410.

5 Prescott 1992; Orme and Webster 1995. See, also, Carlin 1989; Rubin 1989.

6 See Gilchrist 1995, 8–61.

7 For example, Goodall 2001; Thomas et al. 1997; and, especially, Rawcliffe 1999.

8 Equally, there are great difficulties in seeking to analyse the differences in the institutions: hospitals and almshouses; leper and non-leper houses; houses for men or women, or both.

9 Knowles and Hadcock 1971, 494.

10 See, in particular, Orme and Webster 1995, 10–11.

## 2.2

### *Medieval Hospitals in Norwich*

As many as nineteen hospitals were set up in medieval Norwich (fig. 5). Those which flourished carried out most of the varied functions mentioned above.<sup>11</sup> One of the earliest foundations was St Paul's (or Norman's) hospital, established by about 1119, and situated to the north of the river Wensum.<sup>12</sup> It was attached to the cathedral priory, and so run as a Benedictine monastic institution. It had a school, facilities for poor almswomen, beds for the acutely ill, offered special care to pregnant women, and gave out daily meals and bread to the city's poor.<sup>13</sup> Hildebrand's hospital was founded c. 1200 for a master and brothers, eventually providing board and lodging for poor and homeless people.<sup>14</sup> The later foundation of God's House, St Margaret (1292), was similarly for the care of the poor.

Another important impetus towards the establishment of independent hospitals in the early Middle Ages was the increased existence of leprosy, believed to have reached epidemic proportions in Britain in the twelfth and thirteenth centuries. The desire for isolation undoubtedly played some part in the siting of leper hospitals, located as they were on the margins of urban centres, outside town walls and city gates. There were six such *leprosaria* serving the medieval city of Norwich (fig. 2).<sup>15</sup> As leprosy became less prevalent, fewer and fewer houses were founded, and existing leper hospitals tended to change function. By the early sixteenth century, most of those in Norwich had opened their doors to the generally sick and infirm poor.

## 2.3

### *The Hospital of St Giles: The Great Hospital*

The hospital of St Giles in Norwich (long known as the Great Hospital) was founded by Bishop Walter Suffield (1244–57), soon after his consecration in 1245.<sup>16</sup> In a second foundation charter of the late 1240s, Suffield framed the detailed statutes under which the hospital would function.<sup>17</sup> The house was instructed to adhere to the Rule of St Augustine, and was therefore run along quasi-monastic lines. It was to be governed by a master, with four devout chaplains, four lay brothers and four sisters (further augmented by a deacon and a sub-deacon). The bishop's intention was that the hospital would provide accommodation for poor priests, prevented from holding a benefice within the diocese through infirmity or illness, and that it should include thirty beds for poor, sick and infirm men. Seven poor scholars of the schools of Norwich were to receive a meal each day, paupers were to be fed daily, and alms were to be offered to needy travellers.

11 Knowles and Hadcock (1971, 381–82) give up to sixteen; VCH (1906, 442–50) gives fourteen; Rawcliffe (1995, 9, 163–66) gives six leper houses, six hospitals and some seven almshouses (though not all, as she says, were to flourish).

12 On the earliest hospital provision in Norwich, see Rawcliffe 1995, 26–29.

13 Rawcliffe 1995, 61–89; Knowles and Hadcock 1971, 381; Gilchrist 1995, 9–10; Atherton et al. 1996, 269–70

14 VCH 1906, 446–47; Rawcliffe 1995, 164–65.

15 Five of these leper houses lay near the city walls and gates, with St Mary Magdalen, Sprowston about half a mile (0.8km) to the north: Rawcliffe 1995, 33–59. Recent authors have searched for other factors to explain the apparent segregation: see Gilchrist 1995, 38–48; Orme and Webster 1995, 23–21.

16 For the history of the hospital in general, see Rawcliffe 1999; Rawcliffe 1995, 91–134; VCH 1906, 442–46; Blomefield 1805–10, 4, 376–402; also Phillips 1999. On the foundation, see Knowles and Hadcock 1971, 328, 381; VCH 1906, 443; Rawcliffe 1999, *passim*.

17 Rawcliffe 1999, 29–33, 241–48.

Over the first few decades of the hospital's existence, further acquisitions of land (as well as certain exchanges of property) made for improvement to the financial security of the brethren and inmates.<sup>18</sup> In 1272, William Dunwich, a leading Norwich citizen, bequeathed property and cash sufficient to support five infirm people. Soon, however, bequests were offered with the expectation that masses would be said for the health of the benefactor's soul. Thus, in 1310, four more chantry priests were appointed, and in 1322 the place of another lay brother was taken by a further priest who was to 'celebrate each day for the souls of founders and benefactors'. As a result, the hospital increasingly began to resemble a college of secular priests.<sup>19</sup>

By the mid-fifteenth century the hospital was no longer wholly dedicated to caring for the poor. In 1451, there were only eight long-stay residents being cared for, though paupers were still daily fed. In a visitation of 1492, the bishop discovered that, contrary to the rules of the foundation, the master was no longer a permanent resident at the house. It seems, too, that rooms had been let out to visiting clergy, or to laymen, on a regular basis. In 1500–01, some £18 was raised from twenty-three different lodgers.

At the Reformation, in March 1547 the hospital was surrendered to the young King Edward VI. It was not dissolved but instead, after long negotiations, was handed to the mayor and corporation of the city for the relief of the poor.<sup>20</sup> Henceforth the hospital of St Giles was to be known as 'God's House', or the 'House of the Poor People on Holme Street'. The reformed hospital was again placed under the rule of a master, though greater numbers of poor were to be accommodated, and there was a school to be in the charge of a dedicated school-master.

Following the expansion of the complex, the hospital population rose from ninety-eight to 166 in the years from 1800 to 1833. It was soon after this, in 1835, that as a result of the Municipal Reform Act, the management of the hospital was transferred from the city corporation to a board of trustees. Essentially, it has since been run as a home for the aged.

## 2.4

### *The Medieval Buildings of St Giles*

The hospital of St Giles was situated to the north-east of the cathedral-priory, lying between the precinct boundary (marked by Holme Street, now Bishopgate Street) to the south and the river Wensum to the north (fig. 3). Holme Street led from the crossing of the Wensum at Bishop's Bridge, and was the main route into Norwich from the east. In the early 1280s, a grant from King Edward I allowed the master and brethren to further formalize their expanding precinct.<sup>21</sup>

On stylistic grounds, at least, it is very difficult to distinguish surviving elements of the original thirteenth-century hospital.<sup>22</sup> The one more obvious fragment which may be ascribed to the early years is the rib-vaulted south porch, known as Limbert's Porch (figs.

18 Rawcliffe 1999, 70–102.

19 The point is made about hospitals in general in Gilchrist 1995, 21–26.

20 For the context and detailed account of events, see Rawcliffe 1999, 190–239.

21 Rawcliffe 1999, 47.

22 A full account — as well as a convincing analysis — of the hospital buildings has yet to be written. For outline accounts (in which opinions vary) see Bennett-Symons 1925; RCHME n.d.; Pevsner and Wilson 1997, 276–78; Rawcliffe 1999, 34–64, 103–32, *passim*.

7–9).<sup>23</sup> There is, in any case, an assumption that the complex was expanded in some way after 1270. In that year, the parish church of St Helen — which lay to the south of Holme Street — was appropriated to St Giles and promptly demolished. Its parochial function was henceforth transferred to the hospital, suggesting the need for increased liturgical provision. Consequently, there may have been some reordering, or perhaps rebuilding.

Beginning in the last quarter of the fourteenth century, it appears that the entire hospital complex was comprehensively rebuilt. The work on the ‘hospital church’ (hall/nave and chancel) was so extensive, authors are disagreed as to whether anything of the core of the earlier building survives.<sup>24</sup> The result, nevertheless, was a well-lit and spacious infirmary hall (fig. 9), with a long aisleless chancel at the east end. The seven-bay infirmary hall was a church-like structure, with a central nave and flanking aisles, typical of the arrangement to be found in cathedral and monastic infirmaries.<sup>25</sup> Here at St Giles, however, it was the four western bays which seem to have served the infirmary function, whereas the three eastern bays formed the parish church of St Helen.<sup>26</sup> The tower at the south-west corner of the infirmary hall may have been begun in the later 1370s, instigated by the energetic master of the hospital, John Derlyngton (1372–76).<sup>27</sup> But it does not seem to have been completed until the close of the 1390s. Meanwhile, work must also have been progressing on the new five-bay chancel, where the fabric is generally ascribed to the years 1380 to 1385.<sup>28</sup>

The cloister and associated domestic and service ranges — situated on the north side of the site — date from the fifteenth century (fig. 10). The cloister arcades themselves belong to the late 1440s and 1450s, though roofing and paving were not completed until 1456–57.<sup>29</sup> The master’s lodging was probably located towards the northern end of the west range, and was virtually rebuilt in 1448–49.<sup>30</sup> Among the last of the medieval work was further modification to the church, probably in the late fifteenth century.<sup>31</sup> The south transept chapel has a handsome lierne vault of c. 1480.<sup>32</sup>

After the Reformation, in 1549, the city authorities considered demolishing the chancel and selling the fabric in order to pay off the hospital’s mounting debts. A change of heart ensured its survival, though it was to be stripped of lead, paving stones, stalls and canopies.<sup>33</sup> Then, within weeks, Norwich was caught up in the widespread popular uprising known as Kett’s Rebellion. St Giles’s hospital was undoubtedly damaged, with the

23 Bennett-Symons 1925, 59; Oswald 1947, 1212.

24 Rawcliffe (1999, 116) writes of an ‘almost complete rebuilding of the nave and infirmary’; RCHME (n.d., 4) implies a comprehensive rebuild in a single campaign; Oswald (1947, 1212) claimed ‘Little, if anything, remains of Suffield’s original buildings’.

25 Such as those known at Christ Church, Canterbury and Ely. The classic example outside the strictly monastic world is St Mary’s hospital in Chichester, on which see Munby 1987.

26 There is a degree of doubt over just when this formal segregation in the building was introduced. For a description of the elements, see RCHME n.d., 6–15.

27 Rawcliffe 1995, 107–09; Rawcliffe 1999, 117.

28 Oswald 1947, 1212, 1259; Godfrey 1949, 89; Rawcliffe 1999, 116–17.

29 Rawcliffe 1999, 63; Oswald 1947, 1260; RCHME n.d., 16–23 (for the cloister and cloister ranges).

30 Rawcliffe 1999, 63. Bennett-Symons (1925, 60) thought the master’s lodge lay somewhere outside the east range. He was probably correct, however, in seeing the hall which occupies the main part of the west range as the common refectory; so, too, did Oswald (1947, 1213).

31 Rawcliffe (1999, 61) points out that work was in hand on the infirmary hall windows overlooking the cloister in 1450, and it was not until 1457 that the glazing was completed.

32 Pevsner and Wilson 1997, 276; Oswald 1947, 1213

33 Rawcliffe 1999, 228.

loss of the south aisle of the infirmary very likely the result of this episode.<sup>34</sup> Further depredations were to follow in the 1570s, when the chancel and infirmary hall were each horizontally sub-divided, so as to form four distinct wards.<sup>35</sup> Stone partitions were constructed, completely separating the parish church of St Helen from the old infirmary hall to the west, and the chancel to the east (figs. 7 and 8). The new floors within the hall and chancel created more room for the accommodation of the sick, and allowed for the easier segregation of men and women. Also associated with this work was the insertion of two new brick chimney stacks, one serving the nave and the other the chancel, with fireplaces heating each of the ground- and first-floor wards. At the chancel end, the chimney stack was constructed against the inner face of the east gable, with its lower section abutting the east window. The upper level in the chancel is known as Eagle Ward, after the series of black eagles painted on the 252 panels of the ceiling (fig. 11).

In 1587, two masons and labourers were engaged to partly block up the windows on the north side of the chancel.<sup>36</sup> And it was in the second half of the sixteenth-century, too, that the tracery in the west front of the infirmary hall was removed, and replaced by a brick blocking pierced by four levels of rectangular windows (fig. 3).

In 1950–51, a gift from the Pilgrim Trust allowed the hospital trustees to carry out renovations to the roof timbers and chestnut panelled ceiling of the chancel (fig. 11).<sup>37</sup>

34 Lead was bought in London and Hull for its partial rebuilding as late as the 1580s: Rawcliffe 1999, 228–31; also Bennett-Symons 1925, 57, 65; Oswald 1947, 1212.

35 The beams used for the creation of the new floors seem to have been acquired second-hand from the bishop's palace (itself undergoing refurbishment around this time): Bennett-Symons 1925, 60; Oswald 1947, 1258.

36 Bennett-Symons 1925, 63.

37 Wearing 1957.



## *The Chancel East Window*

The chancel east window at St Giles has clearly suffered badly since the Reformation. To begin with, the Elizabethan brick blocking paid no heed whatsoever to the delicate tracery patterns. Furthermore, tracery from two of the upper panels has been removed, and the whole of the stonework has inevitably deteriorated through a general process of decay. For all this, one can immediately appreciate that in origin this was a handsome and no less imposing architectural composition (figs. 12 and 13). It is surprising, therefore, that it never appears to have been examined in particularly close detail. Broad general assumptions concerning its date (usually given as c. 1380–85) could be misleading, and a close analysis of its stylistic attributes and context may well prove revealing.

### 3.1

#### *General Description and Conservation Issues*

The window occupies the larger part of the chancel gable wall, itself constructed in a mixture of both whole and knapped flints, strengthened with diagonal corner buttresses faced with ashlar (fig. 14).<sup>38</sup> The window itself is essentially a seven light composition, combining both Decorated (curvilinear) and Perpendicular (rectilinear) components. The design might also be thought of as three analogous interlocking three-light windows, in which the heads of the three elements sit beneath the principal arch. The subordinate arches are described as *subarcuated*, whereas the interlocking aspect further defines the type as *subarcuated intersecting*.<sup>39</sup> Supermullions carry the underlying rectilinear form of the panels through to the principal enclosing arch.<sup>40</sup>

As noted, the post-medieval remodelling of the chancel resulted in some alteration to the original tracery pattern of the window. This included the cutting away of the mullions and cusping of two of the main upper panels (fig. 14), leaving only the central panel intact. The outer panels were doubtless of matching form, and were probably altered following the creation of the upper floor in the sixteenth century — to allow a pair of opening casement windows to be fitted.

The window was also quite definitely reduced in height. It would always have been a comparatively squat composition, but the tracery would quite definitely have run down to the string-course which can still be seen running along the face of the elevation (figs. 12–14). The area below the current cill of the window is made up of a mixture of what appear to be Tudor bricks (some laid on edge) and fragments of moulded masonry. The masonry appears to be sections of former mullions, cut down and placed with their bedding face outermost and set flush with the wall face. The original string-course is fairly complete, except at the outer ends where it survives in only fragmentary condition. There are traces of external plaster render at various points along the wall, with some areas perhaps dating from the fifteenth century.

Over the course of time, the base of the inserted brick chimney stack has started to push

38 The elevation of the chancel east end used here is by the hospital's appointed architects, Wearing, Hastings & Norton, Princess Street, Norwich. Their drawing was made in March 2000, produced at a scale of 1:25.

39 See Harvey 1978, 70–72.

40 A particularly well-known example of this overall form (though bearing some variation, including a transom) is the north window in the north transept at Merton College chapel, Oxford, completed in the mid-1420s: illustrated in Harvey 1978, 167.

against the gable. In turn, this has led to a severe bowing outwards of the window tracery. Writing in 1925, the then chaplain of the hospital, the Reverend Bennett-Symons, considered the window 'very much decayed and ought to be restored and the ugly chimney removed'.<sup>41</sup> Three quarters of a century later, the exterior face of the gable is scaffolded, and tests will shortly be underway to locate the precise cause of the present structural problems. Whilst it is very much hoped that any structural repairs to the gable can be carried out with the window *in situ* (i.e. rather than a wholesale dismantling and reassembly of the window), it is inevitable there will be some masonry replacement. A consequent loss of a certain amount of historic fabric, along with other equally important contextual information, is to some extent to be expected.

### 3.2

#### *Dating Issues*

In her recent volume on St Giles, a work which deals essentially with the history of the hospital, Dr Rawcliffe attributes the windows in the chancel to the mason Robert Wodehirst.<sup>42</sup> In this, she follows John Harvey, who was in no doubt that the choir of St Giles belonged to the middle of Wodehirst's career, and was to be dated c. 1380–84 (fig. 6).<sup>43</sup> Wodehirst may have been working in Norwich as early as the 1360s, and his name is very similar to the Robert Wadhurst (d. 1401), who was certainly master of the work on the great cloister at the cathedral from at least 1385.<sup>44</sup>

Such a close, or even direct, connection between the late fourteenth-century Gothic campaigns at the cathedral and the work at St Giles does not seem to have been made by others who have considered the period and locality, including Pevsner and Wilson, Francis Woodman and Richard Fawcett.<sup>45</sup> Harvey's knowledge of the period and its buildings was immense, though scholars have since come to appreciate yet more of the ways in which general styles and motifs were disseminated (regionally and nationally), and the way they might be borrowed by unnamed masons copying a major exemplar. In the case of Perpendicular motifs, it is notoriously difficult to establish watertight date brackets.

Stephen Heywood, a local architectural historian with considerable knowledge of Norwich Cathedral, argues that the east and north windows in the chancel are of quite different workmanship and style. He further suggests that the east window may either be a reused element from another building (or a different part of the same building), or was perhaps constructed as a replacement for a former window in the same position.<sup>46</sup>

On balance, it must be said, were the east chancel window indeed a work of the 1380s, it would have been a precocious example of a combination of Perpendicular tracery forms which seems to have become rather more commonplace in the early fifteenth century.

41 Bennett-Symons 1925, 63.

42 Rawcliffe 1999, 117; here named Wodhirst. Carol Rawcliffe is currently a lecturer in the School of History at the University of East Anglia.

43 Harvey 1978, 105–07. Harvey further attributed Wodehirst's hand to the fine parish church of Swanton Moreley (in progress 1378), and possibly to works at Ingham Priory (1360–65?) and North Walsham parish church (rebuilt from c. 1382), all in Norfolk: Harvey 1978, 105–07.

44 Harvey (1984, 342–43) made no distinction between the two names, and in this biographical account does not include the St Giles work. Wodehirst worked at Westminster in the 1350s, though not as a master mason. He is generally attributed with the work on the presbytery clerestory at Norwich Cathedral (c. 1360–69), and from 1387 to 1393 he worked at Ely Cathedral. More recently, Woodman (1996, 182) is far more cautious, and wonders if the two men were indeed one and the same.

45 Pevsner and Wilson 1997, 276–78; Woodman 1996, 165–82; Fawcett 1996.

46 In pers. com. with Historical Analysis & Research Team, English Heritage.

## 4

# *The Brief for Recording and Analysis*

### 4.1

#### *Detailed Objectives*

Given the different views surrounding the origin of the east window, one of key elements of the building analysis will be a detailed stylistic analysis aimed at assessing its date, based on a comparison with other dated examples. In particular, the analysis will need to address the following questions:

- Is the window an *in situ* element dating from the original construction of the chancel?
- Is the window an *ex situ* element that was taken from another building (or different part of the same building) and reused in the original construction of the chancel?
- Is the window an *in situ* element dating from a later phase of alteration?
- Is the window an *ex situ* element that was taken from another building (or different part of the same building) and reused in a later phase of construction of the chancel?

The following areas of the building in particular will require careful, detailed investigation, recording and analysis:

- the east window and gable;
- the roof carpentry of the chancel, including boarded ceiling;
- the inserted floor of the east chancel;
- the inserted chimney stack against the east gable.

### 4.2

#### *Methodology*

The analysis is to comprise the following key aspects:

- The structural/stratigraphic analysis of historic fabric;
- The stylistic analysis of historic masonry and medieval tracery;
- The interpretation of tree-ring results;
- The technical analysis of historic stone, brickwork and plaster;
- Documentary research;
- Surveying and record drawing;
- Report writing and presentation of information.

### 4.3

#### *Programming*

The analysis will involve three main phases of work to run in tandem with the forthcoming repair scheme:

- 1] an initial phase of on-site fabric recording and analysis, which should be completed by the end of March 2001;
- 2] a programme of on-site fabric recording and analysis to run in conjunction with the building repair project. It may be necessary during this stage to undertake further investigation to resolve specific design

- issues, answer historical questions or record features exposed during demolition work.
- 3] preparation of finished drawings, with written analysis.

#### 4.4

#### *Monitoring and Quality Control*

The work will be monitored by a member of English Heritage's Historical Analysis & Research Team who will be seeking to ensure that the building analysis:

- meets the project requirements;
- meets the timetable imposed by the building/restoration project;
- provides drawings and text that are clear and intelligible;
- extends the current understanding of the development of the east window through time;
- is of demonstrable benefit to the repair, restoration and future care and maintenance of the building.

Copies of all survey drawings, text and the draft report should be made available to English Heritage before completion of the project for comment.

#### 4.5

#### *Reporting, Archiving, and Publication*

The building analysis should result in the production of a fully illustrated bound A4 report that can be handled easily within the planning and design forum. The report will provide the basis for decisions involving the conservation and future management of the site. The report should include the following:

- a text describing the historical development of the Great Hospital in chronological order;
- a set of phased reconstruction plans and interpretative 3-d views showing how the building would have appeared at each major stage in its development;
- a set of accurate 'as existing' record drawings of the east window and gable, based on the existing modern survey drawings and photographs supplied by the project architect, supplemented as necessary by large-scale details of mouldings, masonry, brickwork, metalwork features, etc; as well as analytical drawings of the carpentry in the roofs, floors etc.
- Copies of the final report should be provided to English Heritage (five copies), the Project Architect, The Great Hospital, the County Planning Department, the County Record Office and the National Monuments Record (Swindon).

Formal publication of the results should be considered in the light of the eventual findings, and may be discussed at a later stage.

#### 4.6

#### *Professional Competence*

The building analyst should be conversant with the development of window tracery design in Norwich in the late fourteenth and early fifteenth centuries, and have the ability to produce clear written descriptions of historical fabric and archaeological features. The analyst will be required to support his/her conclusions with a full discussion of the architectural, historical and archaeological evidence, drawing on documentary and graphic sources where necessary.

It is particularly important that the analyst has the necessary drafting skills to be able to produce accurate record drawings of features which may be lost or hidden from view in the course of the works. It may also be desirable for the analyst to communicate through interpretative 3-D drawings the chronological development of the fabric and use of different construction techniques.

#### 4.7

##### *Procurement*

The project will be procured by obtaining three costed project designs — in response to this brief — from practices or groups of specialists who can demonstrate expertise in the field of:

- the survey of buildings
- the archaeological analysis of fabric
- architectural history
- construction history

The English Heritage Project Architect/Inspector will submit the project designs to the Historical Analysis & Research Team for approval prior to finalising the appointment of the building analyst.

The project design for the building recording and analysis should include the following information as a minimum:

- strategy for fieldwork, including choice of survey methods;
- brief research agenda for areas to be investigated and recorded based on an appraisal of existing information;
- list of drawings to be provided (including scales, level of detail, etc);
- project personnel, responsibilities and previous experience;
- timetable for work;
- timetable for delivery of information;
- arrangements for reporting and archiving;
- breakdown of costs.

Potential consultants should supply a copy of an elevation drawing and a plan from another site of similar quality and complexity in order to demonstrate they have the appropriate survey, analytical, archaeological and presentational skills to meet the project specification.

#### 4.8

##### *Health and Safety, Site Access and Insurance Arrangements*

The consultant's method statement must set out his/her policy towards Health and Safety and arrangements for ensuring that this project fully meets Health and Safety requirements.

Dates and times for site visits to be arranged through the Master's office at the Great Hospital. (Contact name and telephone number to be supplied).

The consultant must maintain professional indemnity insurance and produce a certificate of insurance if requested by English Heritage.

## Sources of Further Information

- Atherton et al. 1996: Ian Atherton, Eric Fernie, Christopher Harper-Bill and Hassell Smith (editors), *Norwich Cathedral: Church, City and Diocese, 1096–1996* (London 1996).
- Bennett-Symons 1925: F. W. Bennett-Symons, 'The Hospital of St Giles, Norwich', *Journal of the British Archaeological Association*, new series, 31 (1925), 55–67.
- Blomefield 1805–10: F. B. Blomefield, *An Essay Towards a Topographical History of the County of Norfolk*, 11 volumes (London 1805–10), especially 4, 376–402.
- Clark 2001: Kate Clark (editor), *Informed Conservation: Understanding Historic Buildings and their Landscapes for Conservation* (London 2001).
- Clay 1909: Rotha Mary Clay, *The Medieval Hospitals of England* (London 1909).
- Fawcett 1975: Richard Fawcett, 'Later Gothic Architecture in Norfolk', unpublished PhD thesis (University of East Anglia 1975).
- Fawcett 1996: Richard Fawcett, 'The Influence of the Gothic Parts of the Cathedral on Church Building in Norfolk', in Atherton et al. (1996), 210–27.
- Fernie and Whittingham 1972: E. C. Fernie and A. B. Whittingham (editors) *The Early Communal and Pitancer Rolls of Norwich Cathedral Priory, with an Account of the Building of the Cloister* (Norfolk Record Society, 41, 1972).
- Gilchrist 1995: Roberta Glichrist, *Contemplation and Action: The Other Monasticism* (London 1995).
- Godfrey 1949: Walter H. Godfrey, 'The "Great Hospital", Norwich', *Archaeological Journal*, 106 (1949), 88–90.
- Godfrey 1955: Walter H. Godfrey, *The English Almshouse* (London 1955).
- Goodall 2001: John A. A. Goodall, *God's House at Ewelme: Life, Devotion and Architecture in a Fifteenth-Century Almshouse* (Aldershot 2001).
- Harvey 1978: John Harvey, *The Perpendicular Style, 1330–1485* (London 1978).
- Harvey 1984: John Harvey, *English Medieval Architects: A Biographical Dictionary down to 1550*, revised edition (Gloucester 1984).

- Knowles and Hadcock 1971: David Knowles and R. N. Hadcock, *Medieval Religious Houses: England and Wales*, 2nd edition (London 1971).
- Munby 1987: Julian Munby, *St Mary's Hospital, Chichester: A Short History and Guide* (Chichester 1987).
- Orme and Webster 1995: Nicholas Orme and Margaret Webster, *The English Hospital 1070–1570* (New Haven and London 1995).
- Oswald 1947: Arthur Oswald, 'The Great Hospital, Norwich', *Country Life*, 102 (June–December 1947), 1210–13, 1258–61.
- Pevsner and Wilson 1997: Nikolaus Pevsner and Bill Wilson, *The Buildings of England: Norfolk 1 – Norwich and North-East*, 2nd edition (London 1997).
- Phillips 1999: Elaine Phillips, *A Short History of The Great Hospital Norwich* (Norwich 1999).
- Prescott 1992: Elizabeth Prescott, *The English Hospital 1050–1640* (London 1992).
- Rawcliffe 1995: Carole Rawcliffe, *The Hospitals of Medieval Norwich* (Studies in East Anglian History, 2, Norwich 1995).
- Rawcliffe 1999: Carole Rawcliffe, *Medicine for the Soul — The Life, Death and Resurrection of an English Medieval Hospital: St Giles's Norwich, c. 1249–1550* (Stroud 1999).
- RCHME n.d.: Royal Commission on the Historical Monuments of England, 'The Hospital of St Giles (Great Hospital), Bishopgate, Norwich' (unpublished National Building Record, No. 100941).
- Rubin 1989: M. Rubin, 'Development and Change in English Hospitals, 1100–1500', in L. Granshaw and R. Porter (editors), *The Hospital in History* (London 1989), 41–59.
- Thomas at al. 1997: Christopher Thomas, Barney Sloane, and Christopher Phillpotts, *Excavations at the Priory and Hospital at St Mary Spital, London* (MoLAS Monograph, 1, London 1997).
- VCH 1906: Victoria County History, *Norfolk*, 2 (London 1906).
- Wearing 1957: Stanley J. Wearing, 'The Great Hospital, Norwich', *Norfolk Archaeology*, 31 (1957), 113–15.
- Woodman 1996: Francis Woodman, 'The Gothic Campaigns', in Atherton et al. (1996), 158–96.



Fig. 1 A general view of the St Giles's Hospital (the Great Hospital) site and the cathedral church from the water meadows to the south-east.





Fig. 2 St Giles's Hospital seen from the south.  
(*National Monuments Record*)



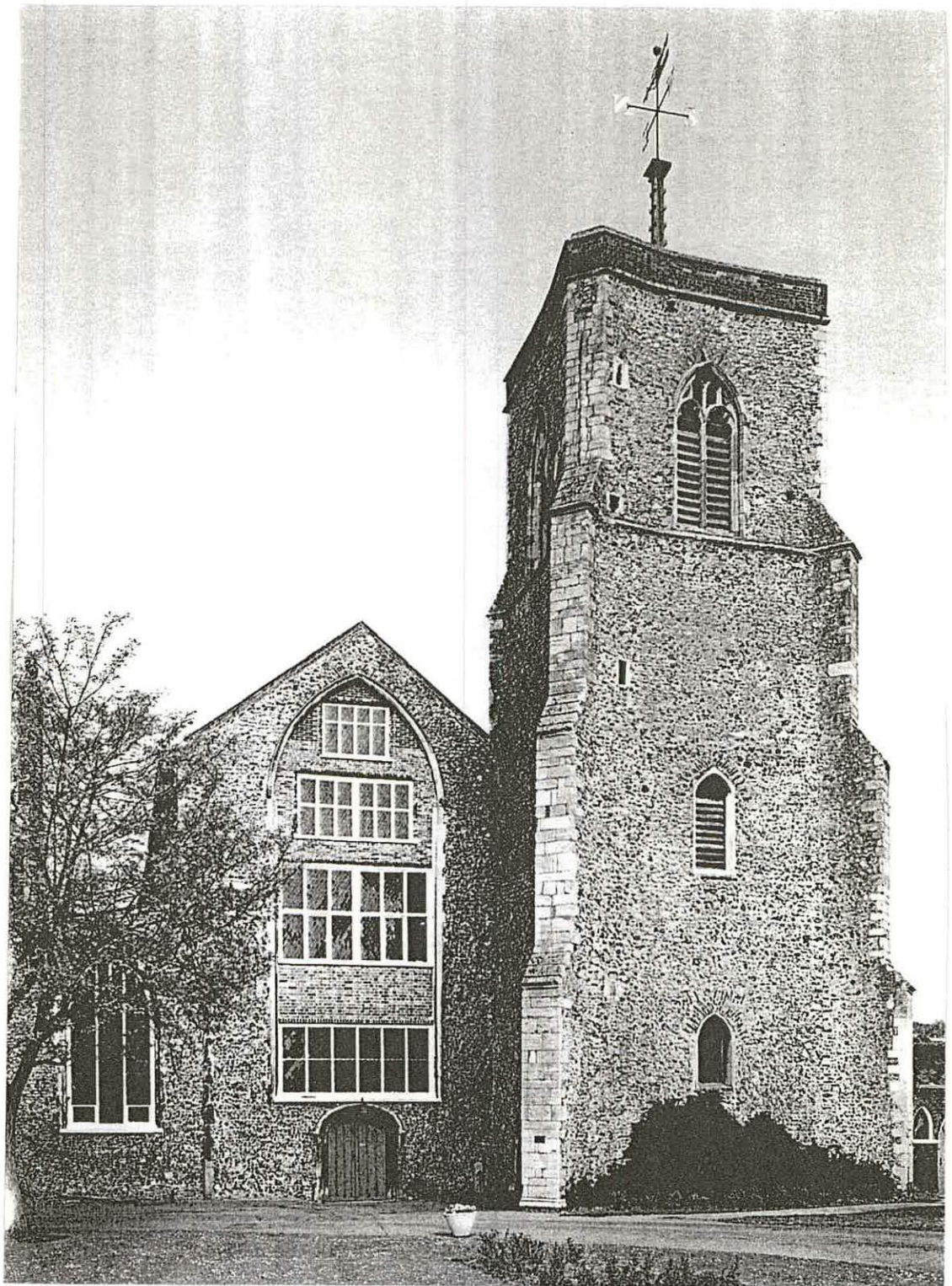


Fig. 3 The west front of St Giles's Hospital.  
(*National Monuments Record*)



Fig. 4 The distribution of the principal hospitals in Medieval Britain.  
*(After Gilchrist 1995)*



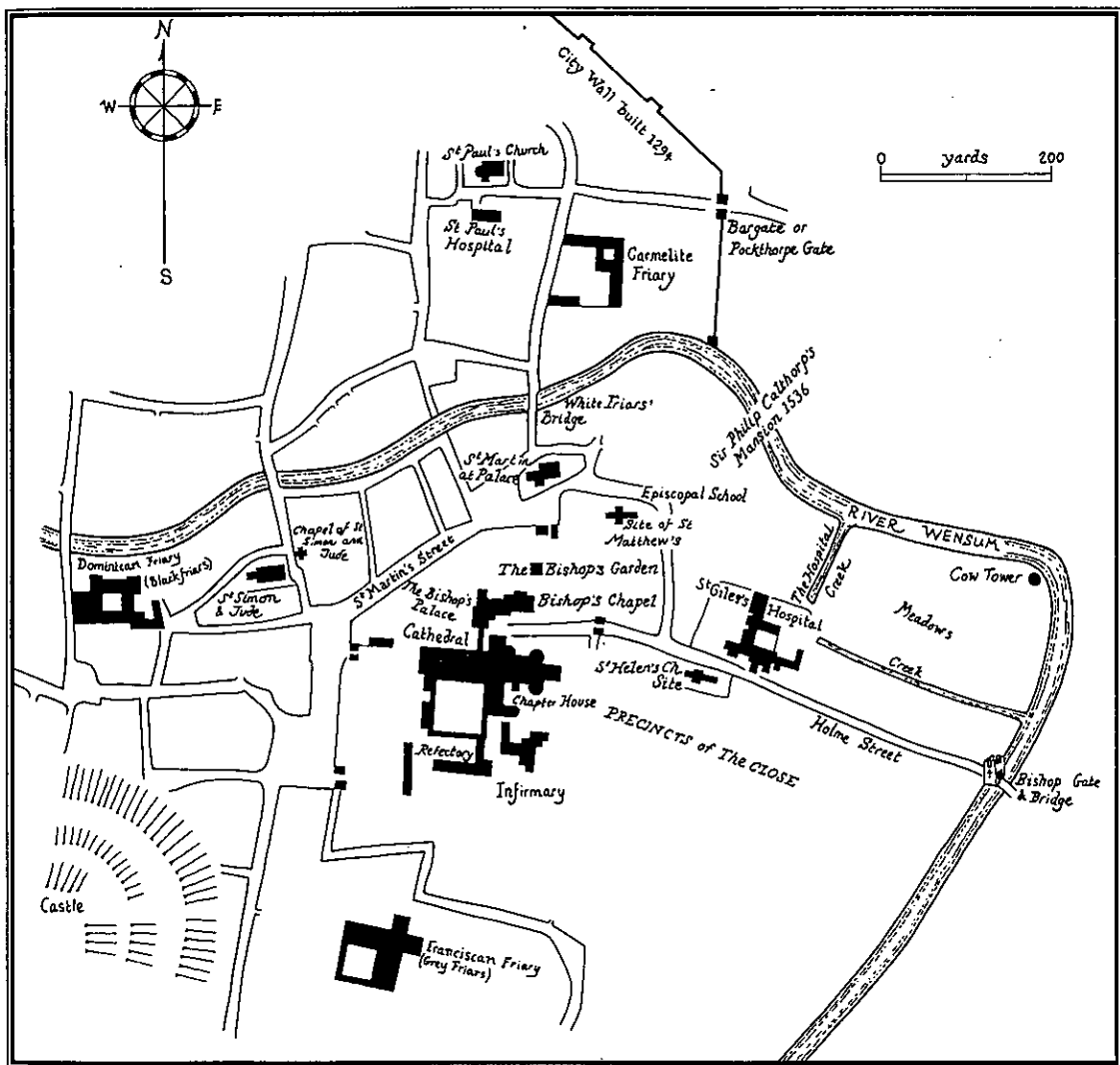


Fig. 6 Sketch map to show the location of St Giles's Hospital within the topography of medieval Norwich.  
 (After Rawcliffe 1999)

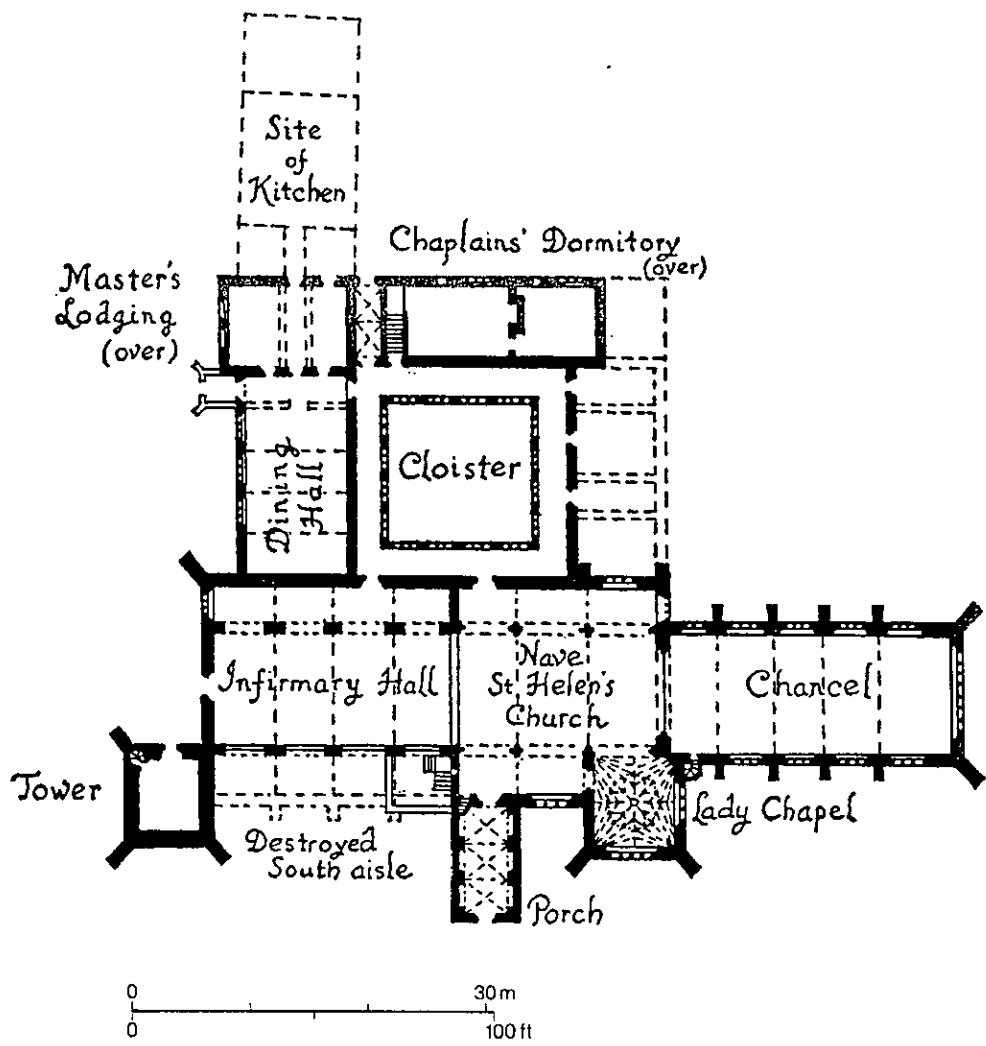


Fig. 7 Plan of the Hospital of St Giles.  
 (After Godfrey 1949)

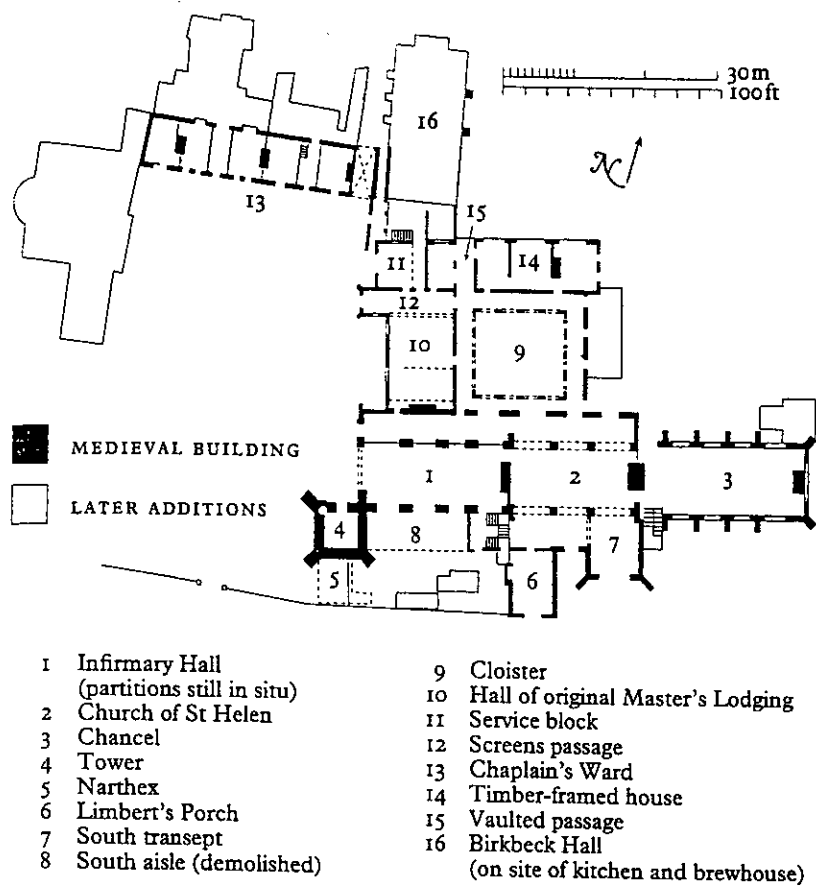


Fig. 8 Plan of the Hospital of St Giles.  
 (After Pevsner and Wilson 1997)

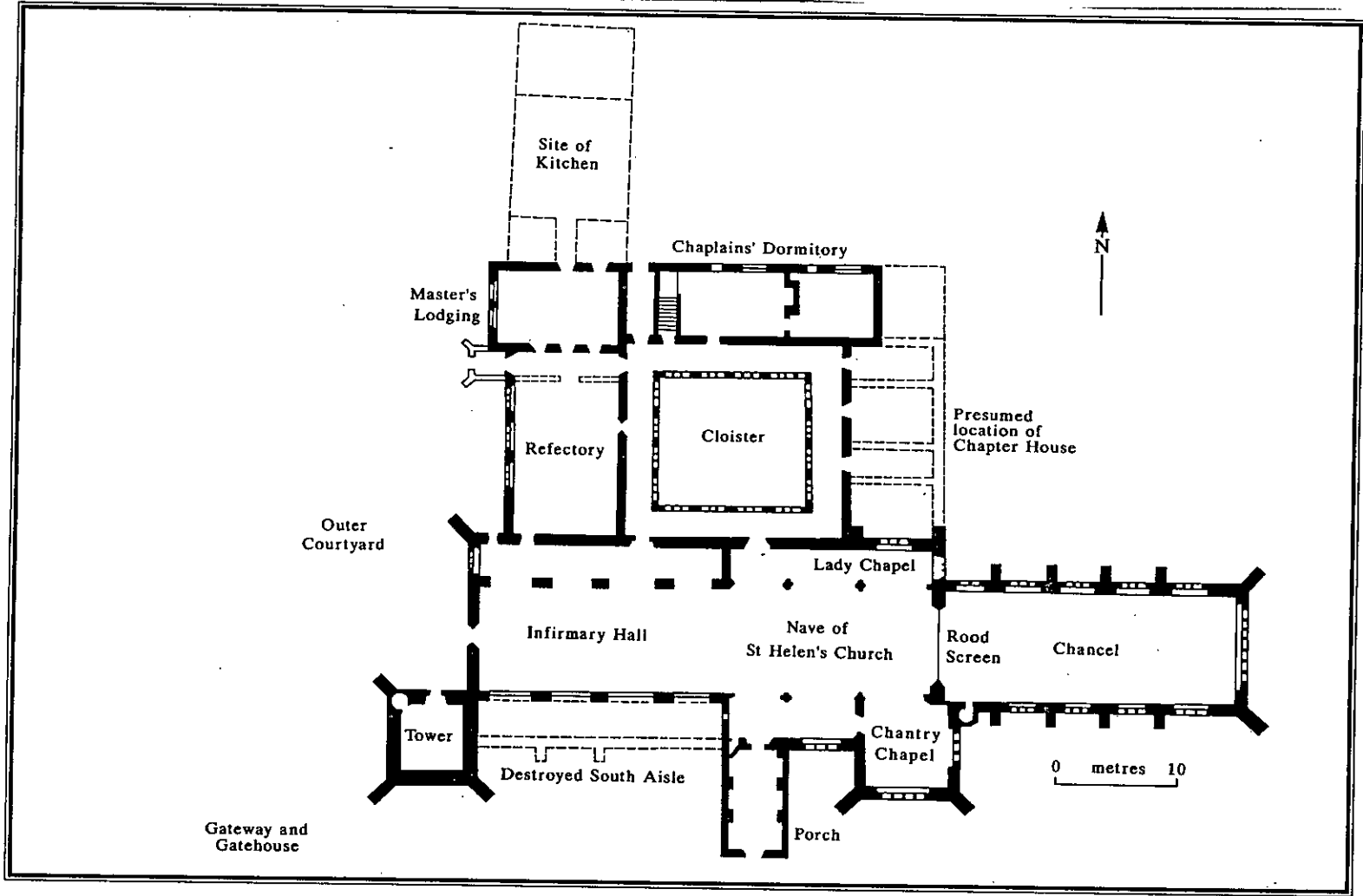


Fig. 9 Plan of the Hospital of St Giles.  
 (After Rawcliffe 1999)



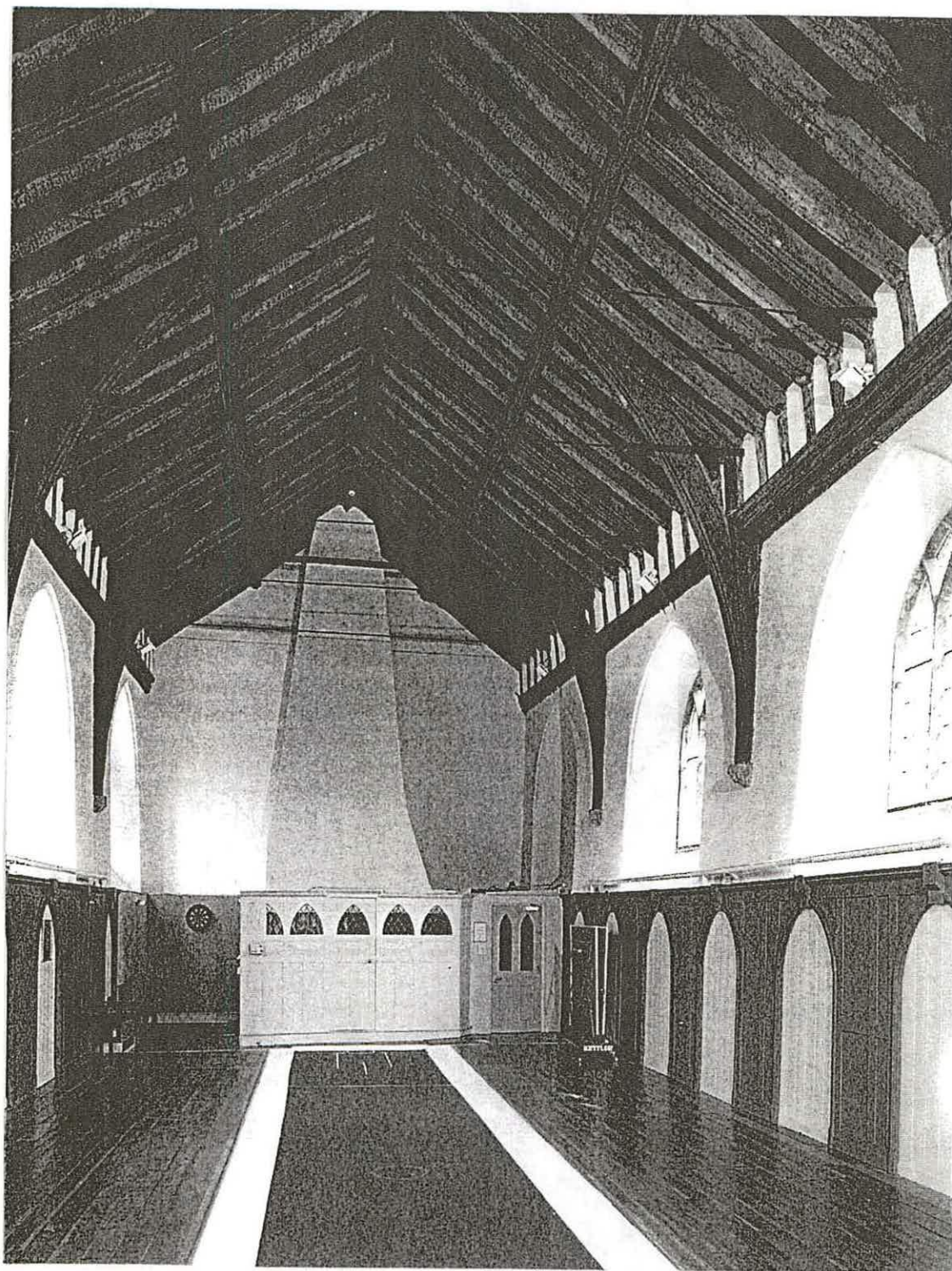


Fig. 9 Upper floor of the infirmary hall at St Giles's Hospital.  
(*National Monuments Record*)





Fig. 10 The fifteenth-century cloister at St Giles's Hospital, looking south-east.





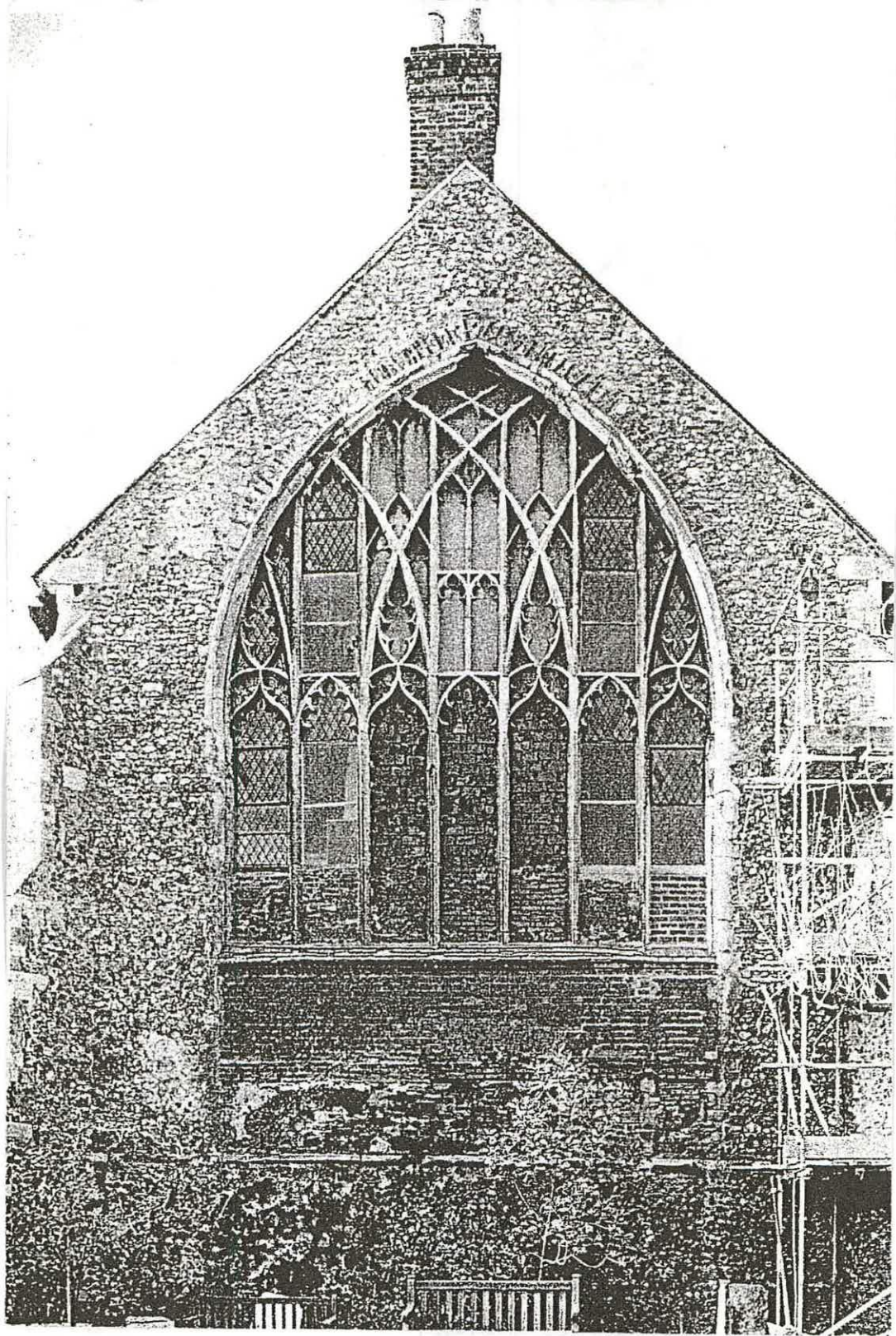


Fig. 12 The east chancel window at St Giles's Hospital, photographed c. 1970.  
(*Wearing, Hastings & Norton, Architects*)



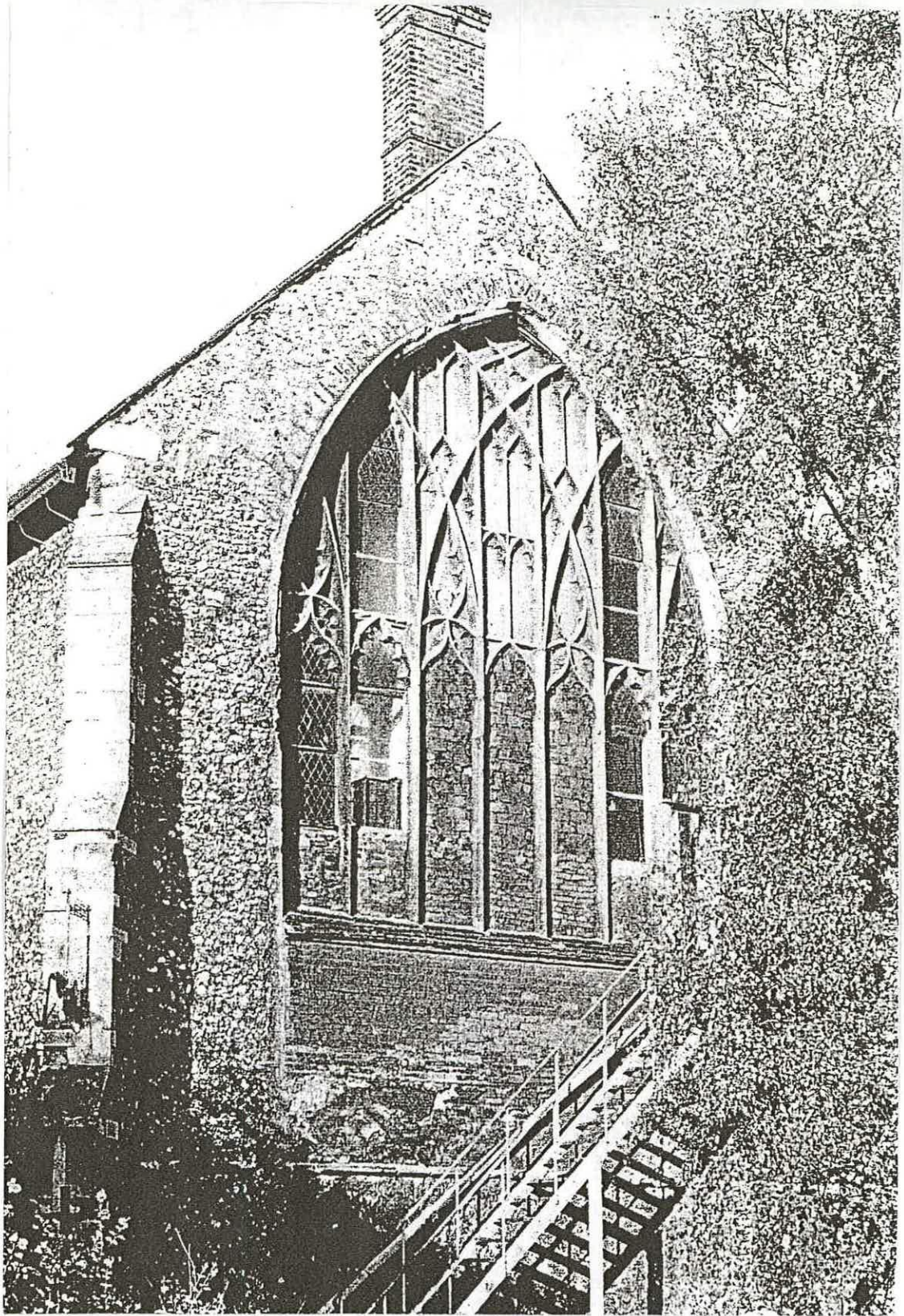


Fig. 13 The east chancel window at St Giles's Hospital, photographed c. 1970.  
(*Wearing, Hastings & Norton, Architects*)



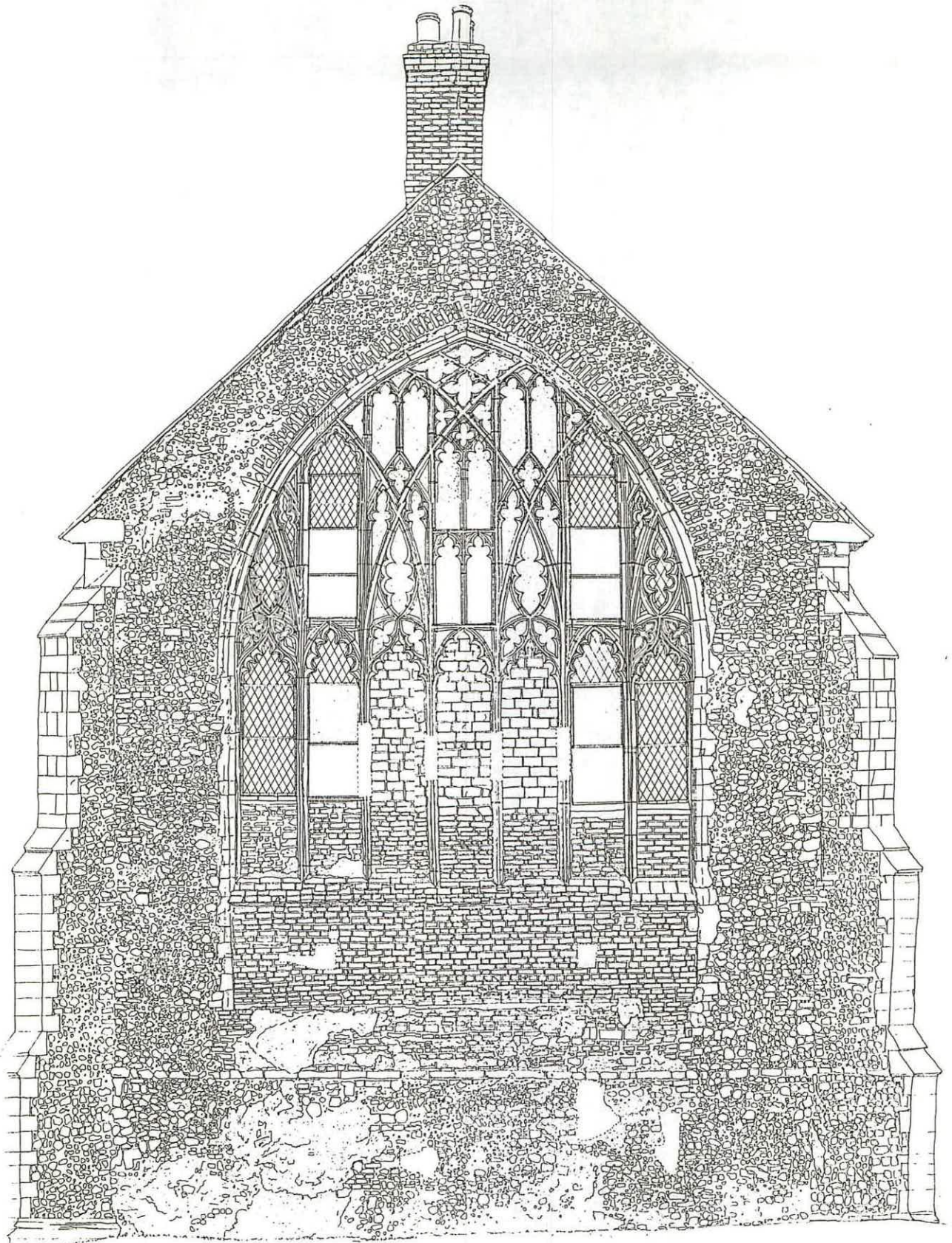
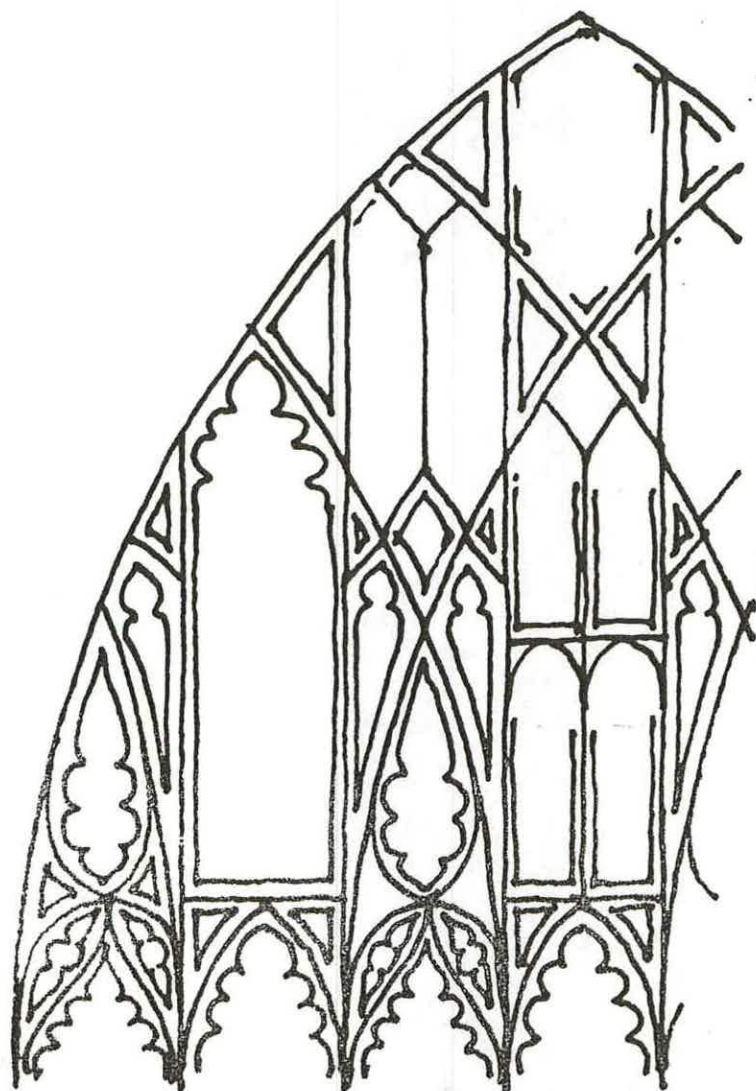


Fig. 14 Elevation drawing of the east façade of the chancel at the Hospital of St Giles, showing the window in its present state. (Wearing, Hastings & Norton, Architects).





13 NORWICH: GREAT  
HOSPITAL CHOIR c.1380  
*? Robert Wodehirst*

Fig. 15 Sketch drawing of part of the head of the east chancel window at the hospital of St Giles.  
(After Harvey 1978).