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THE ROLE OF THE HOSPITAL IN MEDIEVAL  
KENT, c. 1080 - c. 1560

Sheila Sweetinburgh

Thesis submitted for the degree of Ph.D. in History at the  
University of Kent at Canterbury, 1998.

# Contents

Contents .....	ii
Contents of Figures.....	iv
Abstract.....	v
Acknowledgements .....	vi
Abbreviations .....	vii
Introduction.....	1
Chapter 1: The medieval hospital in Kent.....	15
1.i. The chronology of Kent's hospitals .....	16
1.i.a. The early phase: c. 1080 - c. 1300.....	16
1.i.b. The late phase: c. 1300 - c. 1540 .....	20
1.ii. Hospital Functions .....	25
1.ii.a. Worship.....	25
1.ii.b. Charity .....	31
1.ii.c. Education and learning.....	34
1.ii.d. Other local functions.....	35
1.iii. Hospital Organisation.....	37
1.iii.a. Patrons and ordinances.....	37
1.iii.b. Masters.....	39
1.iii.c. Brothers and sisters .....	40
1.iv. Hospital resources .....	43
1.iv.a. Foundation costs .....	43
1.iv.b. Buildings .....	45
1.iv.c. Endowments .....	47
1.iv.d. Offerings and fees.....	49
1.iv.e. Status and reputation .....	51
1.v. Hospital inmates.....	52
1.v.a. Records and numbers .....	52
1.v.b. Selection.....	54
1.v.c. Hospital life .....	59
1.vi. Hospitals and the Reformation.....	62
1.vii. The role and the place of the hospital .....	69
1.vii.a. Systems of exchange and reciprocity .....	69
1.vii.b. Model hospitals.....	72
1.vii.c. The place of the hospital in medieval Kent.....	75
1.viii. Summary.....	79
Chapter 2: Systems of exchange and reciprocity in medieval Sandwich .....	85
2.i. The place of the hospital in medieval Sandwich .....	86
2.i.a. The late thirteenth century .....	86
2.i.b. The late fourteenth century.....	106
2.i.c. The late medieval period (c.1470 - c.1530) .....	120
2.ii. The history of the town's two hospitals.....	158
2.ii.a. St Bartholomew's hospital.....	158
2.ii.b. St John's hospital.....	167
2.iii. Summary .....	173
Chapter 3: Systems of exchange and reciprocity in medieval Dover.....	178
3.i. The place of the hospital in medieval Dover.....	178
3.i.a. The mid thirteenth century.....	179
3.i.b. The mid fourteenth century .....	199
3.i.c. The late medieval period (c. 1470 - c. 1530) .....	218
3.ii. The history of the town's two hospitals.....	240
3.ii.a. St Bartholomew's hospital.....	241
3.ii.b. St Mary's hospital.....	248
3.iii. Summary .....	255

Conclusion .....	260
Appendix 1: Model Hospitals.....	268
Bibliography.....	270

## Contents of Figures

Religious houses and hospitals in medieval Kent .....	14
Almshouses in Kent.....	23
Hospital Saints in Kent.....	30
Assessment of Possessions in Kent Hospitals c.1535 .....	43
Map of Sandwich.....	84
Map of Early Modern Dover.....	177

## Abstract

This thesis examines the social history of the medieval hospital in Kent by investigating its role and place within provincial society. The method used was an analysis of the hospital's participation in the systems of exchange and reciprocity involved in the spiritual economy to assess its relative importance as a charitable and religious institution. Chapter 1 provided a context for the study, including a chronology of the hospitals in Kent from the Conquest to the Reformation and thematic sections on function, organisation, resources and inmates for the same period using evidence from Kent's hospitals. The seventh section of this chapter comprised a summary of the value of the use of the concept of reciprocal exchange and its application to four hospital models (based on function) over time through an investigation of four types of reciprocal exchange: foundation grants, *in vitam* grants, testamentary bequests, casual alms. Also explored in brief were the range of participants in the spiritual economy and certain aspects relating to the relationship between various hospitals in Kent and their patrons and benefactors through the use of three chronological sections: early thirteenth century, mid fourteenth century, late medieval period (c. 1470 - c. 1530). The last two chapters are case studies of the hospitals in the two Cinq Ports of Sandwich and Dover so providing a detailed, systematic analysis of the roles of the various hospitals there through their involvement and that of others, both inside and outside the town, in reciprocal exchange. From these findings it is suggested that the hospital in Kent was a minor participant in the spiritual economy, but that its role therein was likely to be multifarious, though probably changeable over time. In addition for certain hospitals their political, economic and/or social roles provided them with a degree of relevance for the local townspeople, and at times this was also valid in terms of the region and the nation.

## Acknowledgements

I should like to acknowledge the financial aid of the British Academy because I was very fortunate to receive one of their three year scholarships.

Having visited a number of record offices over the last four years I wish to thank in particular the staff at Canterbury Cathedral archives and library for their considerable help. Also especially Mark Bateson, the archivist there, for his knowledge about the various collections held at Canterbury which meant he was able to locate references to hospitals that I should never have found.

It would be difficult to single out particular members (past and present) of the postgraduate medieval and Tudor studies group because so many over the last few years have generously given of their time, knowledge and special expertise. Most are cited at least once in the footnotes and/or under the unpublished papers, and to them and others who have helped me I extend my warmest thanks. The value of one's peers first became apparent while completing the masters but for the doctorate I consider myself privileged to have been part of this group at Kent. However, Miles Banbery requires special mention for his help with the computing and his willingness to tackle all the problems. Also Dean Bubier, Catherine Richardson, Mark Merry and Paul Lee whose help at the end was inestimable.

In addition to intellectual and financial support the process of producing a thesis requires what might be termed moral support and for his being there I should like to thank David Birmingham. Similarly I wish to acknowledge the great debt I owe my parents who never questioned my decision to give up work to study and who have unfailingly continued to back me during my time as a student at all levels, their support has been invaluable.

Finally there is Andrew Butcher whose patience is greater than mine and who saw a subject when I saw nothing but unrelated facts, his intelligence, enthusiasm and scholarship have helped something to come out of this study of Kent's hospitals and I am more than happy to acknowledge my debt to him for this.

## Abbreviations

Apart from the following, all bibliographical references are given in full, then in abbreviated form.

<i>Arch. Cant.</i>	<i>Archaeologia Cantiana</i>
<i>Cal. Inq. Misc.</i>	<i>Calendar of Inquisitions Miscellaneous</i>
<i>Cal. Inq. PM</i>	<i>Calendar of Inquisitions Post Mortem</i>
<i>Cal. Pap. Let.</i>	<i>Calendar entries Papal Registers: Papal Letters</i>
<i>CChR</i>	<i>Calendar of Charter Rolls</i>
<i>CCR</i>	<i>Calendar of Close Rolls</i>
<i>CLibR</i>	<i>Calendar of Liberate Rolls</i>
<i>CPR</i>	<i>Calendar of Patent Rolls</i>
<i>Lit. Cant. (Rolls Series)</i>	<i>Litterae Cantuarienses (Rolls Series)</i>
<i>L &amp; P</i>	<i>Letters and Papers, Henry VIII</i>
<i>Valor Eccl. (Rec.Com.)</i>	<i>Valor Ecclesiasticus (Records Commission)</i>
<i>VCH Kent</i>	<i>Victoria County History: Kent</i>

The following archives are represented thus:

BL	British Library
CCAL	Canterbury Cathedral Archive and Library
CKS	Centre for Kentish Studies
LP	Lambeth Palace
PRO	Public Record Office

Explanatory notes:

The dating has been standardized so that years run from 1 January to 31 December. Modern spellings have been used for Christian names.



## Introduction

This study aims to extend the scope of the understanding of the role of the hospital within medieval English society. It builds upon various contributions of previous work to try to provide a detailed regional study over time which explores the variety of institutions and their adaptability to change. By examining the balance between the religious and charitable roles undertaken at different types of hospital in Kent for the medieval period it is my intention to produce an assessment of the place of the hospital within the spiritual economy.<sup>1</sup> Such an assessment should provide further evidence with respect to the current debates concerning the historiography of the English medieval hospital, especially those relating to the changing charitable role of the hospital in late medieval society. In addition, this study seeks to explore the place of the hospital within provincial society through an analysis of its other roles in order to evaluate its relevance locally, regionally, and where applicable, nationally.

Previous studies have investigated a variety of individual themes often based on single communities. In the introduction to her book on Norwich's medieval hospitals Carole Rawcliffe begins by quoting the passage from Matthew's gospel detailing the scene which would confront Everyman at the Last Judgment.<sup>2</sup> The need to be counted among the sheep was presumably of abiding importance to medieval men and women and the way to achieve this desired position was encapsulated in the seven works of mercy. Individual hospitals might fulfil some of these charitable provisions, but collectively as she has indicated they were able to undertake all such charitable acts, at least before the changes of the late medieval period, which meant these institutions were fitting recipients for the largesse of the local townspeople and their rural neighbours. The importance of the hospital's charitable role and the diversity this entailed was first highlighted by R. M. Clay and has been further explored by recent historians of the English hospital, especially Miri Rubin, Patricia Cullum, Nicholas Orme and Margaret Webster, and those working on the medieval and Renaissance hospitals of France and Italy, in particular Bronislaw Geremek for the Parisian hospitals, and the English historians Brian Pullan, John Henderson and Katherine Park on the hospitals of Venice and Florence.<sup>3</sup> Such studies have attempted to investigate the different categories of recipient associated with the hospitals from the long-term infirm to those who received alms at the hospital's gate and, where possible, to set this within a wider context of charitable giving within the town or city. They have also attempted to assess the degree of continuity and change

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<sup>1</sup> Swanson, R., *Church and Society in Late Medieval England* (Oxford, 1989), 209-228.

<sup>2</sup> Rawcliffe, C., *The Hospitals of Medieval Norwich* (Norwich, 1995), 13.

<sup>3</sup> Clay, R., *The Medieval Hospitals of England* (London, 1966 [1909]). Rubin, M., *Charity and Community in Medieval Cambridge* (Cambridge, 1987); Cullum, P., 'Hospitals and Charitable Provision in Medieval Yorkshire', Ph.D. thesis, University of York (1990); Orme, N. & Webster, M., *The English Hospital, 1070-1570* (New Haven & London, 1995). Geremek, B., *The Margins of Society in Late Medieval Paris*, translated J. Birrell (Cambridge, 1987); Pullan, B., *Rich and Poor in Renaissance Venice. The social institutions of a catholic state, to 1640* (Oxford, 1971); Henderson, J., *Piety and Charity in Late Medieval Florence* (Chicago & London, 1997); Park, K., 'Healing the Poor. Hospitals and medical assistance in Renaissance Florence', in J. Barry & C. Jones (eds.), *Medicine and*

over time, between the high and later Middle Ages and between the late medieval and the early modern period. Rubin's study of the Cambridgeshire hospitals, for example, has led her to see considerable changes in the role of the hospital between the early period (12th and 13th centuries) and the later period (post Black Death), the earlier desire to found hospitals for the relief of poverty being replaced by a far greater discriminatory system where a range of selection criteria were applied to the prospective inmates and corrodians had replaced the poor.<sup>4</sup> Rawcliffe similarly found a narrowing of the categories of inmate aided at the Norwich hospitals for this later period as well as even greater changes of use where St Giles' hospital had become a college of secular priests, maintaining only a few places for the poor.<sup>5</sup> Moreover, the loss of this charitable provision for the poor at the older Norwich hospitals was not offset by the founding of 'maisonsdieu' such as those found at York and other towns in Yorkshire by Cullum where individually these small almshouses provided care for a few local poor people.<sup>6</sup>

Care for the body was never divorced from care for the soul and while the large continental hospitals seem to have offered the services of medical practitioners for the sick-poor, in England, nursing, a better diet and living conditions may have been the extent of such institutional care, the emphasis remained on the salvation of the inmate's soul. The centrality of the divine office in the life of the hospital and the daily recitation of particular set prayers by the lay community have been described by Orme and Webster, who consider that the late medieval period saw an increasing emphasis on the saying of such prayers by the resident inmates, possibly in response to the decline in the number of priests employed there and that hospital provision was increasingly directed towards long-term accommodation of the old and infirm.<sup>7</sup> Rubin also noted the foundation of this type of almshouse where the inmates acted as bedesmen and women for the founder, who having gained spiritual merit from the deed of foundation received further benefit from their daily prayers.<sup>8</sup> For the earlier period she considers the evidence from Cambridgeshire indicates that the diverse forms tried by the first founders were intended to fulfil a variety of roles, but that the late thirteenth century burgess foundations were more organised, most following a religious rule where the priest brothers and lay community were primarily engaged in intercessory services for the founder and benefactors, as well as providing aid for the poor.<sup>9</sup> These endowed houses were well-placed to become involved in the land market and their role as landlord and lessor provided them with a wider public profile in the local economy, suggesting a greater complexity regarding the hospital's place in society. Such hospitals, according to Rubin, were adversely affected by the economic and social problems of the late fourteenth and fifteenth centuries and they were forced to

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*Charity before the Welfare State* (London & New York, 1991), 26-45. For other studies by these historians and single hospital studies see bibliography.

<sup>4</sup> Rubin, *Charity*, 289-296.

<sup>5</sup> Rawcliffe, *Hospitals of Norwich*, 153-155.

<sup>6</sup> Cullum, 'Hospitals in Yorkshire', 318-320.

<sup>7</sup> Orme & Webster, *English Hospital*, 50, 52.

<sup>8</sup> Rubin, M., 'Development and change in English hospitals, 1100-1500', in L. Granshaw & R. Porter (eds.), *The Hospital in History* (London & New York, 1989), 55.

<sup>9</sup> *Ibid.*, 46.

adapt their role to accommodate the wishes of their new benefactors.<sup>10</sup> Some developed as chantries as did many of the earlier leper hospitals following the declining incidence of the disease. The houses' assets might be directed towards maintaining a chantry chaplain on behalf of the hospital's new patrons, or they might be developed to provide accommodation for different groups within the poor, though some simply disappeared. One group about which there seems to be some discussion were the poor scholars because Rubin considers that the change from paupers to poor scholars who were housed at St John's, Cambridge, indicates a significant change in the meaning of charity, whereas Peregrine Horden believes it represents an extension of the hospital's former charitable role and that her definition is too limited and inflexible.<sup>11</sup> The hospital's role as a provider of education and learning more generally has been investigated by Orme and Webster, who see this as a significant area of continuity of use between the late medieval and early modern hospital.<sup>12</sup>

This complexity of roles undertaken by an individual hospital and how these might alter over time have been explored in great detail by Rubin with respect to St John's hospital at Cambridge, Cullum for St Leonard's hospital in York and it seems likely Rawcliffe will similarly be able to produce a detailed history of the Great Hospital at Norwich.<sup>13</sup> Although these studies are extremely illuminating in terms of the life of the hospital, its religious and charitable functions (both inside the hospital and in the wider community) and its management of the house's capital assets, they may in many ways represent special cases with respect to the hospitals themselves and the urban community of which they were a part. This seems to suggest that it might be advantageous to take the town/city as the first unit of analysis and to assess the relative place of the different hospitals in the life of the vill and its hinterland by exploring the networks (charitable, religious, economic, social, political) of which they were a part, and those involving others (local religious houses, the various parishes, guilds, civic authorities, the townsfolk, outsiders with interests in the area), thereby assigning an estimate of the hospital's relevance to those in the locality. A second unit of analysis might be the region which will provide opportunities to compare the place of the hospital in the different towns as well as introducing the idea of the regional relevance of an individual hospital, particular types of hospital and the factors which may influence this over time. By emphasising the region as a complementary unit to the town it may be possible to identify broader trends regarding the role of the hospital which were not the result of the special circumstances of the individual town/city, especially where the region was dominated by a city whose characteristics and history were atypical of those experienced by the neighbouring provincial towns. The advantage of using Kent as the regional unit was that it displayed certain regional characteristics in terms of its social structure, like the preponderance of small, ancient urban settlements in particular areas of the county which meant it was

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<sup>10</sup> *Ibid.*, 52-55.

<sup>11</sup> Rubin, *Charity*, 293-294. Horden, P., 'A discipline of relevance: the historiography of the later medieval hospital', *Social History of Medicine*, i (1988), 368-369.

<sup>12</sup> Orme & Webster, *English Hospital*, 66, 144-145, 163-164.

<sup>13</sup> Rubin, *Charity*, 184-236; Cullum, 'Hospitals in Yorkshire', 98-110, 155-156, 191-194; Rawcliffe has included the Great Hospital in her study of Norwich hospitals; Rawcliffe, *Hospitals of Norwich*, 97-113.

possible to study the hospital within a number of small towns rather than confining the analysis to Canterbury.

One disadvantage regarding the county as the chosen region was the almost total absence of rural hospitals which meant the analysis was dependent on the urban hospital, those sited in or near the town. However, with the exception of Orme and Webster's list of leper colonies and hospitals in Devon and Cornwall for 1307-10, most of the recent regional hospital studies have concentrated on the urban hospital and this makes possible direct comparisons between the Kent material and these other works.<sup>14</sup> Furthermore, even though none of the Kent hospitals were primarily devoted to the care of the sick-poor, the other three types of hospital designated by Knowles and Hadcock: the leper house, the almshouse, the pilgrim hospital were all well-represented in the county. It was also decided for the almshouses to distinguish between the early hospital for the long-term poor and infirm and the late medieval almshouse, and to identify separately the type characterised by the house at Ewelme (endowed, where the souls of the founder and his almsfolk were the priority) and that which resembled Cullum's 'maisonsdieu'.<sup>15</sup> The advantage of this modified hospital classification was its inclusiveness and its comparable uses within the region and between regions. Through an analysis of the evidence regarding the adaptations undergone by these hospital forms, further refinements were added to the classification which aided the assessment of the significance of continuity and change in terms of the role of the hospital and also how it may have been perceived by the community of the hospital and those outside.

By envisaging charity in its widest form as one of the major bonding processes for the social structure of the town and region, it seemed appropriate to undertake an investigation of the systems and processes of exchange and reciprocity in order to assess the charitable networks employed there and thus the role and place of the hospital within its society. These reciprocal exchange systems were classified under four headings: foundation endowments, *in vitam* grants, casual alms-giving, and testamentary bequests, as a means of providing an inclusive construct which would allow the use of all the different types of available evidence. Moreover, the use of these categories was not confined to the analysis of the systems involving the hospitals because they were equally applicable for the exchanges involving the other institutions, groups and individuals of the town and its hinterland. Thus the comparative dimension might be extended to other parts of the spiritual economy: extra-parochial institutions, the parochial and sub-parochial, as well as groups like the poor, the crown and the civic authorities whose involvement within these systems allowed them as individuals and groups to practise a range of actions and responses, thereby demonstrating the complexity and flexibility of the resultant structure. This type of analysis

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<sup>14</sup> In addition to the studies previously cited: Honeybourne, M. 'The Leper Hospitals of the London area: with an Appendix on some other Medieval Hospitals of Middlesex', *Transactions of the London and Middlesex Archaeological Society*, xxi (1967), 1-61. Rawcliffè, C., 'The Hospitals of later medieval London', *Medical History*, 28 (1984), 1-21. Rowe, J., 'The Medieval Hospitals of Bury St Edmunds', *Medical History*, ii (1958), 253-263. Orme & Webster, *English Hospital*, 172-177.

<sup>15</sup> Knowles, D. & Hadcock, N., *Medieval Religious Houses: England and Wales* (London, 1971 [1953]). Chapter 1, vii, b; Sweetinburgh, S., 'The role and place of the hospital in medieval Kent', unpublished paper (1998).

which combined an examination of structure and process was also intended to produce ideas about community, both for those inside and outside the hospitals, whereby these various groups were able to construct and reconstruct as necessary a sense of corporate identity that was of value to the individual members. Such a detailed examination was possible in terms of the smaller unit: the town, which for this thesis meant the two case studies on Sandwich and Dover. By providing a detailed assessment of the town at particular times during its history, it was possible to examine notions about community, and its use as an inclusive and exclusive construct which involved particular institutions and groups, including certain hospitals, thereby complementing the principal analysis concerning the changing role of the hospital in provincial society.

Most hospital studies have been able to draw extensively on the calendared state papers, other state documents like the *Valor Ecclesiasticus* and the chantry certificates of 1546, and the considerable number of national and local lists and studies of hospitals.<sup>16</sup> Sources from the hospitals themselves have been much more variable, both in terms of the diversity and the quantity of surviving documentation. These materials include: charters and deeds, rentals, lists of indulgences, inventories, surviving buildings and archaeological reports, ordinances, accounts, court rolls, and other documents which may provide evidence about the master, brothers and sisters, or details regarding such matters as the allowances given to certain corrodians. The availability of primary sources from outside the hospital have been similarly variable, though most studies have used the testamentary materials from the surrounding area and because these hospitals have been predominantly urban institutions, the local town records have often provided valuable evidence from such materials as the treasurers' accounts, deeds and rentals relating to town property, and the town books. Manorial documents have proved useful in some studies, while parochial records like the churchwardens' accounts, inventories and parish registers have been used by those historians working on the history of the hospital in the late Middle Ages and especially over the Reformation period. Other useful ecclesiastical records have been the registers, accounts and rentals of neighbouring religious houses, as well as the episcopal and archiepiscopal registers which may include notice of visitations, lists of ordinands and clerical appointments. Though not exhaustive this description of the sources used by hospital historians indicates that it is necessary to search as widely as possible because for most studies the sources may be scattered, inadequate and exiguous.

This study was no exception which meant that for some hospitals their existence rested on a single entry in the state papers or an unreferenced comment in the secondary literature.<sup>17</sup> More tangible remains exist for a few hospitals especially the chapels, but Canterbury is fortunate in the survival of the Poor Priests

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<sup>16</sup> *Valor Ecclesiasticus*, eds. J. Caley & J. Hunter, 6 vols. (London, 1810-33). Dugdale, W., *Monasticon Anglicanum*, eds. J. Caley, H. Ellis & B. Bandinel, 6 vols. (London, 1817-30). Also valuable the Victoria County History series, especially the later editions.

<sup>17</sup> Hasted states that there was an ancient hospital dedicated to St John in Queenborough but he provides no further information except that it was under the patronage of the archbishop; Hasted, E., *The History and Topographical Survey of the County of Kent*, 10 vols. (1972 [1797-1801]), vi, 244. Melanie Caiazza brought this reference to my attention.

hospital, St Thomas' hospital, the chapel at St Nicholas' and several buildings at St John's hospital including the reredorter and, in consideration of the extant hospital archives, a number of registers have survived for various hospitals in Dover, Sandwich and Canterbury. These were primarily cartularies but often contained a miscellaneous collection of other materials, for example a rental for St Bartholomew's at Sandwich, the hospital ordinances for St Lawrence's at Canterbury and the indulgences the hospital had received for St Bartholomew's at Dover.<sup>18</sup> Charters and deeds from a few hospitals have survived in their original form, while financial records are extremely rare.<sup>19</sup> Ordinances in varying degrees of completeness provide some evidence about the daily life of the hospital, but the likelihood that only one set of rules has survived for an individual hospital means that it is difficult to know whether it was amended at a later date, and if so how, when and why. There are a few extant single documents, like the sixteenth century pittance book from St John's at Canterbury and for the Canterbury, Sandwich and Rochester hospitals information concerning now lost hospital archives have been preserved in the various antiquarian collections for these three towns.<sup>20</sup> All the historians of the regional studies had a special hospital source or a particularly good collection for one hospital and in this case the special document is the admissions register for St John's hospital at Sandwich.<sup>21</sup> The register now begins in 1397 with a list of the master, brothers and sisters present when the mayor and two senior jurats visited the hospital, the name of the 'harbinger' and an inventory of the goods and bedding in the 'harbinger', the three rooms at the back of the hospital where the sick-poor were housed. Most of the other entries in the register follow the same basic pattern by listing the date of the visitation, the names of the civic officers, the inmates present, those who had died or left the house, their replacements and frequently the amount to be paid as an entry fee, and very occasionally the identity of the 'harbinger' and an inventory or part inventory of the hospital's goods. The dating suggests that the mayor did not visit regularly on certain feast days and for some years there are no entries at all. However, from the 1460s until 1560 there were frequently entries for eight years from each decade and in a few years the mayor visited on five or more occasions. The clerk also recorded some financial information, like the rents owed the hospital in 1480 and, in 1525, the illegal sale by the brothers and sisters of one of the hospital's pots.<sup>22</sup>

The testamentary materials were probably the largest category of document investigated and about 5000 from the four Kentish Cinq Ports, Canterbury and the hinterlands of Dover and Sandwich were examined

<sup>18</sup> CKS: Sa/Ch 10B A1; CCAL: DCc/Lit. MS. C20; Bodleian: Rawlinson MS. B.335.

<sup>19</sup> The 2 largest collections of deeds were for St Thomas' at Canterbury and St Mary's at Strood: CCAL: DCc/U24 A - H, J - N; CKS: DRc/T573-611A. 1 14th century account roll from St Thomas' at Canterbury, 1 14th century account roll from St Mary's at Strood and 3 15th century account rolls from St Bartholomew's at Chatham; CCAL: DCc/FX 7; CKS: DRc/F44; F45-47.

<sup>20</sup> CKS: DCc/U13/1. Duncombe, J. & Battely, N., *The History and Antiquities of the Three Archiepiscopal Hospitals. At or near Canterbury viz St Nicholas at Harbledown, St John, Northgate and St Thomas of Eastbridge, with some Account of the Priory of St Gregory, the Nunnery of St Sepulcre, the Hospitals of St James and St Lawrence and Maynard's Spittle* (London, 1785), 175-452. Boys, W., *Collections for an History of Sandwich in Kent, with notices of the other Cinque Ports and Members and of Richborough* (Canterbury, 1892 [1792]). *Registrum Roffense*, ed. J. Thorpe (London, 1769); Shrubsole, W., *The History and Antiquities of Rochester and its Environs*, printed & sold by T. Fisher (1772).

<sup>21</sup> CKS: Sa/Ch 10J A1.

<sup>22</sup> CKS: Sa/Ch 10J A1 entries dated 24/11/1480, 29/5/1525.

and recorded on a data base. This information regarding the pious/charitable bequests to the various recipients within the spiritual economy provided valuable comparisons between the various towns and between the testators of urban and rural parishes. Furthermore I was fortunate to be able to draw on Paul Lee's investigation of the testamentary records of the Rochester diocese regarding bequests to hospitals. The two case studies drew on the town and parish records for Dover and Sandwich, and for Dover the registers of the two local religious houses were also examined, especially the Dover priory register because of the close connections between this house and St Bartholomew's hospital nearby.<sup>23</sup> The Dover town records were more patchy and thus more difficult to use but did produce information concerning exchanges between the civic authorities and the hospitals as well as other networks of gift-exchange involving the mayor and jurats. Similarly the parochial records for Dover were inferior to those for Sandwich, though in both cases materials have only survived from one of the town's parishes. The Sandwich town archive included a late fourteenth century copy of the customals of the town's two hospitals, while the fifteenth and sixteenth century town books provided information about the civic authorities, the poor who were indicted before the town court and occasionally cases involving the hospitals. A few records from the other two Cinq Ports were also examined but more attention was paid to the records of Christchurch priory, St Augustine's abbey and Rochester priory because each of these monastic houses had links with at least one neighbouring hospital. The medieval city archives of Rochester are no longer extant, but a few of the Canterbury city accounts were investigated for evidence of municipal gift-exchanges with the local religious houses. Evidence of *post mortem* gift-exchanges between individual sisters at St James' hospital, Canterbury, and the shrine of St Thomas was recorded in the shrine-keeper's accounts for 1524, while the sources for the other significant gift-exchange involving St Thomas for this study were contained within the fifteenth century 'Customal of St Thomas' and the Dover chamberlains' accounts.<sup>24</sup> The records of national institutions, the crown and the archbishop of Canterbury, were primarily consulted in their printed forms, and similarly only the printed register of bishop Hamo from the Rochester diocese. This register included copies of the foundation charters of St Mary's hospital, Strood, the bishop's own hospital foundation at Hythe and his revised ordinances for the same Strood hospital.<sup>25</sup>

This study was, therefore, dependent on a wide range of sources from various time periods where the quality and quantity of the particular type of record was extremely variable. Moreover, the almost total absence of administrative documents from the county's hospitals was a severe restriction on the type of analysis which could be employed. Such documents might have provided at least some indication of casual alms-giving to (and by) the hospital, an area about which there appears to be very little evidence nationwide and yet must/may have been a very important source of income at most hospitals. The wide time span adopted, the Conquest to the Dissolution, meant there was almost no continuity in the type of

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<sup>23</sup> The 2 religious houses were Dover priory and St Radigund's abbey; Lambeth: MS. 241; Bodleian: Rawlinson MS. B.336.

<sup>24</sup> CCAL: DCc/ Lit. MS. C11, fol. 62v, 63; Jeff Zeigler brought these entries to my attention. BL: Add. MS. 59616, fol. 9; reference supplied by Peter Rowe.

material available for the whole period or even for a large proportion of the time span which resulted in periodic clusters where a certain form of record was relatively abundant. This type of analysis where a particular source was predominant for a certain period resulted in the history of the region's hospitals being constructed from diversity rather than comparability and, with regard to the main sources, there was a considerable gap between the charters for the early period and testaments for the late Middle Ages. Both of the most important primary sources, the charters and testamentary materials, had limitations, partly the quality, quantity and variability of the documents themselves but also the general problems encountered by historians working on such materials. Concerning the deeds and charters, most were from the late twelfth and thirteenth centuries which meant a considerable percentage were not dated and even though it was at times possible to provide first and/or last dates through record linkage, there were limitations to the accuracy of this system. Also some of the enrolled deeds did not include witness lists or only a few names, which when added to the problems associated with naming for this early period caused considerable problems. Similarly the amount of detail regarding the grant varied, the greatest detail being in some of the original deeds and the least in some of those within the hospital registers. Although it might be reasonable to assume that a hospital's register included a record of all the deeds associated with that house prior to the date of compilation, deeds produced after this date may never have been added to the register which suggests that none of the hospital cartularies is complete and similar problems may occur with respect to the collections of original deeds. However by comparing the different cartularies from the Kent hospitals and those of others from outside the county, it was possible to assess the likelihood of missing groups of charters or that the time spread of a particular hospital's charters seemed to correspond to the evidence from elsewhere. As Rubin and others have noted, the charters made with a hospital, like those with the religious houses, employed the language of charity regardless of whether they conveyed a gift in free alms.<sup>25</sup> Grantors undertook a range of transactions with the local hospital or religious house which might include sales, or they might expect an annual rent or specific spiritual acts on their behalf in return, and this diversity of use and so motivation may make it difficult to assess the relationship between the parties involved in terms of the spiritual economy.

Possibly the biggest problem associated with the testamentary materials was that there were very few for the period prior to 1460 which meant it was not possible to assess changing patterns in charitable giving over time. In addition the number of wills surviving from Dover was lower for the size of the town's population compared to Canterbury and Sandwich, perhaps reflecting the loss of the Dover court books. Although generally the level of detail contained within the wills did not vary greatly between the different places, only becoming longer and more thorough over time and with the change from Latin to English, those from Dover and the surrounding parishes consistently contained the least detail. Apart from the lack of numbers, in terms of this study the analytical problems were principally associated with

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<sup>25</sup> *Registrum Hamonis Hethe Diocesis Roffensis AD 1319-1352*, trans. & ed. C. Johnson (Oxford, 1948), 1, 4, 393.

<sup>26</sup> Rubin, *Charity*, 185. Woodcock discusses the different forms used for the charters of St Gregory's priory, Canterbury, *Cartulary of the Priory of St Gregory, Canterbury*, ed. A. Woodcock, Camden Society, 3rd series, 88 (London, 1956), xvi-xix.



motives for charitable giving and that the will and testament represents an end of life grant, thereby implying a special type of charity. Issues like the significance of the hope/fear dichotomy connected to the doctrine of purgatory, clerical influence in the composing and writing of the document, and that the will might not be fulfilled, have been discussed by a number of historians, but the usual alternative cited, the churchwardens' accounts as a measure of the reality of charitable/pious giving, was not available here.<sup>27</sup> Consequently, this study has focused on the apparent intention of the testator and that by reading the will as a complete text it may be possible to ascertain priorities and the relative value placed on the bequests. Also by maintaining Horden's wider definition of charity it may be possible to extend the assessment of the networks of charitable provision to the family, the fictive kin and others in terms of neighbourhood and community.<sup>28</sup> Through techniques like record linkage it was possible to recover some family histories, especially as the testaments themselves often provided a pool of names and kinship links which were used in conjunction with the town records, though as always some links can never be more than tentative. The last major problem was the bias of the type of testator, they were principally male, members of the higher socioeconomic groups within the parish/town, the leading citizens or rural yeomanry (possibly also married/widowers, middle-aged/elderly). By the early decades of the sixteenth century those further down the social scale were beginning to use wills, but the bias towards male testators remained, the few women were predominantly widows. However, although the documents produced by prosperous, elderly men on their death-bed whose motives may be considered rather dubious might not appear to reveal much about charitable giving within the community, and so the place of the hospital, such materials still remain one of the best sources and if used cautiously may provide valuable ideas regarding the hospital and charitable provision.

In order to achieve this I have employed the following theoretical methods: exchange theory and to a lesser extent work on community and microhistory. Like Rubin I have looked outside history to social anthropology and in particular to the ideas surrounding exchange and reciprocity. In the introduction to her book on Cambridge she highlights the significance of gift-exchange as a system whereby the bonds within society are produced and maintained, and that charity as a form of gift-giving similarly results in relationships between benefactors and beneficiaries which are rich in meaning.<sup>29</sup> However, she does not appear to pursue these theories systematically and though later in the book and in her articles on hospitals she draws attention to the social and political advantages which accrued to the burgess founders of the early hospitals, such ideas are not explored in depth.<sup>30</sup> For this study I have attempted to explore

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<sup>27</sup> Works on this subject include: Burgess, C., "A fond thing vainly invented": an essay on Purgatory and pious motive in later medieval England', in S. Wright (ed.), *Parish, Church and People* (London, 1988), 56-84; Burgess, C., 'Late medieval wills and pious convention: testamentary evidence reconsidered', in M. Hicks (ed.), *Profit, Piety and the Professions in Later Medieval England* (Gloucester, 1990), 14-33. Robert Lutton has devoted 2 sub-sections of his thesis to the advantages and problems of using testamentary sources for the study of late medieval piety and many of his observations are relevant here; Lutton, R., 'Heterodox and Orthodox Piety in Tenterden, c. 1420 - c. 1540', Ph.D. thesis, University of Kent at Canterbury (1997), 3-18.

<sup>28</sup> Horden, 'Discipline of relevance', 398.

<sup>29</sup> Rubin, *Charity*, 1-2.

<sup>30</sup> *Ibid.*, 289-290; Rubin, 'Development and change', 44; Rubin, M., 'Imagining Medieval Hospitals', in J. Barry & C. Jones (eds.), *Medicine and Charity before the Welfare State* (London & New York, 1991), 19-21.

exchange theory from the anthropological perspective by looking at systems and processes using John Davis' work, and the ideas of Arjun Appadurai and Igor Kopytoff on the gift/commodity.<sup>31</sup> Davis' definition provided a valuable method for exploring all the different kinds of exchange involving the hospital, and his emphasis on the motives and understanding of the exchange by those taking part seemed especially significant for an investigation of charitable giving. Kopytoff's work on the things which pass between the exchange partners and the complexity of the meanings applied to them appeared interesting in terms of the symbolism employed within the gift-exchange and this has been explored in detail elsewhere using the example of Gyles Love and his *post mortem* gift-exchanges with St Mary's hospital at Dover.<sup>32</sup> Even though Marcel Mauss still remains an important starting point for investigating the theory of such exchanges, the recent work on reciprocity and gift-exchange by Marilyn Strathern and Avner Offer provided some useful insights into these processes and the relationship between the exchange partners which seemed relevant in terms of the use of indulgences and certain forms of testamentary gift-giving.<sup>33</sup>

Anthony Cohen's recent work on community and self consciousness appeared to provide a theoretical framework which might be used comparatively in consideration of the groups and individuals with whom the hospital might develop relationships through exchange.<sup>34</sup> Ideas about self-motivation, the inter-play between cultural forces and the self, and the interpretation of these within the public sphere by those beholding and the 'beholden' seemed to produce a way of analysing the apparently more self-reflexive sources like the testaments, and may also be valuable in terms of collective identity and actions.<sup>35</sup> Community and identity seemed significant in terms of the hospital and the town, a situation Rubin acknowledged in the title of her book but her published work on these concepts seems to post-date her work on the hospital in Cambridge (though the lines of thought are complementary). Her main point appears to be that the word community is over used and that consequently when employed in analysing urban ritual, including processions it fails because in seeking to find "the ties that bind" it plays down the ways individuals and small groups manipulate it for their own ends.<sup>36</sup> This idea of negotiation within the ritual appears valid but in giving the power to the individual there seems to have been too great an ideological shift from the significance of the ritual as a construct which is addressed to 'Others', non-

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<sup>31</sup> Davis, J., *Exchange* (Buckingham, 1992). Appadurai, A., 'Introduction: commodities and the politics of value', in A. Appadurai (ed.), *The social life of things* (Cambridge, 1986), 3-63. Kopytoff, I., 'The cultural biography of things: commoditization as process', in A. Appadurai (ed.), *The social life of things* (Cambridge, 1986), 64-91.

<sup>32</sup> Sweetinburgh, 'Role and place'; for a summary of this unpublished paper, Chapter 1, vii, a.

<sup>33</sup> Mauss, M., *The Gift. The Form and Reason for Exchange in Archaic Societies*, translated W. Halls (London, 1990 [1915]). Strathern, M., 'Qualified value: the perspective of gift-exchange', in C. Humphrey & S. Hugh-Jones (eds.), *Barter, Exchange and Value* (Cambridge, 1992), 169-191. Offer, A., 'Between the gift and the market: the economy of regard', *Economic History Review*, 2nd series, 50 (1997), 450-476.

<sup>34</sup> Cohen, A., *The Symbolic Construction of Community* (London, 1985); Cohen, A., *Self Consciousness: An Alternative Anthropology of Identity* (London & New York, 1994).

<sup>35</sup> Cohen, *Self Consciousness*, 153-154.

<sup>36</sup> Rubin, M., 'Small groups: Identity and Solidarity in the Late Middle Ages', in J. Kermode (ed.), *Enterprise and Individuals in Fifteenth-Century England* (Stroud, 1991), 147.

participants as well as the co-participants of Rubin's small groups.<sup>37</sup> By trying to neither devalue the concepts of community nor of identity it seemed appropriate to combine the investigation of Cohen's work with that of David Parkin and Gerd Baumann on ritual as a means of understanding how and why the civic authorities constructed the myth and ritual surrounding the St Bartholomew's day procession at Sandwich and the offering of the 'trenal' at Dover.<sup>38</sup> The detailed analysis of these rituals conducted in the case studies seemed to suggest that Cohen's definition of the concept of community aided the investigation rather than hindered it.<sup>39</sup>

Ideas about community include the notion of boundaries and Roberta Gilchrist has examined the place of the leper hospital in terms of its cultural significance.<sup>40</sup> Her analysis draws on a number of cross-cultural studies of the treatment of the leprous which led her to conclude that the siting of leper hospitals at boundaries was in part a means of spatially defining the town from the country. Their conspicuous presence at bridges, gates and alongside roads was, she believes, intended to fulfil a variety of roles which would benefit the lepers and their benefactors. These ideas regarding the apparent contradiction between isolation and visibility which left the lepers filling the liminal space are interesting and as she suggests, seem to require further consideration in terms of the social construction of disease.

Although Richard Davies has labelled microhistorians as the 'new antiquarians' the value of this type of analysis, especially when conducted from an evidence-led approach, was extremely useful with respect to the construction of the foundation myth for St Bartholomew's hospital at Sandwich and also for the event in 1532 when the St Bartholomew's day procession did not take place.<sup>41</sup> As Muir has indicated, by allowing the facts to introduce the possibilities of why the event occurred rather than beginning with a hypothesis the resulting analysis may indicate a greater range of causation factors.<sup>42</sup> However, this method does not seem to have been used by hospital historians who have primarily adopted a more narrative approach. Yet in this case, the employment of a complementary strategy that used a number of chronological sections for the town or region where such microhistory techniques might be practised in order to build the history of a particular hospital or type of hospital, appeared to produce a more contextual study of the medieval hospital in provincial society.

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<sup>37</sup> Ibid., 145. If I have read her correctly her interpretation seems to suggest individualism, not individuality; Cohen, *Self Consciousness*, 168.

<sup>38</sup> Parkin, D., 'Ritual as spatial direction and bodily division', in D. de Coppet (ed.), *Understanding Rituals* (London, 1992), 13-25; Baumann, G., 'Ritual implicates 'Others': rereading Durkheim in a plural society', in D. de Coppet (ed.), *Understanding Rituals* (London, 1992), 97-116. Chapter 2, i, a. Chapter 3, i, b.

<sup>39</sup> Cohen, *Community*, 108-118.

<sup>40</sup> Gilchrist, R., 'Christian bodies and souls: the archaeology of life and death in later Medieval Hospitals', in S. Bassett (ed.), *Urban Responses to the Dying and the Dead, 100-1600* (Leicester, London & New York, 1992), 113-115.

<sup>41</sup> Davies, R., 'Religious Sensibility', in C. Given-Wilson (ed.), *An Illustrated History of Late Medieval England* (Manchester, 1996) 105. Chapter 2, i, a; i, c.

<sup>42</sup> Muir, E., 'Introduction: Observing Trifles', in E. Muir & G. Ruggiero (eds.), *Microhistory and the Lost Peoples of Europe* (Baltimore & London, 1991), xviii-xxi.

The use of such theoretical methods for this study and the results obtained may be of interest in terms of the main debate associated with the historiography of the hospital which relates to the structure and dynamics of poor relief in medieval society and the likelihood of change between the high and late Middle Ages. In particular, this focuses on the relationship between the rich and the poor and how this was translated through the giving of alms, especially with regard to the significance of discrimination in the selection of recipients and the apparently changing role of the hospital as a receiver and dispenser of charity. Although more recently historians like Barbara Harvey have indicated that evidence for discriminatory alms-giving at the monastic houses and within the theological discussions of the twelfth century may imply a much earlier chronology, the initial debate relating to the hospital centred on the difference between Rubin and Cullum concerning their views about the dominant attitude in late medieval English society towards the poor, and the effects this had on the way alms were distributed and to whom.<sup>43</sup> For Rubin the late fourteenth century and fifteenth centuries marked a hardening of attitudes towards the poor and that the earlier indiscriminate charity was replaced by a desire to aid those like the donor which meant charity was less likely to be dispensed through an intermediary, like the hospital, and instead the family, the gild and the parish became the means of providing relief. She first introduced this hypothesis in her book on the hospitals of Cambridge and has since developed it in a number of articles, including the idea that the language of charity changed during this later period as a way of justifying a more exclusive system and as a consequence the hospital was no longer the province of the destitute, their places taken by corrodians and other groups, for example, poor scholars.<sup>44</sup> From her study of medieval Yorkshire Cullum does not feel the late medieval period was characterised by such discrimination and that her evidence suggests altruism remained the motivating force until the late fifteenth century, a chronology Marjorie McIntosh also found in her survey of late medieval and Tudor England.<sup>45</sup> Rawcliffe's position is closer to Rubin's from her consideration of the Norwich evidence because she believes the famines of the early fourteenth century and the resulting influx of poor migrants meant the wealthier burgesses sought greater control over their alms-giving, preferring the more selective distribution of the parish to the relatively indiscriminate charity of the hospital.<sup>46</sup> These differences are interesting but as Horden has suggested they are only the first stage of the debate and it needs to be widened, both in terms of the definition of charity and an assessment of poor relief from other sources, whether from other institutions or the informal networks based on the family and fictive kin.<sup>47</sup>

In addition to moving towards a broadening of this debate about poor relief there appear to be a number of other related issues which might be addressed. The debate between Cullum and Rubin seems to have highlighted significant regional differences which suggests that further regional studies might be useful

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<sup>43</sup> Harvey, B., *Living and Dying in England, 1100-1540* (Oxford, 1993), 7-9. Rubin, *Charity*, 289-299; Cullum, 'Hospitals in Yorkshire', 439-446.

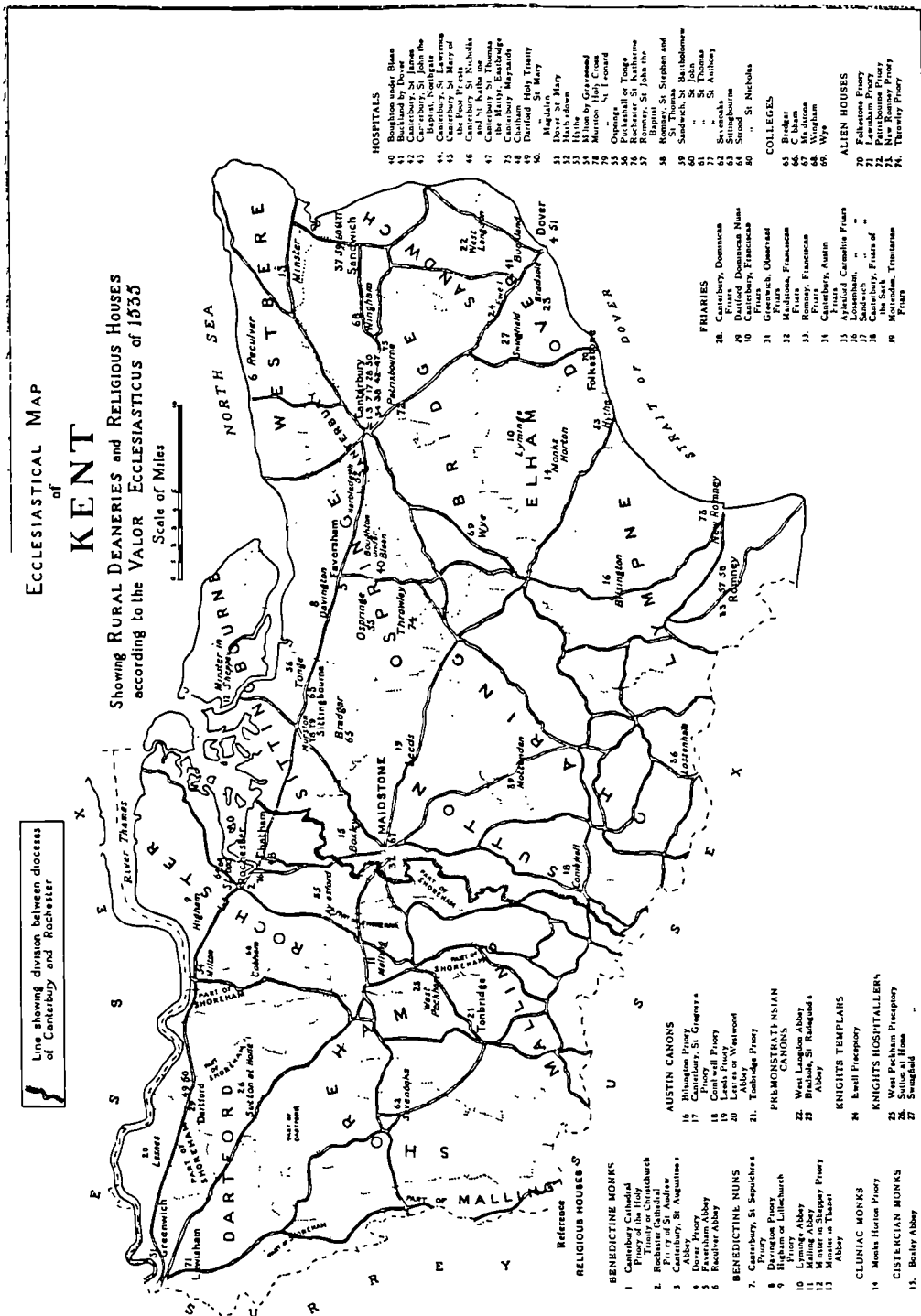
<sup>44</sup> Rubin, 'Development and change', 52-57; Rubin, 'Imagining Medieval Hospitals', 22-25.

<sup>45</sup> McIntosh, M., 'Local responses to the poor in late medieval and Tudor England', *Continuity and Change*, 3 (1988), 224.

<sup>46</sup> Rawcliffe, *Hospitals of Norwich*, 155-159.

<sup>47</sup> Horden, 'Discipline of relevance', 370-374.

and that by examining the inter-relationship of national, regional and local conditions and ideas it may be possible to suggest why there are such differences. This inter-play between regional and local factors appears to have been a neglected area of investigation, except in terms of cities and their hinterland and it might be worthwhile to examine the links between the small towns of a region to assess the similarities and differences they displayed with respect to poverty and charity. Civic involvement in the foundation and patronage of the town's hospitals might similarly indicate shared ideas about charity but may also suggest common political, religious and social interests which were of special concern at times of crisis. These might be studied through an examination of the multiplicity of exchange relations found within the town for different periods, thereby producing valuable indicators of the degree of continuity and change over time for the different institutions and groups there. In terms of the hospital itself, it seems worth investigating its role as a selective provider of charity and how this was undertaken within the systems of exchange and reciprocity because this may indicate the complexity of the relationship between the benefactors and the beneficiaries. Furthermore, the likelihood that these benefactors perceived poverty to be endemic within society might suggest the value of examining the significance of symbolism in their exchanges with the hospital and in terms of the hospital's charitable role, which may provide useful ideas about the language of charity. This might be extended to include an assessment of the hospital's religious roles and as a consequence its place with the spiritual economy. Thus a study of the medieval hospital within a regional context appears to offer a means of investigating a number of issues relating to medieval provincial society.



Religious Houses and Hospitals in Medieval Kent (VCH Kent, ii, 112a)

## Chapter 1: The medieval hospital in Kent

Studies of the medieval hospital in England have predominantly consisted of a national overview of its history throughout the medieval period or have concentrated on the development of a single institution.<sup>1</sup> Although both types of study are extremely valuable in terms of an understanding of the broad history of the medieval hospital and the detailed changes and continuities which occurred within an individual institution, there has been a recognition that it might be worthwhile to examine a number of hospitals within a locality or region.<sup>2</sup> This study of Kent's hospitals should provide further comparable material which may help to highlight differences and similarities within the region and between regions so producing a more complete history of this charitable institution. In order to provide a context for the subsequent case studies, this chapter will include sections on the chronology of the county's hospitals, thus indicating any developmental patterns, and an assessment of the impact of the religious changes of the sixteenth century with regard to the number, location, administration and function of these establishments in Kent. In addition other sections will discuss the county's hospitals under the headings: function, organisation, resources and inmates (based on the format used by Orme and Webster) as a means of suggesting particular points of significance for the county.<sup>3</sup> The seventh section in this chapter will indicate the value of moving away from a descriptive approach to the study of the medieval hospital and will highlight the desirability of focusing on the social history of the hospital as a means of investigating such topics as charitable provision, patronage and clientage, and the significance of symbolism for both benefactors and beneficiaries in terms of the degree of continuity and change over time.

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<sup>1</sup> These national studies are Clay's classic work, the post-war contributions of Seymour and Godfrey, Orme and Webster's recent book and a small number of articles; Clay, *Medieval Hospitals*; Seymour, M., 'The Organisation, Personnel and Functions of the Medieval Hospital in the Later Middle Ages', M.A. thesis, University of London (1946); Godfrey, W., *The English Almshouse* (London, 1955); Orme, & Webster, *English Hospital*; Carlin, M., 'Medieval English Hospitals', in L. Granshaw & R. Porter (eds.), *The Hospital in History* (London & New York), 21-39. Both Orme & Webster and Prescott provide useful bibliographical notes on the wide range of individual hospital studies; Prescott, E., *The English Medieval Hospital, c. 1050-1640* (London, 1992).

<sup>2</sup> These have covered London, Norwich, Yorkshire, Cambridgeshire and the south-west of England. Rawcliffe, 'Hospitals of London', 1-21; Rawcliffe, *Hospitals of Norwich*; Cullum, 'Hospitals in Yorkshire'; Rubin, *Charity*, Orme & Webster, *English Hospital*, 169-266.

<sup>3</sup> Orme & Webster, *English Hospital*, 49-126.

## 1.i. The chronology of Kent's hospitals

### 1.i.a. The early phase: c. 1080 - c. 1300

As the starting point for any attempt to produce a chronology of the county's hospitals the list compiled by Knowles and Hadcock is an essential document.<sup>4</sup> This was recognised by Orme and Webster who were able, following their own work to modify the list with respect to the hospitals of Devon and Cornwall.<sup>5</sup> In terms of the county of Kent I have followed the same route and though there are a few changes, including a number of late medieval almshouses which need to be added to the list, their compilation is still extremely valuable for any study of Kent's medieval hospitals. Furthermore, there are probably a number of these almshouses which have yet to be discovered, a task that would require as a minimum the detailed examination of the whole of the county's testamentary sources, and it seems equally likely that the list of early medieval leper hospitals is not complete and that the foundation dates of many of those so far identified may be considerably earlier than the first known date.<sup>6</sup> However even with these qualifications it may be useful to produce a chronology of Kent's hospitals because it seems probable that the broad trends with regard to type of foundation will still be evident and that this may provide a context for the subsequent sections.

Although it is possible charity and hospitality were offered by the monastic communities at Canterbury in the Anglo-Saxon period it was not until archbishop Lanfranc's ambitious ecclesiastical building programme that the county, and probably the country, gained its first medieval hospital.<sup>7</sup> St John's or Northgate hospital as it was known from its situation outside the north gate of the city seems to have been founded in 1084-5 to house thirty poor men and thirty poor women. On the opposite side of the road Lanfranc constructed a priory for regular canons who were to provide for the spiritual needs of the poor inmates in their own hospital chapel.<sup>8</sup> The archbishop's second hospital was at Harbledown about a mile outside the city walls, alongside the road from London and close to a spring.<sup>9</sup> This hospital consisted of a

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<sup>4</sup> Their work draws heavily on Clay's *Medieval Hospitals* and the Victoria County History series; Knowles, & Hadcock, *Medieval Religious Houses*.

<sup>5</sup> They both added to the list and reduced it as a result of their work on the local sources; Orme & Webster, *English Hospital*, 10-11.

<sup>6</sup> For example the "howse of Lazaris" referred to in the chamberlains' accounts for Lydd in 1458 was presumably a much earlier hospital; *Royal Commission on Historic Manuscripts*, 5th Report & Appendix, 522.

<sup>7</sup> Eadmer was writing soon after the events, between 1095 and 1123 and so provides a valuable description of the two hospitals as well as an indication of how this was to be seen with regard to Lanfranc's plans for his cathedral city; *Eadmer's History of Recent Events in England*, translated G. Bosanquet (London, 1964), 16.

<sup>8</sup> It appears Lanfranc may have formed his priory of regular canons in 1087 from a guild of priests found within the city and recorded in *Domesday* (1086) under the entry entitled 'the land of the Archbishop of Canterbury'. St Gregory's subsequently became a house of regular canons under the Augustinian order in the early 12th century; Tatton-Brown, T., 'The History of St Gregory's Priory', *Arch. Cant.*, cvii (1989), 314-6.

<sup>9</sup> The balance between isolating lepers and providing them with the opportunity to beg alms seems to have led to most leper hospitals being sited outside towns but close to the main highway or at a bridge where the inmates might beg from passers-by; Cullum, 'Hospitals in Yorkshire', 21. The Biblical tradition and the siting of these hospitals has been discussed by several historians; Richards, P., *The Medieval Leper and his Northern Heirs* (Cambridge, 1977), 9; Orme & Webster, *English Hospital*, 26-29. Gilchrist has discussed the links between the stigmatised body



number of wooden houses which were for the use of the lepers, though the stone chapel there may form part of the initial endowment.<sup>10</sup> The lavish scale of these foundations seems to reflect the wealth, status and ambitions of archbishop Lanfranc, a situation that his friend at Rochester was unable to emulate but bishop Gundulf was able to include a small hospital within his building plans for his own cathedral city.<sup>11</sup> For Gundulf financial constraints appear to have necessitated the one hospital, the segregation of the leprous and non-leprous within the institution being considered sufficient, especially as the numbers accommodated may have been extremely small.<sup>12</sup>

During the first half of the twelfth century some of the monastic houses seem to have followed this episcopal initiative and founded their own hospitals, in part for the benefit of their own house but often they included provisions for the wider community.<sup>13</sup> The numbers accommodated at these three hospitals were closer to Gundulf's foundation at Chatham and as in his case financial restrictions may have required the founders to house the leprous and the non-leprous on the same site.<sup>14</sup> Yet the presence of the leprous may have influenced the decision to site the hospital away from the town but bordering one of the main approach roads.<sup>15</sup> This may also suggest that the desire to isolate the leprous from the healthy was the principal reason for founding hospitals at this period, a situation which the English Church Council of

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of the leper and the liminal place of the leper in medieval society which was articulated in a number of ways including the use of well-defined boundaries between the lepers and the rest of society, though at times reality and the wishes of the law-makers seem to have been very different; Gilchrist, R., 'Medieval bodies in the material world: gender, stigma and the body', in S. Kay & M. Rubin (eds.), *Framing Medieval Bodies* (Manchester, 1994), 47-49. Nationally, healing springs were found at a number of hospital sites including the leper hospital of St Leonard at Peterborough; Mellows, W., 'The Medieval Hospitals and Alms of Peterborough', *Reports and Papers of the Associated Architectural and Archaeological Society*, 34 (1917-8), 286.

<sup>10</sup> Although there seems to be some doubt about the date of the chapel it may be late 11th century; Elliston-Erwood, F., 'Plans of, and brief architectural notes on, Kent churches', *Arch. Cant.*, lx (1947), 16. In contrast St John's hospital consisted on a number of high quality stone buildings including a dormitory (148 feet by 34 feet), a double chapel (64 feet by 42 feet) and 2 reredorters; Hayes, J., Williams, D. & Payne, P., 'Report of an excavation in the grounds of St Bartholomew's chapel, Chatham', *Arch. Cant.*, xcvi (1982), 189; Bennett, P., 'St John's Hospital and St John's Nursery', *Arch. Cant.*, cviii (1990), 226-229.

<sup>11</sup> St Bartholomew's hospital was a modest development consisting of a chapel and parallel hall on a site outside the city walls where he intended the leprous and the poor of the district should be housed; Hayes, William & Payne, 'St Bartholomew's chapel, Chatham', 186-188.

<sup>12</sup> It seems likely there were about fifteen brothers and sisters accommodated at the hospital (in 1342 there were 9 brothers, 7 sisters) which means that in comparison with Lanfranc's institutions there were four times as many places offered at Canterbury compared to Rochester, though the catchment area for these may have been far greater; *CCR* 1341-1343, 408.

<sup>13</sup> Two of these hospitals were founded by Benedictine houses (the pre-Conquest Canterbury house of St Augustine's and Dover priory which had been refounded as a Benedictine house in the early twelfth century under the patronage of Christchurch) which were extremely wealthy, a possible necessary prerequisite and one that may have been well understood following the financial problems encountered by St Bartholomew's hospital, Chatham; Greenwood, E., *The Hospital of St Bartholomew, Rochester* (Rochester, 1962), 11-12. St Lawrence's (founder St Augustine's) housed 6 brothers, 6 sisters, a chaplain and a clerk; St Bartholomew's (Dover priory) may have accommodated 20 inmates; *VCH Kent*, ii, 212, 209. The third, St James' hospital at Canterbury was founded before 1164, possibly by a member of the archbishop's household to accommodate 25 leprous women, though it had come under the governance of Christchurch priory by the last decade of the 12th century; *Kent Chantries*, ed. Hussey, A., Kent Records, xii (1932), 80.

<sup>14</sup> The significance of shared ideas and knowledge may be exemplified by the case of Hugh de Trottescliffe, a monk at Rochester, who seems to have completed the building of the chapel at St Bartholomew's hospital, Chatham, before becoming abbot at St Augustine's abbey at Canterbury where he founded the leper hospital of St Lawrence; Greenwood, *Hospital of St Bartholomew*, 25; CCAL: DCC/Lit. MS. C20, fol. 34.

<sup>15</sup> It is not clear whether St Bartholomew's hospital near Dover was originally intended to house lepers but its site seems to suggest this was considered by the priory; Chapter 3, i, a.

Westminster appears to have confirmed in 1175, and such ideas were similarly ratified at the Third Lateran Council at Rome four years later.<sup>16</sup> The lead taken by the ecclesiastical institutions in terms of institutional care for the lepers, and to a lesser extent for other groups like the sick-poor and poor travellers, may reflect their relative wealth and power within the region as well as their widely perceived roles as providers of charity and hospitality. The apparent concentration of these hospitals at Canterbury, the other two being at Rochester and Dover, by the mid twelfth century may have been of increasing concern to the townspeople outside these three urban centres who may have wished to provide similar facilities for their own communities.<sup>17</sup> Thus it is possible that during the second half of the century there were a number of small leper hospitals founded close to the Cinq Port towns and also close to the settlements bordering the main road between Canterbury and London. Unfortunately the lack of extant records for this period means that this hypothesis cannot be tested although there are certain indicators which might suggest the presence of leper hospitals at some of these towns.<sup>18</sup>

Consequently Gervase's total of eight hospitals in the county by 1200 is too low because apart from the probable leper hospitals discussed above, there appear to have been others founded before 1200 apparently either connected to the expansion in the number of pilgrims travelling to Canterbury and/or to the continuing desire to provide institutions for the poor.<sup>19</sup> Like the earlier foundations these institutions were predominantly associated with urban areas, though frequently sited outside the town itself or close to a main road which seems to reflect the type of inmate to be housed and the apparent rise of the wealthy townsman as hospital founder and benefactor.<sup>20</sup> There are problems dating the foundations of these houses because the first documentary evidence is usually indicative of their prior existence but it may be possible to produce a moderately accurate chronology from these records. Those founded between 1150 and 1175 apparently included the leper hospital of St James near Canterbury listed above, and the hospitals of St Mary the Virgin at Milton by Gravesend and St John at Blean which may have provided shelter for travellers passing between London and Canterbury.<sup>21</sup> The last quarter of the twelfth century apparently witnessed a further rise in the frequency of foundation with the establishment of an additional

<sup>16</sup> Orme & Webster, *English Hospital*, 27.

<sup>17</sup> Cullum, P., 'Leperhouses and Borough Status in the Thirteenth Century', in P. Coss & S. Lloyd (eds.), *Thirteenth Century England III*. Proceedings of the Newcastle upon Tyne Conference 1989 (Woodbridge, 1989, 1991), 46.

<sup>18</sup> There is evidence for at least one leper hospital in both areas and it seems likely these were not isolated examples: by 1182 there was a leper hospital dedicated to St James at Tong to the north-west of Sittingbourne and the earliest charter for the leper hospital at the Cinq Port of New Romney may date from c. 1180; *Kent Chantries*, 313; Butcher, A., 'The Hospital of St Stephen and St Thomas, New Romney: the Documentary Evidence', *Arch. Cant.*, xcvi (1980), 18 n. 6.

<sup>19</sup> He lists 4 (or 5 as he counts St Gregory's) in Canterbury (St Laurence's, St James', St Nicholas', St Thomas') and 1 each at Bapchild (Bakechilde), Blean (St John's), Dover and Rochester; *The Historical Works of Gervase of Canterbury*, ed. W. Stubbs, 2 vols., Rolls Series (London, 1879-80), ii, 418.

<sup>20</sup> For example Edward Odbold of Canterbury, who held property in St Peter's parish, Canterbury, from Christchurch priory, appears to have founded Eastbridge hospital which he dedicated to St Thomas the Martyr about the year 1180 for the care of poor pilgrims visiting the shrine in the cathedral; *The Canterbury Chantries and Hospitals in 1546. A Supplement to Kent Chantries*, trans. E. Holland, Kent Records, xii supplement (1934), 8-9.

<sup>21</sup> There is reason to believe there was a hospital at Saltwood near Hythe which might have been expected to house lepers except that it was recorded as "Infirmis de Salt Wuda" in the Pipe Rolls of 1168-9; *The Great Roll of the Pipe for 15 Henry II* (1168-9), The Pipe Roll Society (London, 1890), 111; Clay, *Medieval Hospitals*, 299.

six hospitals and a further three which are thought to have been founded c. 1200.<sup>22</sup> These seem to have been equally divided between the three different types of hospital (those for lepers, the poor/infirm, pilgrims and travellers) and this diversity may also have been reflected within a few of these hospitals, like St Mary's at Strood, which was founded in 1192 to house the local poor/infirm and pilgrims, the local lepers were presumably continuing to find shelter at the neighbouring hospital of St Bartholomew at Chatham.<sup>23</sup> Thus by 1200 there were leper hospitals associated with some of Kent's towns and ports, hospitals for the poor and/or infirm at several of these towns and a growing number of houses which included some provision for the short-term accommodation of poor pilgrims and travellers.

The history of hospital foundation during the first half of the thirteenth century appears to represent a continuation of the previous century with a rising frequency of foundation, though there are still problems dating some of these hospitals.<sup>24</sup> Moreover, location also appears to be following the twelfth century pattern because the majority of the houses were associated with the Cinq Ports or Canterbury and the small urban settlements near or alongside Watling Street, but not the west of the county or the central inland area. There were only three possible exceptions to this: the archiepiscopal foundation of the hospital of St Peter and St Paul at Maidstone, an archiepiscopal manor and market town; a possible hospital at Ivychurch on Romney Marsh, the existence of which appears to rest on one reference, dated 1299, in the *Calendar of Close Rolls* 1296-1302, and the house of Trinitarian friars at Headcorn, an order that seems to have provided temporal care for the poor.<sup>25</sup> Although there seems to be some doubt about whether the hospital at Maidstone catered for pilgrims as well as the local poor, it is likely that its foundation was in part a response to the success of Becket's cult in the thirteenth century, the perceived need for works of mercy of this kind and the consequent spiritual value which might be expected to accrue to the founder.<sup>26</sup> Thus the Maidstone hospital may be a late addition to the network of charitable institutions founded to offer hospitality to those travelling on the main routes into Canterbury, the most

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<sup>22</sup> Sandwich: St Bartholomew's (1st known c. 1180); New Romney: St Stephen and St Thomas' (1st known c. 1180); Canterbury: St Thomas' (1st known c. 1180), St Nicholas and St Katherine's (1st known c. 1195); Tong: St James' (1st known 1182); Strood: St Mary's (founded 1192). Bapchild: hospital (1st known c. 1200); Canterbury: Maynard's (1st known c. 1200); Sutton-at-Hone: Holy Trinity hospital (1st known c. 1200).

<sup>23</sup> Bishop Gilbert de Glanville's foundation charter states that the hospital was founded for the liberation of king Richard and "for poor and infirm persons, whether neighbours or strangers"; *Registrum Hamonis*, 1. Gilchrist has commented on the links between hospitals, shrines and the sick; Gilchrist, R., 'Christian bodies and souls', 116.

<sup>24</sup> Although Cullum also noted the problems regarding dating, her data from Yorkshire appears to show a comparable chronological pattern; Cullum, 'Hospitals in Yorkshire', 51. In part this was presumably the result of rising prosperity in these urban settlements (due to the rising population, increasing consumer demand and trading profits) which provided the leading townspeople with sufficient assets to be able to found such establishments, their motivation being the spiritual merit of the act, feelings of responsibility towards the commonalty and more local factors, like political advantage for the leading citizens of Sandwich; Britnell, R., *The Commercialisation of English Society 1000-1500* (Cambridge, 1993), 79-90, 102-108; Chapter 2, i, a. Also it has been noted, though primarily for post-Reformation society, that the level of aid to the poor is higher when the general living standard is higher; Slack, P., *Poverty and Policy in Tudor and Stuart England* (London, 1988), 5-6.

<sup>25</sup> CCR 1296-1302, 288. Clay cites this hospital at Ivychurch but there is nothing to indicate its function and it is not clear why it should have been sited on Romney Marsh, the nearest town, New Romney, was about 3 miles away; Clay, *Medieval Hospitals*, 298. The connection between the friars of Mottenden and the medieval hospital seems very slim and this house will not be included among the hospitals examined in this thesis even though Orme and Webster include the order in their study; Orme & Webster, *English Hospital*, 73.

<sup>26</sup> The inquiry in 1375 indicated the hospital supported a chaplain and 10 poor men; *Cal. Inq. Misc.* iii, 361.

well-known being the two hospitals dedicated to St Mary at Ospringe and Dover, the one at Dover being the creation of Hubert de Burgh before its appropriation by Henry III, while that at Ospringe may have been a twelfth century foundation before it too became a royal hospital.<sup>27</sup> In addition to the multi-functional use of some of these thirteenth century foundations for the neighbouring poor and strangers, others appear to have concentrated their resources on the poor and infirm from the nearest town and surrounding countryside, though only the hospital of St Mary in Canterbury seems to have limited its aid to one group within the poor, in this case poor priests.<sup>28</sup> The provision of further leper hospitals seems to have been considered equally important during this period, possibly in response to the church ordinances of the late twelfth century but it also seems likely that this may represent the developing ideas of local townsmen, both individually and collectively, in consideration of their responsibility to the community of the town. The problems of dating are especially apparent with respect to this type of hospital but by the mid thirteenth century there were probably leper hospitals at all of the Kentish Cinq Ports and at most of the urban centres close to Watling Street.<sup>29</sup> Yet it appears there were towns in the west and central areas of the county that did not have a leper hospital in their neighbourhood and although this may reflect the paucity of the extant sources, it may suggest that factors like local lordship were also significant.<sup>30</sup> Thus during this first period the county's hospitals were concentrated in the north and east, probably the more densely populated area of Kent where there were the greatest number of small towns.

*l.i.b. The late phase: c. 1300 - c. 1540*

The period 1250-1300 seems to have witnessed the founding of very few new hospitals and this situation appears to have continued throughout the next century, though in part this was probably a reflection of the level of activity during the previous two centuries rather than a reaction against the most vulnerable groups within society. However, a few prosperous lay men, including two townsmen (one at Rochester and the other at Sandwich) apparently perceived the spiritual and temporal value of such a charitable

<sup>27</sup> In addition to the hospitals predominantly housing poor pilgrims: Canterbury: Eastbridge (the amalgamation of St Thomas' and St Nicholas and St Katherine's seems to have occurred c. 1200); Dover: St Mary's or the Maison Dieu (founded c. 1203); Ospringe: St Mary's or the Maison Dieu (possibly refounded c. 1230), there were several catering for the local poor/infirm as well as short-stay groups like poor pilgrims and travellers and the sick-poor which are first known during the 13th century: Swainestrey in Murston: Holy Cross (1st known 1225); Sittingbourne: St Thomas' (1st known c. 1255); Sandwich: St John's (1st known 1287). Examples of hospitals outside the county which appear to have housed pilgrims included St John's at Winchester founded c. 1200 and St Thomas' at Peterborough which seems to have acted as a local centre for the cult of St Thomas; Keene, D., 'St John's Hospital', *Survey of Medieval Winchester*, 2 vols., Winchester Studies (Oxford, 1985), ii, 814; Mellows, 'Peterborough', 293.

<sup>28</sup> St Mary's or the Poor Priests hospital was said to have been founded by Alexander of Gloucester, c. 1218; *Supplement to Kent Chantries*, 21. The other houses for the poor were Sittingbourne: Shamele (1st known 1216); New Romney: St John (1st known 1315) and possibly: Hythe: St Bartholomew's (1st known 1276); Dartford: St Bartholomew's (1st known 1315).

<sup>29</sup> These hospitals were certainly in existence by c. 1300: Chestnuts: leper hospital (1st known 1256); Dartford: St Mary Magdalene's (1st known 1256); Otford: leper hospital (1st known 1228); Strood: St Nicholas' (1st known 1253); Swainestrey in Murston: St Leonard's (1st known 1232); and possibly Ospringe: St Nicholas' (1st known 1241); Sandwich: St Anthony's (1st known 1315).

<sup>30</sup> The towns concerned were Ashford, Maidstone, Tonbridge and Sevenoaks. Equally interesting there seems to be very little evidence of rural leper hospitals of the kind found by Orme and Webster for Devon and Cornwall, or the informal leper colony found by Cullum for Yorkshire, though in part this may reflect the small size of Kent, its topography and settlement patterns; Orme & Webster, *English Hospital*, 41-43; Cullum, 'Hospitals in Yorkshire', 21.

deed, and their foundations in particular seem to resemble the late medieval almshouse.<sup>31</sup> Yet one of these, Simon Potyn's hospital of St Katherine at Rochester founded in 1316, was constructed for the leprous as well as the poor, whereas Thomas Elys' hospital in Sandwich (c. 1392) which he dedicated to St Thomas of Canterbury was for the poor of the town.<sup>32</sup> There appear to have been two further hospitals created during this period, the last known leper hospital foundation which was at Boughton under Blean, close to Faversham and the creation of Thomas atte Herst in 1384, who intended it should also house infirm travellers on a short-stay basis; and the hospital at Meopham, though there are few records for this archiepiscopal foundation.<sup>33</sup> Three hospitals which had probably been in existence for at least a century, but are only known from their later history when they were apparently no longer fulfilling their original function, were the hospitals at Sevenoaks and Gravesend (1st known date 1313 and 1371), and at Sutton-at-Hone (1st known date 1471). These were all dedicated to St John the Baptist and had probably been founded to house the poor and/or infirm from their respective areas though it is not clear when this occurred or who was responsible, but the hospital at Sevenoaks was under the patronage of the archbishop.<sup>34</sup>

This reduction in the number of new lazaret houses founded during the fourteenth century compared to the earlier centuries was mirrored in the number of new hospitals for the poor, because apart from the two cited above, the only others founded at this time were two houses for the poor in Hythe. These hospitals dedicated to St Andrew (later St John's) and St Bartholomew were the creation of the bishop of Rochester at his home town in 1336 and 1342 respectively, and although both were reported to be new hospitals, his second seems to have incorporated an existing hospital in the town at some point in the

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<sup>31</sup> Each house was under the governance of a small group of the founder's peers and a local cleric and the organisation of the hospital seems to have shared more characteristics of the 15th century London almshouses rather than their contemporary London counterparts which suggests the London hospitals were not the models; Rawcliffe, 'Hospitals of London', 5-6. Chapter 1, vii, b; a detailed analysis of the almshouse in medieval Kent is in the unpublished paper, Sweetinburgh, 'Role and place', unpublished paper.

<sup>32</sup> The original will of Simon Potyn no longer appears to be extant (it was probably recorded in the Rochester city books and these too are now lost) and the earliest copy (probably a translation) is in Thorpe which Fisher seems to have copied; *Registrum Roffense*, 546; Shrubsole, W., *The History and Antiquities of Rochester and its Environs*, printed & sold T. Fisher (1772), 211-212. *CPR* 1381-1385, 448.

<sup>33</sup> Clay, *Medieval Hospitals*, 298. It is impossible to ascertain the total number of lepers in the region or the proportion who were housed in the various leper hospitals but the evidence suggests that the lepers at some lazaret houses at least continued to form the majority of the inmates throughout the fourteenth century, and that the greatest changes to these hospitals occurred during the fifteenth century, for example at St Nicholas' hospital, Canterbury the majority of inmates were lepers in 1371; CCAL: U39/2/K. Mark Bateson drew my attention to this reference. In contrast John Fraunceys in 1364 said the leper hospital at New Romney had fallen into disrepair because there had not been any lepers at the hospital for a long time; *CPR* 1361-1364, 481. Outside the county there were similar differences: in 1390 there were said to be lepers at St Leonard's hospital, Peterborough but the situation at St Julian's hospital near St Albans, where there were very few lepers in 1344, seems to have been more typical except possibly at the largest cities of London, York and Norwich where the number of migrants, including lepers was probably very high; Mellows, 'Peterborough', 290; Richards, *Medieval Leper*, 11; Honeybourne, 'Leper Hospitals of London', 7-8; Cullum, 'Hospitals in Yorkshire', 281; Rawcliffe, *Hospitals of Norwich*, 52-53.

<sup>34</sup> Clarke considers the lepers of Otford were at the chapel of Greatness which was part of the archiepiscopal manor of Otford and that this became the hospital of St John at Sevenoaks, where from the mid 14th century 2 priests daily celebrated divine service and intercessory services for the hospital's patrons; Clarke, R., *The Medieval Hospital of St John the Baptist, Sevenoaks* (Sevenoaks, 1971), 2-3, 10-11. However, according to Everitt there were 2 healing wells in the area which might imply the possibility of 2 hospitals: St Thomas' well at Otford and Greatness springs in

fourteenth century.<sup>35</sup> This use of assets, including the dedication, may have been a growing phenomenon during the period and in part reflects a readjustment by the hospital authorities to the changing circumstances found both inside and outside the hospital. These seem to have included changes like the falling number of lepers in certain areas who were willing to enter the local lazaret house, the poor condition of some hospitals (possibly the result of mismanagement, an initial small endowment or other factors) or the growing interest in the doctrine of purgatory and the desire for chantry-like provisions to be undertaken at the small chapels often found at these institutions. Such ideas and concerns appear to have resulted in the demise of the leper hospital at New Romney which seems to have been appropriated by a few local families who saw the value of the hospital in terms of its chantry facilities on their behalf.<sup>36</sup> Similarly, other hospitals across the region became increasingly concerned with services for the dead, but only the house at Maidstone became a college of priests and even there a few poor persons were still accommodated in 1535.<sup>37</sup>

Hospital foundations during the late medieval period in Kent appear to suggest some similarities with the situation in Yorkshire where there were a considerable number of 'maisonsdieu' or small almshouses founded in the city of York and in towns like Hull, Scarborough and Beverley. Most of the references to these small houses have been found by Cullum and Kermode in the testamentary sources and the good series of wills for the fourteenth and fifteenth centuries has enabled them to identify examples throughout the period even though individual houses may only have been in existence for a short time.<sup>38</sup>

Unfortunately the testamentary sources for Kent in the Archdeaconry and Consistory court registers of Canterbury are extremely poor for the fourteenth century and although the number of wills registered does begin to rise at the beginning of the fifteenth century it is not until c. 1460 that the numbers begin to grow at an increasing rate which means that the likelihood of finding references to Kent's small almshouses remains extremely low until the late fifteenth century. This situation is possibly even more difficult in the Rochester diocese because only the Consistory court wills have survived and again the numbers are small before the late fifteenth century. However, the presence of references to such houses in the extant testamentary sources may suggest that there were earlier examples which cannot now be traced because it seems reasonable to assume that Kent may have been very similar to Yorkshire in this

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Sevenoaks; Everitt, A., *Continuity and Colonization. The Evolution of Kentish Settlement* (Leicester, 1986), 296, 298.

<sup>35</sup> CPR 1334-1338, 264; CPR 1340-1348, 427.

<sup>36</sup> Butcher, 'St Stephen and St Thomas', 21.

<sup>37</sup> According to the *Valor* in 1535 there were 5 poor persons living at the college which had been formed from the hospital in 1395; *VCH Kent*, ii, 232. The archbishop occasionally sent elderly people to be corrodians at Maidstone (as he did to St John's at Canterbury), even after its changed status to a college. For example in 1421 John Croft, who was said to be growing old, was to receive a corrody at Maidstone for life; *Register of Henry Chichele, Archbishop of Canterbury AD 1414-1443*, ed. E. Jacob, 4 vols., Canterbury & York Society (Oxford, 1943-47), iv, 240.

<sup>38</sup> Cullum, 'Hospitals in Yorkshire', 318-320, 322-331, 334-344; Kermode, J., 'The merchants in three northern English towns', in C. Clough (ed.), *Profession, Vocation and Culture in Later Medieval England* (Liverpool, 1982), 30-31.

respect. Furthermore, the wills also appear to provide the only information for a few hospitals in the county and some of these institutions may have been in existence for a considerable period.<sup>39</sup>

Place	Foundation	1st Known	Reference
Sevenoaks	1418	[1467]	CKS: DRb/Pwr3/15
Maidstone	1422	[1482]	CKS: PRC 17/4/26
Dartford		1456	CKS: DRb/Pwr2/69v
Newington		1456	CKS: DRb/Pwr2/69v
Cranbrook	1460		PCC 22 Stokton
Goudhurst	1460		PCC 22 Stokton
Rochester		1464	CKS: DRb/Pwr2/277
Folkestone		1468	CKS: PRC 17/1/310
Faversham		1473	PCC 12 Wattys
Lewisham		1473	CKS: DRb/Pwr4/80
Gravesend	1476		CKS: DRb/Pwr4/205
Faversham	1479		CKS: PRC 32/2/426
Deptford		1484	CKS: DRb/Pwr6/188v
Canterbury	1486		CKS: PRC 32/3/138
Dover		1488	BL: Egerton MS. f. 14v
Shorn		1493	CKS: DRb/Pwr5/209
Mongeham		1494	CKS: PRC 17/6/62
Sandwich		1494	CKS: PRC 17/6/155
Southfleet		1498	CKS: DRb/Pwr5/331v
Dover		1498	BL: Egerton MS. f. 58v
Dartford	1500		PRO: Prob 11/12/138
Canterbury	1501		CKS: PRC 32/6/26
Canterbury	1504		CKS: PRC 32/8/68
Faversham	1507		CKS: PRC 17/13/339
Lullingstone	c.1508		Clay, 298
Cranbrook		1511	<i>Kentish Visitations</i> , 214
Faversham		1516	CKS: PRC 32/12/33

*Almshouses in Kent*

These almshouses will be discussed in brief in the seventh section of this chapter but with respect to their chronology it appears that predominantly the endowed houses were founded earlier, the last may have been the Holy Trinity almshouses at Dartford created in 1500 although the original licence regarding them seems to have been issued in 1453.<sup>40</sup> The later ones, including those apparently founded in the early sixteenth century may have provided the inmates with accommodation but the means whereby they sustained themselves may frequently have been left to the individuals concerned, who may have worked or begged depending on their circumstances. However this cheaper option for the founder, often a local townsman or occasionally a local cleric, widow or member of the gentry may in part account for the

<sup>39</sup> For example, the spital house called the 'Bekyn' at Faversham may not be an early sixteenth century foundation but far older, though the only reference to this hospital that I have so far found occurs in a will from Deal for 1516; CKS: PRC 32/12/33.

<sup>40</sup> *CPR* 1452-1461, 114. For a discussion of the Kentish almshouses; Sweetinburgh, 'Role and place', unpublished paper.

apparently considerable number of these houses and that frequently they existed for a set number of years or the life-time of the beneficiary.<sup>41</sup>

It seems the governance of these houses was frequently under the control of the heirs, executors or others appointed by the founder, and although this may have included the local cleric or the churchwardens, the municipal authorities appear to have been rarely involved.<sup>42</sup> This is interesting but may in part reflect the apparent absence of this type of hospital in the Cinq Ports (the one known exception being a house in Sandwich for the life of an old man and his wife), the main towns where the earlier hospitals had been under municipal governance and where there were or had been at least two hospitals.<sup>43</sup> Consequently it is probably not surprising that the only known almshouses maintained by the civic authorities were in Dover (I have found no further records of the one listed for Canterbury which was to be maintained by the city), the only Cinq Port which previously had not been directly involved in the running of the hospitals in the town.<sup>44</sup>

The mid sixteenth century seems to have been a time of few new foundations, although a townsman from Rochester did intend that one of his houses should become a small almshouse and there may have been other small-scale benefactions of this type in Kent.<sup>45</sup> However this period seems to have been characterised by a preference for giving to the poor through the poor box or other parish system rather than gifts for the existing hospitals or the provision of new almshouses. The loss of a considerable

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<sup>41</sup> As at York such provisions might even be less than a house and in 1476 Alice Berd, a widow from Gravesend, stipulated that the son of her executor, Thomas Sent, should have her tenement except for a small low chamber there. This was to be the lodging place of a pauper and when the pauper died another was to be chosen by Thomas and his heirs forever; CKS: DRb/Pwr4/205. Paul Lee, who is working on his doctorate at the University of Kent, has kindly allowed me to use the testamentary references he has located concerning medieval hospitals and almshouses from the Rochester diocese. The testamentary references to the almshouses in Goudhurst, Cranbrooke and Faversham for 1473; Fleming, P., 'Charity, Faith, and the Gentry of Kent 1422-1529', in A. Pollard (ed.), *Property and Politics: Essays in Later Medieval English History* (Gloucester, 1984), 45. The testamentary reference to the almshouse in Faversham dated 1507 supplied by Patricia Hyde. 30 years earlier another widow had also founded an almshouse in Faversham; Hyde, P., *Thomas Arden of Faversham: the man behind the myth* (Faversham, 1996), 400. An interesting slant on aid for the local almshouse is to be found in Johanna Porter's will (1469) where she intended that her executors should deliver her bedding, a mattress and other items to the first available almshouse in Faversham; CKS: PRC 32/2/116.

<sup>42</sup> The only known exception was Roger Brent's almshouse in Canterbury, where in 1486 he bequeathed a message to be under the governance of the city authorities for housing the poor; CKS: PRC 32/3/138.

<sup>43</sup> This Sandwich almshouse being the creation of Raph Richer, alderman, in his will dated 1494; CKS: PRC 17/6/155.

<sup>44</sup> They first appear in the chamberlains' accounts in 1488 (the almshouse at Wall gate) and in 1498 (the one at Butchery gate), the corporation were on these occasions spending money on the respective buildings; BL: Egerton MS. 2107, fol. 14v, 58v. There is a reference in the churchwardens' accounts for 1542/3 to an almshouse at Lydd which may have housed poor people of the town whose counterparts in the 15<sup>th</sup> and early 16<sup>th</sup> centuries had received annual doles of corn from the corporation and a money dole on All Souls day from the churchwardens; *Records of Lydd*, trans. & translated A. Hussey & M. Hardy, ed. A. Finn (Ashford, 1911), 390.

<sup>45</sup> In 1542 John Bere of Rochester bequeathed to his son a house except that "reserved to a poare person a lytle house nexte the gate for an almes house to praye for us forever"; CKS: DRb/Pwr10/24. John Peryman of Canterbury in 1545 owned a house next to the almshouses in St Peter's lane, Canterbury; CKS: PRC 17/26/202. In 1558 Alice Yonge, late of New Romney, bequeathed 20s to make beds and bedding for the poor people lodged at Master Dodnell's almshouse, presumably in the town; CKS: PRC 32/27/443. In the neighbouring town of Lydd 5 years later John Kempe, jurat, intended the use of his small tenement to "some honest poor body of Lydd", the recipient to be



number of the county's hospitals during the sixteenth century (before, during and after the Reformation), though not principally from the Cinq Ports and Canterbury, Dover being the exception where both the Maison Dieu and St Bartholomew's were dissolved, may in part have influenced the county's wealthy citizens and gentry to found a number of almshouses in Elizabeth's reign for the local poor. Many of these were substantial establishments that visibly pronounced the munificence of the benefactor which seems to suggest they may have been closer in type to hospitals like St Thomas' at Sandwich rather than the small almshouses listed above. Yet some of these founders, like Sir Roger Manwood who constructed a row of almshouses in the parish of St Stephen's near Canterbury, seem to have operated on a scale reminiscent of Clay's "merchant princes" rather than men like Thomas Elys of Sandwich and their new almshouses were closer in style to the grander houses found outside the county, like William Ford's almshouses at Coventry built c. 1509.<sup>46</sup>

## 1.ii. Hospital Functions

The founders/patrons of Kent's medieval hospitals were concerned to establish hospital communities which would provide spiritual and/or material benefits for a number of different groups. These groups included the founder/benefactors/patron, the resident inmates, those who visited/stayed on a short-term basis and the local/regional community (individually and collectively). In order to achieve such benefits the hospital was active in three areas: worship, charity, other, though the balance between these functions varied between hospitals and at individual hospitals over time. This shifting balance between the different functions has been explored in more detail elsewhere (a summary is provided in the seventh section of this chapter) using the concept of different hospital models and the changes that occurred within them over time, whereas here I wish to provide an overview of the diversity of function found at Kent's hospitals.<sup>47</sup> In part this is due to the confines of space and that the nature of the evidence, for example the few surviving sets of hospital ordinances from a number of hospitals and from varying times during the Middle Ages, means that it is difficult to indicate anything other than general changes over the period.

### 1.ii.a. Worship

For those founders with sufficient resources, one of the primary prerequisites for their hospital was the provision of at least one priest who would celebrate the 'divine service' daily in the chapel there.<sup>48</sup> These

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chosen by the owner of his principal tenement next door under the oversight of the bailiff and jurats of the town; CKS: PRC 32/30/104.

<sup>46</sup> Although Clay was referring to Londoners in particular (like Richard Whittington) her point may be equally valid for the wealthy merchants outside the capital; Clay, *Medieval Hospitals*, 81; Prescott, *English Medieval Hospital*, 58.

<sup>47</sup> Sweetinburgh, 'Role and place' unpublished paper.

<sup>48</sup> For example at St James' leper hospital, Canterbury, the prior of Christchurch in c. 1195 agreed to take custody of the hospital and provide 3 priests, one of whom was to celebrate these services; *Lit. Cant.* (Rolls Series), iii, 77. Orme and Webster provide a similar description of these services as they were celebrated at St Leonard's hospital,

seven daily services were the basis of the monastic life and were, therefore, considered to be equally appropriate for the medieval hospital, the inmates like some of the lay brethren at the monasteries being expected to attend some or all of these services though this was dependent on their other duties and the rules of the establishment.<sup>49</sup> The building of a chapel had serious implications in terms of the spiritual economy because the hospital community might be thought to be outside the parochial system, thereby requiring the hospital patron to negotiate with the ecclesiastical authorities in order that the fees due to the parish might not be lost to the incumbent and his patron without adequate compensation. For example, in 1235 the abbot of St Augustine's at Canterbury, who had appropriated the church at Faversham and so claimed jurisdiction there, agreed to the building of a chapel at St Mary's hospital, Ospringe which was within the parish of Faversham and ten years later he also granted the right of burial at the hospital for those brethren who wore the habit and sick people who died at the hospital. This was only allowed after certain conditions had been met by the hospital, that they had also agreed not to perform the sacraments on behalf of the local parishioners and the gifts and offerings received as a result of the execution of such services were to be given to Faversham church and not kept by St Mary's.<sup>50</sup> However, at the leper hospitals the priority seems to have been to separate the hospital inmates from the rest of society and the late twelfth century papal ordinances were concerned to provide the lepers with their own chapel, priests and burial ground so that they might receive the sacraments without the likelihood of polluting the local community, though payments like mortuary dues were still expected to be paid to the parish church.<sup>51</sup>

Nationwide it appears that a large proportion of the priest-brothers who served in the medieval hospitals followed the Augustinian rule or a modified version, whereas it seems that a considerable number of the priests at Kent's hospitals were employed as chaplains. The most notable exceptions to this use of chaplains occurred at the two Kent hospitals under royal patronage, the houses at Ospringe and Dover, and at St Mary's, Strood, where the introduction of the Augustinian rule was a late development by bishop Hamo of Rochester as a means of combating the problems at the hospital which were occurring in

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York, Orme & Webster, *English Hospital*, 50, 52. However, a few of the poorest leper houses may never have had a chapel and some late medieval almshouse founders had neither the resources nor saw the need for a separate chapel.

<sup>49</sup> In 1294 the revised regulations at St Lawrence's hospital, Canterbury, stated that the brothers and sisters should attend the church together and there say their beads, the only exceptions being those who were sick and those having leave of the warden; CCAL: DCC/Lit. MS. C20, fol. 1. A few hospitals did not have their own chapel and at St Andrew's hospital in Hythe (1336) the inmates were expected to attend mass and the other offices on a regular basis at the parish church which presumably meant daily because they were to say 300 Pater noster and Ave Marias each day for the hospital's founder and benefactors; *Registrum Hamonis*, 393.

<sup>50</sup> These restrictions were described in the abbot's grant of 1245; Drake, C., 'The Hospital of St Mary of Ospringe commonly called Maison Dieu', *Arch. Cant.*, xxx (1914), 70-71; Frohnsdorff, M., *The Maison Dieu and Medieval Faversham* (Faversham, 1997), 18, 37. The desire to safeguard parish revenues was also implicit in the action taken by St Mary Northgate in Canterbury against the neighbouring institutions of St John's hospital and St Gregory's priory where it was claimed that the prior was sending one of the canons to officiate at the hospital chapel on behalf of some of the Northgate parishioners, not just for the poor people in the hospital; *Kentish Visitations of Archbishop William Warham and his Deputies, 1511-12*, ed. K. Wood-Legh, Kent Records, xxiv (1984), 60.

<sup>51</sup> Orme & Webster, *English Hospital*, 39.

the early fourteenth century.<sup>52</sup> The predominance of hospitals under civic patronage in east Kent, especially at the Cinq Ports may explain this occurrence because it allowed the patrons a greater degree of control over the spiritual life of the hospital community. Patronage was thus an important factor in the degree of involvement by the hospital's lay community in the spiritual life of the hospital which meant that those hospitals under monastic governance frequently required the greatest participation by the lay brothers and sisters (the lay community at St Lawrence's were under a religious rule), while those under the mayor seem to have devoted most of their time to the physical requirements of the house.<sup>53</sup> There were also differences over time at particular hospitals and the evidence from the town's hospitals at Sandwich seems to suggest that the civic authorities may have increased the spiritual duties of their hospital inmates during the late medieval period. Yet the level adopted at the Sandwich hospitals seems less stringent than that applied at some late medieval almshouses within the county and nationwide where the daily round of prayers appears to have been the inmates' primary duty, and instead might be equated with the level of spiritual observance sought by Simon Potyn of Rochester at his hospital there in 1316.<sup>54</sup> Similarly the need for the entrant to know certain prayers was a more likely prerequisite for those seeking to join hospitals under monastic or episcopal patronage.<sup>55</sup> From the surviving ordinances lay and civic founders rarely appear to have included this selection criterion, which seems to indicate a difference between the situation in Kent and other regions, and that William Milet's demands regarding such knowledge were unusual, possibly reflecting the influence of the prioress at Dartford priory or his peers among the London merchants.<sup>56</sup> These qualifications and the willingness to follow the spiritual life were restated in several hospital ordinances from the late thirteenth century which may suggest a degree of laxity at some houses or that their introduction was part of a more rigorous regime, and even though their

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<sup>52</sup> The rule of St Augustine seems to have been observed at St Mary's hospital, Dover, from 1239 and was introduced at St Mary's, Strood, in 1330 by bishop Hamo following problems at the hospital. At the same time he laid out in detail the daily routine that was to be followed by the priest-brothers, including the acts of worship; *Registrum Hamonis*, 4. The priest-brothers at St Mary's, Ospringe, appear to have been under the order of Holy Cross, which suggests they may have been linked to one of the crusading orders; Drake, 'Hospital of Ospringe', 36; Frohnsdorff, *Maison Dieu*, 13-15.

<sup>53</sup> The early ordinances (1301) for the 2 Sandwich hospitals under civic control did not include the devotional duties of the lay community, only those of the 3 priest-brothers; CKS: Sa/LC 1, fol. 16-22. In contrast about 5 years earlier abbot Thomas Fyndon decreed that the inmates at St Lawrence's hospital, Canterbury, should say 250 Pater noster and 50 Ave Marias daily, but that during Lent this should be increased to 300 Pater noster and 50 Ave Marias; CCAL: DCc/Lit. MS. C20, fol. 1.

<sup>54</sup> At Sandwich in the late 15th century (possibly the early 16th as the ordinance is difficult to date) the mayor appears to have introduced (or restated) the rule that from henceforth all the inmates at St John's and St Bartholomew's hospitals should attend the divine service daily at their respective chapels and that each inmate should say daily 2 psalters of Our Lady; CKS: Sa/LC 2, fol. 70v; Boys, *Sandwich*, 574. In his will of 1316 Simon Potyn stipulated that the inmates at his hospital of St Katherine were to say daily 2 psalters of Our Lady for the prosperity of the king and for the realm, and for the well-being of Simon while alive and for his soul after his death, and for the souls of all Christians; *Registrum Roffense*, 546. Nationwide some founders of late medieval almshouses appear to have retained a more stringent liturgical regime for their almsfolk and the daily demands placed on the poor men at Margaret, Lady Hungerford's almshouse at Heytesbury included 4 psalters of Our Lady; Hicks, M. 'St Katherine's Hospital, Heytesbury: Prehistory, Foundation and Re-foundation 1408-1472', *Wiltshire Archaeological and Natural History Magazine*, 78 (1984), 68.

<sup>55</sup> For example, bishop Hamo of Rochester in 1336 intended the inmates at his new hospital of St Andrew in Hythe should be able to repeat the Pater noster, Ave Maria and Credo at entry, unless they were dumb; *Registrum Hamonis*, 393.

<sup>56</sup> William Milet of Dartford stipulated in his will dated 1500 that the 5 poor men were expected to know their Pater noster, Ave Maria and Credo at entry to his almshouse dedicated to the Holy Trinity, but there seems to have been a

spiritual worth was presumably the prime motivation for the reformers, such activities may have enhanced the hospital's reputation.<sup>57</sup> Few hospitals in Kent housed short-stay inmates (poor pilgrims and the sick-poor) and where they were accommodated the arrangement of the hall/rooms and the chapel does not seem to have been designed to allow them to view the high altar from their beds.<sup>58</sup> This suggests that those who were able were expected to attend the chapel while staying there or that those too ill to leave their beds were served by the hospital's priest using a super-altar.<sup>59</sup>

Care for the soul of the benefactor was equally important which meant that the relationship between the benefactor and beneficiary at the hospital had to function correctly. The methods used to achieve these requirements differed between hospitals, being dependent on a number of factors including the number of professional intercessors, the priest-brothers present at the hospital, the level of involvement of the lay brothers and sisters in such activities and the perception of the donor regarding the value of the institutional poor as intercessors.<sup>60</sup> The worth placed on this relationship and thus the benefit for the benefactor's soul appears to have changed over time due to a complex range of factors, especially the significance assigned to the doctrine of purgatory and ideas about the spiritual inter-dependency of the poor and the rich.<sup>61</sup> Some benefactors explicitly sought the prayers of the inmates in recompense for their gift to the house, but a few hospitals in Kent appear to have offered the gift of confraternity or the provision of a bede-roll or other form of list, thereby furnishing their benefactors with additional means for seeking commemoration.<sup>62</sup> Although such gifts might be provided *in vitam* most of the evidence relates to testamentary bequests and these will be discussed in greater detail in the succeeding chapters.

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degree of leniency for those unable to do so because of some physical impediment; PRO: Prob 11/12/138. Reference supplied by Paul Lee.

<sup>57</sup> In 1299 archbishop Winchelsey revised the statutes for St John's and St Nicholas' hospitals at Canterbury; *Registrum Roberti Winchelsey Archiepiscopi Cantuariensis*, trans. & ed. R. Graham, 2 vols., Canterbury & York Society (Oxford, 1952, 1956), ii, 827-831. As noted above such concerns continued to be expressed and at Sandwich this may have been linked to the civic authorities' policy regarding the poor and poorer members of the town: CKS: Sa/LC 2, fol. 70v; Boys, *Sandwich*, 574. Rubin sees such changes as occurring within the language of charity; Rubin, 'Imagining Medieval Hospitals', 22.

<sup>58</sup> Of those Kent hospitals where the building arrangement has been examined, the infirmary-style hall and chapel found at Christchurch priory and St Mary's hospital, Chichester, does not appear to have been adopted even when the site would appear to have allowed this configuration; Godfrey, *English Almshouse*, 20; Prescott, *English Medieval Hospital*, 7-10.

<sup>59</sup> The late fifteenth century inventory of St John's hospital, Sandwich included a super altar which may have been used for the sick in the 3 rooms provided for them at the back of the house; CKS: Sa/Ch 10J A1.

<sup>60</sup> All those who entered St Bartholomew's hospital at Dover were bound by oath to pray for the peace of the church, for the king and queen of England, for the prior and convent of St Martin's at Dover, for the burgesses of the town, both on the sea and on the land, and for all the deceased benefactors of the hospital; Bodleian: Rawlinson MS. B.335, fol. 1v.

<sup>61</sup> Burgess, C., 'The Benefactions of Mortality: The Lay Response in the Late Medieval Urban Parish', in D. Smith (ed.), *Studies in Clergy and Ministry in Medieval England* (York, 1991), 68-69. The testamentary evidence indicates that for some of the wealthier testators the institutional poor continued to be seen as valuable intercessors until the 1540s: in Canterbury one of the last bequests of this sort was made by Alexander Snawden in 1544 where his gift to the brothers and sisters of St John's, Canterbury, was intend to solicit prayers for his soul; CKS: PRC 17/23/188.

<sup>62</sup> According to the foundation document in bishop Hamo's register for St Mary's hospital in Strood the gift of confraternity was to be given to all the hospital's benefactors; *Registrum Hamonis*, 1. One donor who may have sought to provide such a gift was Thomas Petite of Canterbury who in 1497 bequeathed 2s7d for the repair of the clock at St Nicholas' hospital, Canterbury; CKS: PRC 17/7/64.

The hospital authorities in Kent provided other opportunities for individuals and groups from the locality to become involved in the spiritual life of the hospital, and such links with the institution might also be developed by others from the town's hinterland and further afield. Of particular local interest might be the use of the hospital's chapel for a fraternity thereby extending the value of this sacred space for all the parties concerned.<sup>63</sup> Certain hospitals, and especially those along the pilgrimage routes between London, Canterbury and Dover were able through such means as the offer of an indulgence to attract pilgrims and travellers, as well as local people to their chapels, and the hospital of St Bartholomew at Dover had received several of these during its early history.<sup>64</sup> Others, like St Mary's hospital at Ospringe, held valuable relics which might be visited and the offerings left at the shrine formed a gift-exchange between the donor and the hospital through the intermediary of the power of the relic.<sup>65</sup> Similarly the hospital's patron saint might prove a valuable agency between those making offerings at the chapel and the hospital community which may partly explain the frequency of hospitals dedicated to St Bartholomew (the absence in Kent of dedications to St Giles is interesting) through his connection with healing, though in the case of the Sandwich hospital other factors were more important.<sup>66</sup> The saints most frequently connected to Kent's hospitals are primarily those associated with the sick and the poor, although there are certain regional variations compared to Orme and Webster's national survey.<sup>67</sup>

Saint	No. of dedications
St John the Baptist	8
St Mary the Virgin	5
St Bartholomew	4
St Thomas of Canterbury	4 (including 1 double dedication with St Stephen)
St Nicholas	3 [4] (including a double dedication with St Katherine)
St James	2
St Anthony	1
St Lawrence	1

<sup>63</sup> Although this may have occurred at a number of hospitals the only one I have found so far was the fraternity of Corpus Christi which met at St Thomas' hospital, Canterbury, and was a gild of clerks; CKS: PRC 17/15/101.

<sup>64</sup> The indulgences St Bartholomew's hospital in Dover had received and which it could grant to those who aided the place were listed in the hospital's register; Bodleian: Rawlinson MS. B.335, fol. 5-7v. Other hospitals away from these routes also sought such episcopal gifts as a way of drawing people and aid to their chapels, like archbishop Langham's grant of an indulgence to the leper hospital at Hythe in 1368 of 40 days for those who visited and aided it; *Registrum Simonis Langham, Cantuariensis Archiepiscopi*, trans. & ed. A. Wood, Canterbury & York Society (Oxford, 1956), 192.

<sup>65</sup> St Mary's hospital at Ospringe had a piece of the 'true cross' and other relics as well as a chapel dedicated to St Thomas of Canterbury; CPR 1416-1422, 208; Adair, J., *The Pilgrims Way: Shrines and Saints in Britain and Ireland* (London, 1978), 47.

<sup>66</sup> The early hospital dedications to St Bartholomew may reflect his reputation as a healer (possibly also the reputation of St Bartholomew's church in Rome where many people sought healing) as much as his connection with leprosy and skin diseases which might in part explain the lack of any hospitals dedicated to St Giles who was the patron of lepers, cripples and nursing mothers; Kerling, N., 'The Foundation of St Bartholomew's Hospital in West Smithfield, London', *The Guildhall Miscellany*, iv (1972), 139. For the Sandwich hospital; Chapter 2, i, a.

<sup>67</sup> Orme & Webster, *English Hospital*, 50.

St Leonard	1
St Mary Magdalene	1
St Paul	1 (double dedication with St Peter)
St Peter	1 (double dedication with St Paul)
St Katherine	1 (double dedication with St Nicholas)
St Stephen	1 (double dedication with St Thomas)

*Hospital Saints in Kent*

The apparent value placed on particular hospitals as possible providers of intercessory services by the priest-brothers or chaplains seems to have varied considerably, though few hospitals seem to have gained perpetual chantries.<sup>68</sup> The reasons for this diversity in terms of the type of commemorative services sought, their duration, their place of execution and the number of priests involved appears to have been dependent on a range of factors like the type of patron, the facilities available (the chapel, and priests) and the status and reputation of the hospital and its personnel. Consequently founders and/or their successors may have been more likely to seek this type of provision to benefit their souls, but also to aid their institution, either through the bestowing of the endowment or possibly by providing a priest who would also serve the hospital community.<sup>69</sup> As patrons of both St Thomas' and St Nicholas' certain archbishops appear to have sought to aid the spiritual life of both hospitals through their gift-giving.<sup>70</sup> Yet during the later medieval period, a few patrons appear to have sacrificed the other functions of the hospital in order to retain the stipend for the priest which meant the house might be reduced to the chapel and accommodation for the chaplain whereas others appear to have reduced the number of clerics rather than the lay community in response to the hospital's financial difficulties.<sup>71</sup> In addition certain hospitals

<sup>68</sup> At St Thomas' hospital, Canterbury, a chantry chapel dedicated to the Blessed Virgin was built just inside the entrance to the hospital in 1362-3 to be served by a priest who was to celebrate in this chapel, the upper or main chapel in the hospital and at Bekesbourne church, the site of the original chantry before it was transferred to the hospital by Bartholomew de Bourne, a descendent of the founder, *Kent Chantries*, 62-63. In the same city in 1330 Henry de Cantuarua received a royal licence to grant 4 messuages to the Poor Priests hospital on the condition that the master should find a priest to celebrate daily in the oratory of the Holy Trinity next to St Dunstan's church, Canterbury, for his soul, those of his parents and benefactors; *CPR* 1330-1334, 10.

<sup>69</sup> For example Henry III, who had given himself the title of founder, made a gift of land in "Trehaunston in the marsh of Rumenhale" to St Mary's hospital at Ospringe with the condition that the master and brothers should find a chaplain to celebrate daily in the hospital chapel a mass of the blessed Edward king and confessor; *CChR* 1226-1257, 391.

<sup>70</sup> In 1342 archbishop Stratford gave St Thomas' hospital, Canterbury, the income from the chapel at St Nicholas' hospital, Canterbury, on the understanding that they should provide a priest there to administer to the inmates at the hospital. When archbishop Whittlesey in 1371 founded a chantry in the hospital's chapel it was agreed that the master at St Thomas' should appoint the chaplain to serve both the chantry and the hospital, a situation that was still in practice in 1548; *Kent Chantries*, 135-137.

<sup>71</sup> Interestingly this seems to have been concentrated in the north-west part of the county, the small hospitals close to the road from London to Canterbury. For example in 1354 Cecily the widow of Gamelin atte Watre received a royal licence to alienate some property for the services of a chaplain at the free chapel called "le spital" (the hospital of St John, Sevenoaks) for the good estate of the king and the said Cecily, and their souls after death, and of the ancestors and heirs of the king and of her late husband; *CPR* 1354-1358, 14, 90. The exception was the hospital at New Romney in the south-east of the county which seems to have become the private chapel of the Fraunceys and other related families from the town from the mid 14th century; Butcher, 'St Stephen and St Thomas', 21-23. This occurred at St Lawrence's hospital at Canterbury where the hospital's patron, the abbot of St Augustine's, reduced the number from 2 to 1 in 1294; *CCAL: DCC/Lit. MS. C.20, fol. 1*. Other hospitals, like St Bartholomew's at

had received endowments which included the advowsons of often local parish churches, thereby requiring them to maintain at least part of the church, usually the chancel and to find a priest to serve there.<sup>72</sup> The likelihood that one of the priest-brothers would undertake this role seems to have varied between hospitals, over time and between the particular churches under the hospital's jurisdiction, but might be extremely useful, a situation that appears to have occurred with respect to St Mary's hospital at Strood and the local parish church of St Nicholas.<sup>73</sup> However, a lack of suitable candidates or financial difficulties where the expenses were greater than the income might seriously impair the ability of the hospital to fulfil such duties, possibly to the detriment of the parishioners and might become the subject of debate at visitations.<sup>74</sup>

### *1.ii.b. Charity*

Piety and charity were the corner stones of all religious houses and for the hospital in particular charity was a vital reason for its being. The hospital was able to provide for four main groups: those housed long-term, the short-term inmates who either left or died, those who stayed for a few days at most, and those who received relief at its gate. In Kent the largest group were the first, the resident inmates, who might be characterised as the lepers and the poor/infirmary, those who paid a fee to stay there, and the pensioners who were sent by the hospital's patron, most frequently the king, to be accommodated by the institution for life. Most of the early hospitals, like St John's at Canterbury and St John's at Romney presumably accepted the poor and infirm into the house without payment at least during the hospital's early history, and it seems likely this also occurred at the county's leper hospitals. However, it appears that even though certain hospitals had been founded for the use of the poor, within a few years it had become the normal practice for the entrant to provide a fee at entry or over a set number of years, a situation that occurred at some leper hospitals during the later Middle Ages when they were also housing the poor. This custom was in operation by the early fourteenth century and may have been in existence for several decades before 1300 which seems to imply that it was not just a late medieval method of

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Sandwich, experienced similar problems but at a much later date: in 1480 the mayor as patron of the hospital decreed that the hospital should have 2 priest-brothers rather than 3 as previously; CKS: Sa/AC 1, fol. 257.

<sup>72</sup> In 1276 archbishop Kilwardby granted the church of Reculver to the hospitals of St Nicholas and St John at Canterbury, however this led to a serious dispute between the parishioners and the hospitals, particularly the leper house of St Nicholas concerning the unwillingness of the parties to fulfil their obligations to the other, *CChR* 1257-1300, 199. For an analysis of the significance of this dispute; Sweetinburgh, 'Role and place' unpublished paper.

<sup>73</sup> For example in 1332 John de Staunford, a brother at the Strood hospital was installed at St Nicholas' parish church and his successor 12 years later was another brother, Richard Schefkyng; *Registrum Hamonis*, 523, 734. The master and brothers were also patrons of church of Aylesford and although the vicar does not seem to have been a brother from the hospital it is possible John de Stowe received the post at Aylesford in 1343 through his connections to Roger de Stowe, the master of St Mary's hospital; *Registrum Hamonis*, 669, 722.

<sup>74</sup> In archbishop Warham's visitation of 1511 the churchwardens of St Dunstan's at Canterbury complained that the master of the Poor Priests hospital was not finding a chaplain to sing 3 times a week at the chapel of Holy Trinity there, nor was he undertaking the repairs necessary for the chapel for which services the hospital received certain lands and tenements; *Kentish Visitations*, 56. However this does not seem to have been a new situation because an inquiry in 1343 found that the hospital's income from its churches and chantry were barely sufficient to cover the costs the house incurred and that as a result its claim for tax exemption on the grounds of poverty was justified; *VCH Kent*, ii, 213.

trying to supplement the hospital's resources but was an integral part of the patron's ideology.<sup>75</sup> This type of strategy was unavailable at certain hospitals where the king seems to have considered his responsibilities to his retainers before the needs of the hospital when he sent his old and infirm servants and others to the house to be accommodated and maintained for life at the hospital's expense.<sup>76</sup>

Presumably some of the long-term inmates, whether at the leper hospitals or houses for the poor, were likely to become bed-ridden before death at the hospital but there seems to have been little provision within Kent's hospitals for those who were sick at entry and in need of nursing care during their stay there. Even though it appears the foundation charter or early statutes at certain hospitals indicate the institution was expected to care for the infirm, as at St Mary's in Strood, there is very little evidence to suggest this involved nursing, except possibly occasionally at the hospitals which sheltered travellers and pilgrims, and at St John's in Sandwich (the two early leper hospitals dedicated to St Bartholomew at Chatham and Dover were said to care for the sick-poor in the mid 14th century).<sup>77</sup> Thus the characteristic view of the hospital filled with the sick and bed-ridden within an infirmary-style hall who might constantly gaze on the high altar in the chapel at the end of the hall does not seem to match the experience in Kent.<sup>78</sup> This is interesting especially as it appears very few Kentish hospitals officially barred those suffering from particular illnesses, a situation that occurred at a considerable number of houses throughout England, and may suggest that generally cripples and the sick in Kent were not inclined to seek institutional assistance and instead may have been cared for by their family, friends and neighbours.<sup>79</sup> Under such circumstances it is probably not surprising that there is almost no evidence

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<sup>75</sup> For example it appears that the Sandwich town hospitals of St Bartholomew and St John were stipulating the entry fee from 1301 and it seems unlikely this was a new rule when the ordinances were apparently written up for the first time; Croft, J., 'The Customals of the Cinque Ports c. 1290 - c. 1500: Studies in the Cultural Production of the Urban Record', Ph.D. thesis, University of Kent at Canterbury (1997), 348. Yet the patrons appear to have used their discretion over the size of the fee and how it was to be paid thereby allowing them to consider individual cases on their own merits; Chapter 2, i, c. Rubin's work on the language of charity and the subtle changes in perception seem applicable here, Rubin, 'Imagining Medieval Hospitals', 23-24.

<sup>76</sup> The two hospitals which seem to have suffered most from such abuses were the royal hospitals at Dover and Ospringe; Sweetinburgh, 'Role and place' unpublished paper; Chapter 1, vii, c; Chapter 3, i, b.

<sup>77</sup> The foundation of bishop Gilbert de Glanville of St Mary's hospital at Strood was for the liberation of king Richard and for poor and infirm persons; *Registrum Hamonis*, 1. Archbishop Stratford's new statutes for St Thomas' hospital, Canterbury, in 1342 included the rule that poor pilgrims who fell sick on their pilgrimage (not lepers) might be provided for and those that died should be buried in the churchyard belonging to the cathedral. An elderly honest woman was to be appointed to take care of the beds and provide for the pilgrims using 4d per day; *Lit. Cant.* (Rolls Series), ii, 256. William Benet of Canterbury left 2 kine to the bedridden and the sisters who cared for them at St Thomas' hospital in 1463; CKS: PRC 17/1/114. According to the customal for St John's hospital at Sandwich the poor and infirm who applied to the house should be taken in and any who died there should be given Christian burial; CKS: Sa/LC 1, fol. 21v. In an inquisition dated 1342 it was found that at St Bartholomew's hospital, Chatham, there were "enclosed places for the care of the sick" who were presumably the responsibility of the 9 brothers and 7 sisters; Greenwood, *Hospital of St Bartholomew*, 19; CCR 1341-1343, 408. At the Dover hospital of St Bartholomew the sick-poor were noted in 1346; Bodleian: Rawlinson MS. B.335, fol. 97.

<sup>78</sup> Although Godfrey in 1955 considered St Bartholomew's hospital at Chatham might be considered a classic hospital design of infirmary hall and chapel (as St Mary's, Chichester and St James', Dunwich), more recent work seems to suggest that the hall was adjacent to the chapel, the axis of both running approximately east-west. Thus even in a hospital said to accommodate the sick this provision may not have been available; Godfrey, *English Almshouse*, 20, 25; Hayes, Williams & Payne, 'St Bartholomew's chapel, Chatham', 186-188.

<sup>79</sup> Orme & Webster reproduce some of the most well-known lists of excluded persons from particular hospitals; Orme & Webster, *English Hospital*, 58. For Kent the revised ordinances for St John's and St Nicholas' hospitals



relating to medicine at the county's hospitals, but it is possible this might be linked to the county's proximity to London where there may have been some medical provision.<sup>80</sup>

The hospitals for poor pilgrims and travellers seem to have expected that such people should only remain over night or for a maximum of a couple of days, the sick being allowed to stay longer.<sup>81</sup> Presumably in part this was a reflection of the considerable pressure on the facilities of these small houses which could only accommodate a very small proportion of those who sought shelter at their door. The problem of having to turn away the needy may have been greatest at St Thomas' hospital, Canterbury, because of the concentration of pilgrims in the city, especially at the various jubilees and that possibly having arrived in Canterbury the poor pilgrims were loathe to leave without first receiving a miracle.<sup>82</sup> Although this might suggest hospitals like St Thomas' were under greatest pressure during their early existence when the saint's cult was at its height, the financial problems of the fourteenth century and the use of valuable space for corrodians may have meant these hospitals continued to experience problems in the execution of their care for the poor pilgrims almost until the destruction of the shrine.<sup>83</sup> The inclusion of sisters in some of the early land grants given to St Mary's at Ospringe and St Mary's at Dover may suggest that at these pilgrim hospitals the poor travellers and pilgrims were under their care, their spiritual needs being the province of the hospital's priests. Such poor people at St Thomas' hospital, Canterbury, appear to have been looked after by an older woman who may have had some nursing skills but who may have been chosen primarily for her age and this level and type of provision seems to have continued until at least the early sixteenth century.<sup>84</sup>

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drawn up by archbishop Winchelsey in 1299 did include the exclusion of cripples, the blind, the feeble, the old and the impotent; *Registrum Winchelsey*, ii, 828.

<sup>80</sup> However there may be 2 exceptions because Robert Ferrar, a brother at St Bartholomew's hospital in Sandwich, did have 2 books of surgery in 1537; CKS: PRC 17/21/106. Also Simon Bredon, the master at the Maidstone hospital between 1358 and his death in 1372, was a noted physician; Fmden, A., *A Biographical Register of the University of Oxford to AD 1500*, 3 vols. (Oxford, 1957-9), i, 257; Bullough, V., 'A note on medical care in medieval English hospitals', *Bulletin of the History of Medicine*, 35 (1961), 75. Rawcliffe notes that although care for the sick in the later London hospitals was probably confined to nursing there were examples of medical practitioners being involved at some hospitals at certain times; Rawcliffe, 'Hospitals of London', 7-10. The apparently small number of university educated masters at Kent's hospitals may partly account for this lack of medical practitioners associated with these hospitals in the late Middle Ages (though also the small number of hospitals caring for the sick may be significant); Hammond, E., 'Physicians in Medieval English Religious Houses', *Bulletin of the History of Medicine*, 32 (1958), 120.

<sup>81</sup> At St Thomas' hospital, Canterbury, poor pilgrims in good health were only to remain in the house overnight; *Lit. Cant.* (Rolls Series), ii, 256.

<sup>82</sup> Although it is impossible to produce any indication of the number of pilgrims on a daily or annual basis the provision at St Thomas' hospital presumably represents the symbolic concern of the archbishop for his people and that the 4d per day could have been spent many times daily; Dobson, B., 'The Monks of Canterbury in the Later Middle Ages, 1220-1540', in P. Collinson, N. Ramsey & M. Sparks (eds.), *A History of Canterbury Cathedral* (Oxford, 1995), 135-140.

<sup>83</sup> The evidence seems to suggest that the early 1530s mark the end of St Thomas' popularity and that the jubilee of 1520 did take place even if the numbers were less than in 1470; Zeiger, J., 'The Survival of the Cult of St Thomas of Canterbury in the Later Middle Ages', M.A. thesis, University of Kent at Canterbury (1997), 39-41.

<sup>84</sup> In 1475 Alice was the "custodian of the house of paupers" at St Thomas' hospital and in 1534 Rauf Cocker and his wife were paid 46s8d per year for keeping and washing the beds of the poor people; CKS: PRC 32/2/324; *Kent Chantries*, 65.

It is very difficult to ascertain the level of alms given to those outside the hospital, possibly at the hospital's entrance or at its chapel but it seems probable that even though a small portion might have been given daily, the greatest doles were associated with particular Christian festivals, like Christmas and Easter, the hospital's saint's day and special days, for example the anniversary of the founder's burial or other named day.<sup>85</sup> This type of largesse was also supposed to be distributed by the monastic houses which may have meant that in certain localities the poor might be relatively well provided for, especially if funeral doles and other distributions were commonly provided.<sup>86</sup> Unlike some doles of this kind where the testator stipulated which groups within the poor were to be aided, it is often unclear whether the hospital staff favoured certain types of poor or sick people, or conversely whether they discriminated against others.<sup>87</sup> However there appears to be nothing in Kent to rival the alms given at Cardinal Beaufort's re-foundation at St Cross, Winchester, or at St Leonard's, York, but for the individual hospital the proportion of its revenue used in this way might be considerable and some seem to have continued this form of distribution until their dissolution in the mid sixteenth century.<sup>88</sup>

### *1.ii.c. Education and learning*

The provision of education may have occurred at only three hospitals in the county: the three hospitals dedicated to St Mary at Dover, Ospringe and Strood where there were a high proportion of priest-brothers compared to other inmates and in addition the library at Dover contained at least 117 volumes.<sup>89</sup> The opportunity for the brothers to study theology at all three hospitals seems to be implicit in the lists of ordinands associated with these houses in the registers of the various bishops of Rochester and the archbishops of Canterbury because it is possible to follow the careers of certain of the hospital brothers through the different stages within the priesthood.<sup>90</sup> This association between the priest-brother and the hospital at the various stages was presumably also important in terms of the 'title' or guarantee of

<sup>85</sup> For example at St Lawrence's hospital, Canterbury, the warden distributed 26s10d to poor people in alms on the feast day of the hospital's saint; *Kent Chantries*, 93.

<sup>86</sup> At Dover the priory distributed annually £13 19s 2d in alms on 29 occasions and St Mary's hospital distributed annually £14 8s 4d in alms on 7 occasions (with a further £40 to sustain the poor at the hospital); *Valor Eccl.* (Rec. Com.), i, 54, 56.

<sup>87</sup> The absence of account rolls for most of the hospitals makes it almost impossible to judge which groups were aided, though the 1 surviving account roll for St Thomas' hospital, Canterbury, dated 1327-8 does indicate that poor orphans were aided in this way; CCAL: DCc/FX7.

<sup>88</sup> Orme & Webster, *English Hospital*, 63. For the figures recorded in the *Valor* it appears St Nicholas' hospital, Canterbury, gave nothing in alms but other hospitals were able or wished to be much more generous: St Lawrence's, Canterbury: revenue £39 6s8d, alms 26s10d which represents 3% of the revenue; St James', Canterbury: revenue £53 16s 11.25d, alms 52s 4d which represents 5%; St Thomas', Canterbury: revenue £43 12s 3.75d, alms £6 16s (spent on the poor coming to the hospital) which represents 16%; St Mary's, Dover: revenue £231 16s 7.25d, alms £54 8s 4d (includes £40 on the poor, possibly those staying overnight) which represents 23% (6% if the £40 is deducted); for comparison St Augustine's abbey, Canterbury: revenue £1729 9s 11.75d, alms £22 14s which represents 1.3%; *Valor Eccl.* (Rec. Com.), i, 22-23, 31-33, 55-56.

<sup>89</sup> This library seems as large as any of the hospital libraries cited by Orme and Webster; Orme & Webster, *English Hospital*, 64-65.

<sup>90</sup> For example, brother Giles Crouche of St Mary's, Dover was presented as an acolyte in 7/3/1422, a subdeacon on 24/3/1425, a deacon on 22/12/1425 and a priest on 30/3/1426; *Register Chichele*, iv, 350, 368, 374-5. Brother Warin de Suthflet of St Mary's, Strood, was presented as a subdeacon on 8/4/1329, a deacon on 3/3/1330 and a priest 7/4/1330; *Registrum Hamonis*, 1166.

financial support by the hospital, a necessary requirement for those entering holy orders.<sup>91</sup> Yet, there seems almost no evidence to suggest that the brothers at Ospringe visited their sister institution at Oxford as a means of gaining a university education and similarly only a few of the masters at Strood appear to have studied at Oxford, while at Dover the last master was apparently the sole holder of a university degree.<sup>92</sup> Furthermore, there is little to indicate that the hospitals provided basic schooling, except possibly a song school at St Mary's, Dover.<sup>93</sup> This apparent lack of education at the hospitals may reflect the presence of schools at the major religious houses and the secular colleges and that in certain towns schooling may have been the responsibility of the chantry priest or other clerk as part of the agreement within the endowment.<sup>94</sup>

#### *1.ii.d. Other local functions*

So far only two hospitals in Kent are known to have been linked to a hermit, the small hospital at Sittingbourne in the mid thirteenth century seems to have had a chapel and a hermitage but it does not seem to have survived the death of the chaplain there; the second apparently lived in the 'spetill house' at Ospringe and hoped to be buried there.<sup>95</sup> Instead these religious men and women seem to have preferred living in various churchyards, in certain religious houses, in Dover castle, on the top of cliffs or in the city walls of Canterbury. For the hospitals this was a missed opportunity because the recluse provided the institution with status and its reputation might be enhanced by the number of visitors who came to

<sup>91</sup> Orme & Webster, *English Hospital*, 66.

<sup>92</sup> In the mid 13th century the connections between Ospringe and Oxford may have meant some brothers from Ospringe received their education at Oxford but the evidence is circumstantial; Orme & Webster, *English Hospital*, 65. From Emden the only master at Ospringe who may have been educated at Oxford was Thomas Asshby but the dates do not fit unless he was a pluralist while holding the mastership in the 1470s; for Strood 3 possibly 4 of the masters had previously studied at Oxford, including Walter de Basynges (appointed master 1361) who was also in charge of the king's building works in Rochester and the surrounding area and John Gorewelle junior (appointed master 1425) who had been a canon and prebendary at Hereford at an earlier stage in his career; for Dover, John Tomson's appointment to the mastership appears to have been a political appointment by Cromwell (appointed master 1535); Emden, *Register of Oxford to 1500*, i, 56; i, 129, 496; ii, 1298; Emden, *A Biographical Register of the University of Oxford. AD 1501-1540* (Oxford, 1974), 571.

<sup>93</sup> A possible reference to this school at St Mary's hospital in Dover is the testamentary bequest of 4d to each of the children of the church of the Maison Dieu given by Richard Inglott in 1523; CKS: PRC 32/13/196.

<sup>94</sup> At its dissolution Dover priory had 2 school masters, one for the song school and one for the grammar school, each paid 53s4d per year; *Valor Eccl.* (Rec. Com.), i, 54. In his will made in 1497 Henry Pyham intended that at St Clement's parish church in Sandwich the clerk was to be paid to teach the children prick-song and to keep the mass of St George with them at the time appointed; CKS: PRC 17/6/291. Also at Sandwich it seems one of Thomas Elys' chantry priests was reputed to have provided schooling for the young men of the town; Boys, *Sandwich*, 186. For the Rochester diocese Paul Lee has found that education and learning were important at Cobham college and this may also have been the case at Maidstone for the hospital and later the college because 7 of the masters between 1358 and 1519 were Oxford educated and had held senior appointments before the mastership, though most were also pluralists while holding the post at Maidstone; Emden, *Register of Oxford to 1500*, i, 257, 595; ii, 728, 827, 1123, 1173, 1375; iii, 1460.

<sup>95</sup> The hospital at Sittingbourne appears to have been largely sustained from the alms of those passing by; *VCH Kent*, ii, 228. Knowles & Hadcock, *Medieval Religious Houses*, 392. The hermit at Ospringe may have been one of the last residents at the hospital; Drake, 'Hospital of Ospringe', 57.

consult the holy person and who as a consequence left offerings there.<sup>96</sup> An interesting function was the right of sanctuary, though few hospitals seem to have held this privilege.<sup>97</sup>

There were several hospitals in Kent which had responsibility for parts of the communications network, usually bridges, but St Bartholomew's at Sandwich held the farm of the ferry between Sandwich and Stonar and this seems to have entailed selecting the ferryman and overseeing the maintenance of the ferry in his charge.<sup>98</sup> The two hospitals which were especially concerned with their local bridge were St Thomas' in Canterbury which was responsible for maintaining Eastbridge and St Mary's at Strood which was expected to repair a section of Rochester bridge.<sup>99</sup> The importance of this commitment may be gauged by the provision of a chapel and other buildings near the Strood end of the bridge by the hospital's founder which were intended to produce rents and offerings for bridge maintenance as well as for St Mary's hospital more generally.<sup>100</sup> An allied area of responsibility concerned the local town walls and the maintenance of security against foreign invasion at the hospital's manor or rural holdings, both of which might require the master to provide men, materials or cash either directly or via the civic authorities who took control of the necessary work.<sup>101</sup>

Through their gift-exchanges and their activities in the land market many hospitals were involved in the local and regional economy as landlords, tenants, lessors and lessees which brought the hospital's personnel into contact with a large number of people.<sup>102</sup> The relationships the hospital developed as a result of such activities will be discussed at a later stage in the thesis, but at present it may be worth noting the variety of roles played by the hospital and the likelihood that these might have a considerable effect on the status and reputation enjoyed by the hospital concerned. Although it is not clear from the records whether particular hospitals were involved in money lending, there is evidence to suggest that in a few hospitals the inmates were engaged in such activities and that these people were busy trading on

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<sup>96</sup> Orme & Webster, *English Hospital*, 66-67. The absence of such people at the hospitals might also be linked to their low status as educational establishments which may have made them less attractive for these holy men and women.

<sup>97</sup> One of these was St John's hospital, Canterbury; *VCH Kent*, ii, 211.

<sup>98</sup> The hospital had been granted the rights to the ferry by Edward III at the request of John Gybon of the town in 1349; *CPR* 1348-1350, 341. The hospital's register contains agreements with 2 ferrymen for the late 14th century; CKS: Sa/Ch 10B A1.

<sup>99</sup> In 1388 the master of St Thomas' hospital was summoned for not repairing Eastbridge and ordered to do so; *CPR* 1385-1389, 523. The connection between St Mary's hospital and the bridge was strengthened in the 14th century when the master of the hospital, William de Basynge, was appointed master of the king's works which included the bridge; Harrison, A. 'Excavations on the site of St Mary's Hospital, Strood', *Arch. Cant.*, lxxxiv (1969), 140, 149, 156-158.

<sup>100</sup> Smetham, H., *History of Strood* (Chatham, 1978 [1899]), 133-134; Brooks, N., 'Rochester Bridge, AD 43-1381', in N. Yates & J. Gibson (eds.), *Traffic and Politics: the construction and management of Rochester Bridge, AD 43-1993* (Woodbridge, 1994), 38.

<sup>101</sup> For the implications of this for St Bartholomew's hospital, Sandwich, and St Mary's hospital, Dover; Chapter 2, i, c; Chapter 3, i, c.

<sup>102</sup> For example in 1290 Edward I set up a commission to enquire into a dispute between the master of St Mary's hospital, Dover, and the hospital's tenants on the manors of Honychilde and Eastbridge on Romney Marsh about the repair of certain defences against the encroachment of the sea; *CPR* 1281-1292, 407.

their own behalf.<sup>103</sup> Thus the hospital was involved in a wide range of activities which might be considered at times to be a long way from its primary functions of engaging in acts of worship and acts of charity.

### 1.iii. Hospital Organisation

#### 1.iii.a. Patrons and ordinances

Even though all the major types of patron may be linked to at least one of Kent's hospitals: the crown, senior clergy (archbishop, bishop, archdeacon), monasteries, the nobility (aristocracy, gentry, knightly), townsmen, the civic authorities, the majority of the hospitals where the patron is known were governed by members of the senior clergy, especially the archbishop, or townsmen (either several acting together or the corporation).<sup>104</sup> The monastic houses were predominantly patrons of leper houses (St James' and St Lawrence's in Canterbury, St Bartholomew's in Dover and to a lesser extent St Bartholomew's in Chatham), while the hospital of St Mary at Strood was placed under the governance of Rochester priory by bishop Hamo of Rochester in 1330.<sup>105</sup> The king only seems to have been patron of two hospitals, St Mary's at Dover and St Mary's at Ospringe, though they were probably the richest in the county, partly as a result of the beneficence of certain English kings and foreign royalty who stayed at the hospitals, but also through the receipt of a considerable number of small grants, especially for the Ospringe hospital; while the apparent lack of noble patrons in the county is interesting and so different from Cullum's findings for Yorkshire.<sup>106</sup> These circumstances, the predominance of a local patron often the civic authorities, may have had far-reaching implications for the organisation of the hospital because these patrons had local knowledge of the conditions both inside and outside the hospital, they were able to exercise greater control over the actions of their nominee, the master, and they might be considered to have had a greater regard for their hospital and the need for good governance, thereby reducing the likelihood of mismanagement or that the appointment of the master would be abused.

It has already been noted that few of the county's hospitals employed a rule (those under royal patronage and some under monastic and episcopal patrons) and the apparent lack of houses designated in this way is interesting especially as most of the makers of hospital statutes in the county were clerics, or

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<sup>103</sup> For examples of this at St Bartholomew's hospital in Sandwich in the late medieval period; Chapter 2, i, c.

<sup>104</sup> The archbishop was known to be the patron of 3 hospitals at Canterbury: St John's, St Nicholas', St Thomas'; St Peter and St Paul's at Maidstone, and possibly St John's at Blean. The importance of the civic authorities as patrons is discussed in the case study on Sandwich; Chapter 2, i, a.

<sup>105</sup> Bishop Gundulph was unable to sufficiently endow his leper hospital at Chatham and as a consequence seems to have given Rochester priory a degree of autonomy over St Bartholomew's hospital there; Greenwood, *Hospital of St Bartholomew*, 15. This dominance of Rochester priory over St Mary's hospital was visibly confirmed through the bishop's ordinance concerning the uniform to be worn by the hospital priest-brothers because it included a white linen cross of St Andrew, the priory's patron, which was to be sewed on to the mantle and on to the breast of the cloak; *Registrum Hamonis*, 4.

<sup>106</sup> Cullum, 'Hospitals in Yorkshire', 24, 45, 346-365.

occasionally leading townsmen and elsewhere members of both groups had specifically adopted a religious rule in relation to the hospitals.<sup>107</sup> Turning to the ordinances produced throughout the medieval period for Kent's hospitals, regulations of varying degrees of completeness survive for sixteen of the seventy-two known hospitals (including the almshouses). These seem to fall into two groups: those produced by the founder and those produced as a reaction to the current circumstances of the house. The former group appear to represent an ideal which the founder was hoping to achieve for his institution and thus the situation at the hospital, especially in the long-term may have altered considerably. Yet these regulations do provide a useful model with regard to such matters as to the type of regime intended and, for example, there are significant differences in the ordinances produced for a monastic-like environment compared to that for a lay fraternity.<sup>108</sup> Furthermore the local presence and frequent, regular visitations of many of the civic controlled hospitals may have meant there was no need to issue new regulations because small changes could be implemented as necessary. The second group of extant ordinances are mainly associated with institutions under the episcopal authorities or hospitals which received less frequent visitations compared to the civic hospitals.<sup>109</sup> These establishments were more vulnerable to the problems caused by poor management but, unlike Ospringe, rarely in the longer-term because their patrons were local monasteries or the archbishop, whose links with the area aided the production of new statutes when necessary to combat irregularities, thereby at least stabilizing the situation.<sup>110</sup> This suggests that although certain rules might be considered almost universal or that certain problems were common to most institutions, those compiling the regulations were primarily concerned for the individual

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<sup>107</sup> Orme & Webster, *English Hospital*, 70, 72. The only 2 hospitals reported as being under the Augustinian rule were St Mary's at Dover (a papal grant in 1239) and St Mary's at Strood when bishop Hamo issued new statutes in 1330; *Cal. Pap. Let.*, i, 181; *Registrum Hamonis*, 4. Two other hospitals which were recorded as being under an order: St Mary's hospital at Ospringe and St Mary's hospital at Milton-near-Gravesend, the former under the order of Holy Cross, a form of the Augustinian rule favoured by the crusading orders, while it was not stated which order the master at Milton belonged to in 1402 when the bishop admonished him, though prior to this in 1322 bishop Hamo had ordained that the priests there should be regular; Drake, 'Hospital of Ospringe', 36; *VCH Kent*, ii, 221. Of those under monastic patronage: St Lawrence's hospital at Canterbury and St Bartholomew's hospital at Dover were under a rule, possibly a modification of that from the mother house, St James', Canterbury probably was not, it is not clear for St Bartholomew's hospital at Chatham; *VCH Kent*, ii, 209, 212, 216. In London almost a third of the hospitals either followed the Augustinian rule or an adaptation of it, even those founded by the wealthy merchants like William Elsyng, who seems to have converted his institution from one appointing secular clergy to a house of Augustinian canons 9 years after the original foundation in 1331; Rawcliffe, 'Hospitals of London', 5.

<sup>108</sup> Where the rules were drawn up at about the same time and for a similar type of hospital, it may be possible to make comparisons, for example two hospitals which housed lepers: St Bartholomew's at Dover and St Katherine's at Rochester, the former had been founded by 2 monks and its ordinances were apparently first recorded in 1373 (probably formulated at an earlier date) and the latter founded by a wealthy townsman in 1316. St Bartholomew's rules included an oath which the entrant took during a religious service, a uniform, property held in common, the saying daily of a large number of prayers, a secluded life-style and a daily regime similar to a monastic house. St Katherine's included some of these but the oath was not part of a religious service, nor did they receive a uniform, their devotional duties were less and even though they were not to leave the house without permission they could send out for ale; Bodleian: Rawlinson B.335, fol. 1-4v; *Registrum Roffense*, 546.

<sup>109</sup> For example St James' hospital at Canterbury was investigated in 1343, 1368 and in 1414. On this last occasion the prior of Christchurch, the patron, issued new ordinances; *VCH Kent*, ii, 210; Duncombe, & Battely, *Three Archiepiscopal Hospitals*, 431-434.

<sup>110</sup> Bishop Hamo's register provides a chronology of the problems at St Mary's Strood in the early 14th century, culminating in his new regulations in 1330; *Registrum Hamonis*, 4-5.

circumstances of the hospital and that local knowledge, pragmatism and the experience of the patron (possibly including shared expertise in the locality) were the most important factors.<sup>111</sup>

### *1.iii.b. Masters*

There was considerable variation between the hospitals and at certain houses over time with respect to the areas of responsibility and control held by the masters of Kent's hospitals. Although most were responsible for the daily management of the house which might include supervising the running of the household, the maintenance of the spiritual life of the hospital, the provision of discipline, the production of revenue from the establishment's assets and the recording of these actions for scrutiny by the hospital authorities, a few appear to have had greater autonomy regarding their control of the house's capital assets.<sup>112</sup> One indicator of this was who held the hospital's seal, but at St Bartholomew's in Sandwich jurisdiction over the management of the hospital's property still seems to have been retained by the mayor and jurats.<sup>113</sup> However, even if the master was restricted in consideration of such policies on behalf of the hospital, he was expected to represent the house in the public domain which included the various courts and the fulfilling of particular obligations placed on the hospital by external authorities.<sup>114</sup> The tangible rewards for this service to the hospital, and possibly the local community seem to have been relatively little which may reflect the predominance of small hospitals in the county, though the masters at the royal hospitals of Ospringe and Dover and the three archiepiscopal hospitals in Canterbury may have acquired status from their appointment.<sup>115</sup> Conversely those found guilty of mismanagement or who found the responsibilities were greater than the rewards may have considered the mastership was a

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<sup>111</sup> Although St Thomas' hospital in Canterbury was dissimilar to the hospitals of St John and St Nicholas, archbishop Stratford was presumably aware of his predecessors revision of the statutes at these 2 hospitals forty years earlier when he revised St Thomas' statutes in 1342; *Registrum Winchelsey*, ii, 827-831; *Lit. Cant.* (Rolls Series), ii, 251-257.

<sup>112</sup> At St Thomas' in Canterbury, the ordinances of 1342 stated that there was no common seal which presumably meant all the transactions relating to the house were conducted on the hospital's behalf by the archbishop as patron; *Lit. Cant.* (Rolls Series), ii, 253. In contrast at St Bartholomew's in Chatham the prior of Rochester priory had retained the power to grant admittance of the chaplain under the priory's seal but the hospital was able to demise in a corporate capacity its property under its own common seal; Greenwood, *Hospital of St Bartholomew*, 15.

<sup>113</sup> For example in 1339 the mayor and jurats in the name and with the consent of the brothers and sisters demised in fee to Thomas Pocock of Sandwich a messuage in the town, though grants were made to the master and/or the brothers and sisters; CKS: Sa/Ch 10B A1.

<sup>114</sup> For example at a ecclesiastical court held at Wye church in 1397 a tithe case was considered between the hospital of St Lawrence and the Poor Priests hospital involving Stodmarsh, near Canterbury; CCAL: DCc/Lit. MS. C.20, fol. 31. The role of the masters of St Mary's hospital at Strood, William de Basynges and his successor, might be considered an extreme example of the involvement of such men in the maintenance of their locality because in their case they were in charge of the king's works at Rochester which included the bridge there; CPR 1364-1367, 398; 1367-1370, 43, 44; 1370-1374, 286, 291, 302, 330, 429; 1377-1381, 213, 334, 540; 1381-1385, 5, 221, 235, 240, 243, 308, 398, 506; 1385-1389, 79, 213, 377.

<sup>115</sup> The master at St Bartholomew's hospital, Sandwich received a pair of shoes yearly (1301); the warden at St Lawrence's hospital, Canterbury was allowed a horse and a servant (1294); the master at St Mary's hospital, Strood had his own locked chest (1330); though the master at St Mary's hospital, Dover, did have his own chamber and 4 horses in his stable (1535); CKS: Sa/LC 1, fol. 10v; CCAL: DCc/Lit. MS. C.20, fol. 4v-5; *Registrum Hamonis*, 5; Walcott, M., 'Inventories of (i) St Mary's Hospital or Maison Dieu, Dover', *Arch. Cant.*, vii (1868), 279. Unfortunately little is known about the masters at the royal and archiepiscopal hospitals before their appointments, and those at Lanfranc's two institutions are even more difficult to trace. However, it does appear that three

dubious distinction.<sup>116</sup> Apart from the well-known problems at Ospringe, and at Strood in the early fourteenth century, the masters of Kent's hospitals appear to have avoided many of the charges of abuse levelled at other hospitals in the country during the later medieval period which seems to indicate that the decline of the hospital described by Clay, and to a lesser extent Seymour, was probably less apparent in Kent.<sup>117</sup> In part this may reflect the small size and limited assets of many of the hospitals in Kent; the presence of the patron in the locality, especially the civic authorities who seem to have closely monitored their institutions; the absence of aristocratic foundations where the mastership might have been used for the patron's clients; the apparently little use made by the archbishop and bishop of Rochester of this same system and the likelihood of pluralism as a result, and that even though the crown's patronage of the hospitals at Dover and Ospringe caused considerable difficulties for these houses at various times Ospringe was one of a limited number of hospitals in serious trouble by the late medieval period as a consequence of a succession of apparently poor administrators.<sup>118</sup>

### *1.iii.c. Brothers and sisters*

Because most hospitals in Kent were founded to house resident inmates the brothers and sisters were the primary recipients of this largesse, the only exceptions were those few houses which accommodated the poor pilgrims, especially St Thomas' hospital at Canterbury where the 1342 ordinances indicate the hospital staff comprised the master, a chaplain and a woman who was to care for the pilgrims and the

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archbishops at least used the mastership at Eastbridge hospital to further the careers of their nephews thus suggesting the perceived value of this appointment; Emden, *Register of Oxford to 1500*, i, 229, 412; ii, 1032.

<sup>116</sup> In 1415 the prior of Christchurch greatly reduced the power and authority of the prioress at St James' hospital, Canterbury, which may have made her position extremely difficult, but presumably saved the hospital from further mismanagement. He stated that the hospital chest was to have 3 locks and the prioress had 1 key, the other 2 being held by the cellaress and another; she was to appoint a deputy if she was away from the house for as much as a day; she was not to spend more than 20s without consulting the brothers and sisters and these and other rules were to be read to the community 6 times a year; Duncombe & Battely, *Three Archiepiscopal Hospitals*, 431-4. For example in 1500 at the visitation of St John's hospital in Sandwich when the master, Thomas Manfeld, rendered his account for the last 3 years it was found that the hospital was in debt to him for 20d; CKS: Sa/Ch 10J A1 entry dated 12/3/1500.

<sup>117</sup> Frohnsdorff provides a description of the mismanagement at Ospringe; Frohnsdorff, *Maison Dieu*, 21-22, 25-26. The problems at Strood may be traced through bishop Hamo's register, *Registrum Hamonis*, 4-5, 104, 122, 124-5, 156-7, 909. Clay devotes a section of her work to the decline of the hospital; Clay, *Medieval Hospitals*, 212-224. Seymour herself saw that her heavy reliance on the royal records and printed sources might be likely to highlight the worst abuses and she also noted that certain beneficial administrative changes had occurred before the Dissolution; Seymour, M., 'Hospital in Later Middle Ages', 109-127, 136-147, 163-172.

<sup>118</sup> The archbishop might have been expected to use the mastership of his Maidstone hospital in this way and Walter Maidstone's appointment in 1306 as warden there before his advancement to the bishopric of Worcester seems to have been a relatively isolated case, though it appears that during the last decades of the hospital's history the master was more likely to be at the end of his career and the holder of several appointments which may have damaged the hospital if he was absent and so unable to monitor the affairs there; Orme & Webster, *English Hospital*, 78; Emden, *Register of Oxford to 1500*, i, 257; ii, 1173, 1375. As noted above nepotism and pluralism might be said to characterise the mastership at St Thomas' hospital in Canterbury in the 15th century; Emden, *Register of Oxford to 1500*, i, 229, 412; ii, 1032. The problems at Ospringe seem to have resulted in difficulties between various masters and brothers in 1314 and 1332, but it was not until the early 15th century that the king as patron took the house into his own hands (though in part his sending of pensioners to the hospital was one of the fundamental reasons for its financial predicament). However the problems do not appear to have been successfully resolved and by the beginning of the 16th century it had become a prime target for those seeking ailing houses to endow their own new institutions; Drake, 'Hospital of Ospringe', 49, 51-52, 54-59.



beds.<sup>119</sup> The other pilgrim hospitals appear to have had a staff of brothers and sisters during their early history, but at most the sisters seem to have disappeared and the brothers were more likely to be priest-brothers who may have spent the majority of their time serving in the hospital's chapel on behalf of the souls of the founder and the growing list of benefactors.<sup>120</sup> Those housed at the late medieval almshouses were occasionally given the title of almsmen and women or bedesmen and women, though most of these late medieval founders and benefactors called them the poor people living in the almshouse. The term bedesman might denote their job description in relation to their benefactor, an understanding that may have been implicit within the gift-exchange between the donor and recipient though in some cases the bond between them seems to have included other factors like kinship, neighbourliness or shared occupation.<sup>121</sup> There is little to indicate that there were any servants at these almshouses but a few of the earlier hospitals did have servants, possibly to work on the house's agricultural holdings, like the shepherd who was employed by St Bartholomew's hospital at Sandwich; or the personal servant of the warden or less frequently of another member of the permanent staff.<sup>122</sup>

The numbers housed at the hospitals varied considerably between a single priest-brother, for example Samuel, the clerk, who seems to have been solely responsible for the first hospital at Sittingbourne, to St Nicholas' and St John's hospitals, Canterbury which were said to accommodate a hundred lepers and a hundred poor, respectively, in 1276.<sup>123</sup> However, most seem to have housed between twelve and fifteen people on a permanent basis, while the almshouses seem to have been smaller, often housing no more than five people and some only provided accommodation for one.<sup>124</sup> Some hospitals generally provided for the same number of brothers and sisters throughout the house's history but at others financial problems and problems relating to recruitment of particular types of recipient meant the hospital was unable to maintain these numbers, and in certain circumstances this resulted in a change of function or the house's complete disappearance.<sup>125</sup> Similarly the balance between the different groups appears to

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<sup>119</sup> *Lit. Cant.* (Rolls Series), ii, 255-6. Even at the 3 houses (St John's, Sandwich, St Bartholomew's, Chatham, St Bartholomew's Dover) which are recorded as aiding the sick-poor, the resident inmates were the main recipients of this charity, both in terms of their numbers at the place and the value of their board and lodging.

<sup>120</sup> Rigold thinks the staff at St Mary's in Ospringe would have been very similar, though possibly less numerous, than that at St John's, Oxford, because of the close ties between the 2 hospitals and at the Oxford hospital there was a master, 3 priest-brothers, 6 brothers and 6 sisters in 1234; Rigold, S., 'Two Kentish Hospitals re-examined: S. Mary, Ospringe and SS Stephen and Thomas, New Romney', *Arch. Cant.*, lxxix (1964), 35-36.

<sup>121</sup> Although John Roberts of Cranbrook left the selection of his almsfolk to his heirs, he did instruct them to choose from the local poor, "and in especially of my Kynnesmen if any of hem have nede thereof"; Fleming, 'Charity and Gentry', 45. William Milett was unusual in his choice of the term bedesman though this does seem to characterise his relationship with those in his almshouse; PRO: Prob 11/12/138.

<sup>122</sup> In the master's account roll for 1525 the shepherd at St Bartholomew's hospital received 5s a quarter; CKS: Sa/Ch 10B F1. In 1347 St Mary's hospital at Strood employed general agricultural servants; CKS: DRc/F44. The warden at St Lawrence's hospital, Canterbury, was allowed a servant; CCAL: DCC/Lit MS. C.20, fol. 5.

<sup>123</sup> *VCH Kent*, ii, 227; *CChR* 1257-1300, 199.

<sup>124</sup> Lanfranc's 2 hospitals had been founded for 60 inmates at each and St James' hospital, also at Canterbury had accommodated 25 leprous women; *VCH Kent*, ii, 209.

<sup>125</sup> The absence of lepers at the Romney hospital in the mid 14th century was cited as the reason for its decay; *CPR* 1361-1364, 481. The number of lepers seems to have fallen nationally in the 14th century which presumably meant this explanation was seen as plausible, but there may have been a great deal of variation regionally and there seem to have been lepers at certain Kent hospitals at this time (St Nicholas' at Canterbury, the new foundation at Boughton near Canterbury), while a century later there were still lepers in the locality at the neighbouring town of Lydd;

have changed within the hospital, one of the most common being the loss of the sisters, though at St Lawrence's in Canterbury the abbot's desire in 1275 to stop admitting sisters and to replace them with poor and infirm priests had little success and the sisters remained there throughout the rest of the hospital's history.<sup>126</sup> At certain hospitals the balance between the number of priest-brothers, brothers and sisters was laid down in the ordinances and revised statutes but the evidence from the admissions register at St John's hospital, Sandwich, indicates there might have been much greater variation on a year by year basis than the ordinances and other evidence suggest which may mean patrons were, or had to be, flexible in their selection policy.<sup>127</sup>

Those hospitals predominantly housing priest-brothers (at Milton, Ospringe, Strood, Dover) seem to have adopted a monastic life-style and even though such opportunities were not available to the hospital sisters, those at St Lawrence's at Canterbury did take the veil and followed a similar regime at their hospital.<sup>128</sup> The vast majority of hospitals in Kent, however, had developed as lay fraternity-forms where the staff were active both inside and outside the house in a variety of roles. It is not possible to reconstruct the range of offices at any of the hospitals but it might be expected that most of the larger houses would have had a porter who controlled entry into the hospital and may have solicited for alms from the passers-by.<sup>129</sup> Others involved in the collection of alms for the hospital were the proctors and Mariana Swetman at St John's hospital in Canterbury is a rare example of a woman holding the post.<sup>130</sup> Although there are a considerable number of royal grants of protection in the various hospital archives to allow members of the staff to beg for alms locally, regionally and occasionally nationally, little more is known about this activity and it is not clear how such tasks were allocated at the hospital.<sup>131</sup> Alms-gathering seems to have been predominantly a male occupation. Nursing appears to have been undertaken by the sisters but only the elderly woman at St Thomas' hospital, Canterbury, was given the title of *custodian of the poor*, though in part this may reflect the very small staff at the hospital and that she was the only woman and so did all the tasks associated with sustaining the poor pilgrims who stayed

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CCAL: U39/2/K; CPR 1381-1385, 448; Clay, *Medieval Hospitals*, 45. It is not clear how far the Black Death and the subsequent years of plague affected the hospital population and it seems likely local circumstances and factors may have been significant. For example during the period 1397 to 1497 the numbers of brothers and sisters in total at St John's in Sandwich varied between 7 and 15; CKS: Sa/Ch 10J A1.

<sup>126</sup> The loss of the sisters at the hospitals of Dover and Ospringe has been noted previously. At Lawrence's the sisters seem to have remained at the expense of the brothers and at the Reformation the only male member of the house was the chaplain; Woodruff, C., 'The Register and Chartulary of the Hospital of St Laurence, Canterbury', *Arch. Cant.*, 1 (1938), 33.

<sup>127</sup> At St John's hospital for the period 1397-1497 the number of sisters varied between 2 and 8, the brothers between 4 and 9; CKS: Sa/Ch 10J A1. Using evidence from the revised regulations and visitations it may be possible to trace these differences at specific hospitals, like St James' hospital at Canterbury, over the long-term; *VCH Kent*, ii, 209-210.

<sup>128</sup> For details of this and possible similar rituals at induction; Woodruff, 'St Laurence', 42.

<sup>129</sup> Nicholas Glover was named as the 'custodian of the gate' at St Nicholas' hospital, Canterbury, in 1479; CKS: PRC 32/2/465.

<sup>130</sup> She was recorded in 1465; Duncombe & Battely, *Three Archiepiscopal Hospitals*, 255.

<sup>131</sup> For example at St John's hospital, Canterbury, it was the custom for some of the brothers to travel across the country gathering alms twice a year: for a month before and 3 weeks after the Nativity, and for the same time span in relation to the feast of St John the Baptist. They carried letters under the hospital's seal detailing the indulgences the hospital had received from popes, archbishops and bishops and that the 100 brothers and sisters would say 30,000 Pater noster and Ave Marias for the benefit of their benefactors; *ibid.*, 203.

there.<sup>132</sup> A similar office at St John's hospital in Sandwich was the 'harbinger', usually there were two who were elected annually by the brothers and sisters and their main duties were to organise the care of the sick-poor in the 'harbinger', the three rooms at the back of the hospital, and to maintain the beds and bedding used there.<sup>133</sup> Yet most of the brothers and sisters were probably never office holders and their place as long-term inmates in their hospital is discussed further in the section on hospital inmates.

#### 1.iv. Hospital resources

Hospital	Gross Value	Net Value	Source
St Mary, Dover	£321 16s 7d	£159 18s 6d	Valor
St Nicholas, Canterbury	£112 15s 7d	£109 6s 2d	Valor
St John, Canterbury	£93 15s	£91 16s 8d	Valor
St Mary, Strood	£62 13s 6d	£52 19s 10d	Valor
St James, Canterbury	£53 16s 11d	£32 2s 1d	Valor
St Thomas, Canterbury	£43 12s 3d	£23 18s 9d	Valor
St Bartholomew, Sandwich	£42 0s 4d	£39 19s 1d	chantry cert.
St Lawrence, Canterbury	£39 8s 6d	£31 7s 10d	Valor
Poor Priests, Canterbury	£28 16s 1d	£10 13s 8d	Valor
St Thomas, Sandwich	£13 6s	£12 0s 4d	chantry cert.
St Bartholomew, Dover	£10 7s 6d	£8 3s 6d	chantry cert.
St Bartholomew, Hythe	£8 16s 6d	£7 14s 1d	Valor
St James, Tonge	£7 13s 4d	£6 4s	chantry cert.
St John, Hythe	£5 19s 8d	£4 10s 10d	chantry cert.

#### *Assessment of Possessions in Kent Hospitals c.1535*

##### *1.iv.a. Foundation costs*

In general terms the wealthier the founder the greater the hospital which meant that in Kent there were very few wealthy establishments in comparison with hospitals nationwide; a small number of comparatively well-endowed hospitals and considerable numbers of poorer houses, including some very small, poor almshouses. Archbishop Lanfranc and Henry III (after Hubert de Burgh) had the assets and status to found the county's three richest houses which meant in particular that St Mary's at Dover was exceptional and it was, therefore, hardly surprising that in 1533 the penultimate master there warned his fellow brethren of the likely dangers to the house "for it is named very rich".<sup>134</sup> At the other end of the scale those who founded the fifteenth and early sixteenth century almshouses might provide the buildings, the founder's executors or heir acting as the landlord, but even these were more extensive than the single room which was to house a pauper in Alice Berd's tenement in Gravesend.<sup>135</sup>

<sup>132</sup> *Lit. Cant.* (Rolls Series), ii, 256.

<sup>133</sup> CKS: Sa/Ch 10J A1.

<sup>134</sup> *L & P*, vi, 413.

<sup>135</sup> CKS: DRb/Pwr4/205.

Presumably for the founder the least costly option was to found the hospital in his own house, either he became its first master or the hospital came into being after his death.<sup>136</sup> However, even this degree of beneficence might have considerable implications for the heirs to the property which might in part explain the limited life-span of some of the later almshouses because the founder was conscious of the range of obligations which he wished to fulfil and that having aided the poor for a set time, his primary duty was to others: his family, friends, neighbours, servants and other dependents.<sup>137</sup> Some of the founders of the earlier hospitals seem to have used sites outside the town walls or away from the town centre where the land was cheaper.<sup>138</sup> Although a single hall or a collection of probably timber cottages might be considered essential, high status and wealthy founders were able to provide far more, and a chapel seems to have been viewed as a valuable addition, as at St Mary's hospital, Dover, while St John's hospital in Canterbury was furnished with an extensive range of fine stone buildings by Lanfranc.<sup>139</sup> This suggests that the founders of the early medieval hospitals intended their institutions would have a long history so requiring them to provide sufficient capital assets, the buildings in particular, and other resources to enable the inmates to remain there and to make these establishments attractive to future benefactors which would reduce the dependence of the house on the founder and his heirs or successors. Thus the hospital buildings and accoutrements may have been considered an effective indicator of the institution's viability and desirability to both those seeking to enter and those searching for a recipient for their charity, an important visual statement which provided the opportunity for the founder, and possibly later benefactors to express their status and reputation in stone.<sup>140</sup>

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<sup>136</sup> For example in c. 1220 Alexander of Gloucester founded the Poor Priests hospital in the stone house he had acquired (built by Lambin Frese, the moneyer, c. 1175), becoming its first master; Bennett, P., 'The Poor Priests' Hospital - the chapel', *Arch. Cant.*, xcvi (1982), 218. In 1442 Arnold Knyght, one of the king's retainers who was currently suffering from leprosy, received royal permission to build a small hospital for the infirm on the site of the ancient leper hospital of St Nicholas of the White Ditch in Rochester. He was to remain there in charge of the inmates, spending his remaining days in prayer, *CPR* 1441-1446, 115, 186. In her will dated 1507 Johanna Lull, a widow, assigned her house in Faversham to be an almshouse for poor, old and needy people under the supervision of her servant, Elizabeth Knyght. The house was to be an almshouse for 5 years and then was to pass to Elizabeth who would also receive the bedding and other goods held there. In acknowledgement of this gift Elizabeth was to pray for the soul of her former mistress; CKS: PRC 17/13/339.

<sup>137</sup> When Theobaud Evyas, a widow from Faversham, made her will in 1478 she intended that the governance of her almshouse should be undertaken by her executors and overseer, including her kinsman. Their responsibilities covered the maintenance of the house for as long as they considered it was necessary, but it is not clear who would then receive the building and its appurtenances but it may have been intended that the living heirs should inherit; Hyde, *Thomas Arden*, 399-400.

<sup>138</sup> The land chosen by the monks of Dover priory for the site of St Bartholomew's hospital was to the north of the priory and so further from the town. It was close to the main road between Canterbury and Dover and seems to have been a marshy site; Haines, C., *Dover Priory* (Cambridge, 1930), 184. St Bartholomew's hospital was said to have been built on a piece of land outside the town walls which had been bought by the mayor and commonalty; Cannon, H., 'The Battle of Sandwich and Eustace the Monk', *English Historical Review*, cviii (1912), 667, n. 144.

<sup>139</sup> Henry III seems to have been present at the dedication of St Mary's chapel when he confirmed Hubert's gift to the hospital at the same time and this occasion may mark his appropriation of the title of founder of St Mary's; *Dover Charters and Other Documents in the Possession of the Corporation of Dover*, ed. S. Statham (London, 1902), 3; *CChR* 1226-1257, 142. The high-quality buildings of this hospital complex have been revealed by the recent work of the Canterbury Archaeological Trust; Bennett, 'St John's Hospital', 226-231; Parfitt, K., 'St John's Hospital Reredorter, Canterbury', *Arch. Cant.*, cix (1991), 298-305.

<sup>140</sup> Of those hospitals which received *in vitam* grants most seem to have been given within a century, a reflection of a number of factors but probably including an assessment by donors of the hospital's viability and status. Consequently when Hugo le Brun (undated charter) gave his gift of 2d annual rent (from his messuage) for lights to

### *1.iv.b. Buildings*

Variation and pragmatism rather than an adherence to a particular style or ideology seem to have been the hallmark of hospital construction in Kent, and though there are some apparently common features found at a few of the hospitals which have been investigated, there seems to have been little interest in the classic design of an infirmary plus chapel running on an west-east axis, like Lanfranc's infirmary at Christchurch priory.<sup>141</sup> In part this may reflect the predominant types of hospital in the county, those intended to house long-term poor/infirm inmates and the leper hospitals, the former requiring dormitory-type sleeping arrangements from which most of the inmates were expected to attend the chapel thus making it unnecessary for them to be able to see the high altar from their beds. The lepers were possibly accommodated in small cottages or in a segregated hall and they too were predominantly expected to attend the chapel. Even at St Thomas' hospital in Canterbury the intention seems to have been that the poor pilgrims and other short-term inmates should pass from their sleeping quarters to the hospital's chapel to hear the mass, though whether the sick pilgrims were similarly expected to attend is not clear.<sup>142</sup> Such people at the point of death may have been served by the chaplain using a super-altar, a system which appears to have been used at St John's hospital in Sandwich for those in the 'harbinge'.<sup>143</sup> The only hospital known to have been built in the style of Christchurch's infirmary is St Mary's at Dover and it seems possible Henry III may have been involved in its design, especially the chapel.<sup>144</sup> In addition to royal support for the enterprise the local topographical features may have allowed this design to be executed whereas at other sites restrictions were placed on the builders by such features as the overall size and shape of the plot, soil type and the under-lying bedrock and physical obstacles like cliffs. Thus even on a large green field site which was apparently relatively flat, like that for St John's at Canterbury, where it might have been expected Lanfranc would have used this same design, the ground conditions appear to have required him to make significant modifications.<sup>145</sup> Such physical difficulties, though in this case the steeply rising ground seem to have necessitated a different plan at St Bartholomew's in Chatham and where hospitals were to be sited close to existing roads and buildings the restrictions placed

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be set before the altars of Our Lady and St Lawrence in the chapel of St Lawrence's hospital for his soul, those of his ancestors and all dead Christians he was confident that his gift-exchange between himself and the hospital should express a long-term relationship which would have infinite benefits for his soul; CCAL: DCC/Lit. MS. C.20, fol. 72.

<sup>141</sup> Godfrey considered the Maison Dieu at Dover displayed this classic design, like St Mary's hospital at Chichester but Prescott considers the house at Dover may have been modelled on St Thomas' hospital at Canterbury; Godfrey, *English Almshouse*, 20; Prescott, *English Medieval Hospital*, 10. Lanfranc's own hospital of St John employed a T shaped design where the long dormitory-hall was partitioned to provide separate areas for men and women and the double chapel (though shorter in length than the hall) was set at right-angles to the hall, at a point half way along its length, St Mary's hospital at Strood was built using the same basic design; Bennett, 'St John's Hospital', 229; Harrison, 'St Mary's Hospital', 148.

<sup>142</sup> Godfrey, *English Almshouse*, 43.

<sup>143</sup> Unfortunately the inventory of St John's hospital does not indicate where the chapel was situated in relation to the 'harbinge' but the possession of a super altar suggests that the spiritual needs of the sick, especially the dying could be met; CKS: Sa/Ch 10J A1, entry dated 28/3/1490.

<sup>144</sup> Godfrey, *English Almshouse*, 36.

<sup>145</sup> The site was rectangular with a large area of garden sloping gently towards the river Stour which meant that the hospital was sited on the flood-plain and so liable to flooding. The T shaped plan allowed the chapel to be on the highest ground, furthest from the river and less restricted if later benefactors wished to extend it; Parfitt, 'Reredorter', 300.

on the builders were even greater.<sup>146</sup> This suggests that hospital building arrangements were governed by the need to provide a common hall and frequently a chapel but how these were to be arranged remained a matter of negotiation and compromise.

However it seems likely that except for the smallest and poorest foundations most hospitals had additional buildings, probably added over a number of years as funding for such projects became available or it became necessary due possibly to changing function. This might include a subsidiary chapel usually built within the site of the hospital, though the one at St Mary's in Dover was built in association with the hospital's cemetery for the poor to the south of the hospital outside the town walls.<sup>147</sup> The gateway or porch was an important building because it was the first point of contact between those outside and the inmates, and it thus formed a physical barrier to keep out undesirables while allowing in those seen worthy of succour.<sup>148</sup> It also marked the boundary of the hospital's jurisdiction, an important feature within medieval society and jealously guarded against encroachment from those outside, though for those seeking sanctuary it provided a measure of temporary safety. Such buildings might be used by some donors to proclaim the magnificence and munificence of their actions and by extension the worthiness of their institution, while in the case of St Thomas' hospital at Sandwich, the founder seems to have employed a design which was to convey a sense of permanence, stability and good governance in connection with himself, the town and his hospital.<sup>149</sup> Decoration, both inside the hospital and at its entrance may have been used for a variety of purposes, as at St Thomas' hospital in Canterbury, but unfortunately these wall-paintings are rare survivals whereas presumably such decoration had been common and certain well-endowed hospitals would have had numerous examples.<sup>150</sup> St Mary's hospital in Ospringe seems a likely candidate because it had a church and adjoining chapel, a large common hall, a more private dwelling with solar above the hall, a gatehouse, a range of buildings which included the king's chamber and at least one further range of buildings.<sup>151</sup> These buildings provided the king and possibly his immediate retinue with a lavish set of apartments which were probably maintained at the hospital's expense, while others of the household were accommodated in other parts of the hospital and possibly the neighbouring religious house at Faversham.<sup>152</sup>

This suggests that the number and type of ancillary buildings varied considerably between hospitals being dependent on a wide range of factors relating to the function of the hospital, the type, value and

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<sup>146</sup> Hayes, Williams, Payne, 'St Bartholomew's Chapel, Chatham', 188.

<sup>147</sup> Tanner, T., *Saint Edmund's Chapel, Dover and its Restoration* (Dover, 1968), 2.

<sup>148</sup> The brothers of St Mary's at Dover appear to have built a very substantial porch, they initially sought royal approval in 1229 and then sought to extend it by 42 feet in 1278; *CChR* 1226-1257, 98; *CPR* 1272-1281, 258.

<sup>149</sup> The porch/gateway at St Thomas' hospital in Sandwich seems to illustrate these ideas and is discussed in the study of Sandwich; Chapter 2, i, b.

<sup>150</sup> According to Flynn these paintings, especially the 'Majestas' indicate that archbishop Waller, as patron, wished to demonstrate the importance of his hospital and his favour towards it; Flynn, K., 'Romanesque Wall-Paintings in the Cathedral Church of Christ Church, Canterbury', *Arch. Cant.*, xcvi (1979), 194-195.

<sup>151</sup> Smith, G., 'The Excavation of the Hospital of St Mary of Ospringe, commonly called the Maison Dieu', *Arch. Cant.*, xcvi (1979), 85.

<sup>152</sup> Frohnsdorff, *Maison Dieu*, 4, 12-13, 19-21, 33.

management of its endowments and the level of benefactions the hospital received over its history.<sup>153</sup> Furthermore, the site might be reordered following fire damage or other destruction, while some suffered dilapidation when their resources were insufficient or when there were too few inmates.<sup>154</sup> The adaptation of existing buildings to provide a hospital may have required considerable alterations, a situation which seems to have occurred at the Poor Priests hospital in Canterbury, and in addition, later problems of decay appear to have necessitated a substantial restructuring of the building following demolition of part of the house and subsequent rebuilding.<sup>155</sup> Presumably such processes were considered worthwhile in connection with stone buildings, like the early medieval Poor Priests hospital, but may have seemed less appropriate with respect to the majority of the fifteenth and early sixteenth century almshouses in Kent which seem frequently to have used a number of existing cottages or tenements.<sup>156</sup> Yet these short-term charitable institutions do indicate the development of ideas about hospital buildings in the later medieval period because they represent the ascendancy of private space over communal living. Unfortunately it is not clear when some of the old foundations like St John's in Canterbury introduced the idea of separate dwellings with their own chimney, but it appears that by the late fifteenth century private rooms for the permanent inmates were to be found at certain hospitals and such features may have existed from at least the late fourteenth century at the new foundations.<sup>157</sup> However communal cooking and eating may have been retained far longer, though this may have varied considerably between hospitals, the older institutions apparently seeking to maintain the communal life-style and these issues are explored further in the section on hospital inmates.

#### *1.iv.c. Endowments*

Land and property constituted the main assets for the majority of hospitals in Kent, though the value of this resource varied considerably in terms of the number of grants a hospital received, the form of the

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<sup>153</sup> According to the inventory of 1535 St Mary's at Dover had 3 stables, a granary, a brewhouse, a bakehouse and at least 1 barn; Walcott, *Maison Dieu*, 279.

<sup>154</sup> In 1277 the brothers at St Mary's hospital, Strood, complained that at the siege of Rochester some of their houses near the wharf were badly burnt; *VCH Kent*, ii, 216. In the 1460s some entry fees at St John's hospital, Sandwich, were paid in building materials which may suggest they were rebuilding following the French raid on the town in 1457; CKS: Sa/Ch 10J A1. A report of 1363 concerning the hospital of St Stephen and St Thomas at Romney indicated that the conditions in the hospital had been considered undesirable by the lepers for some time; *Lit. Cant.* (Rolls Series), ii, 438.

<sup>155</sup> Bennett, 'Poor Priests' Hospital', 218-220.

<sup>156</sup> Sir Thomas Pedecok, the vicar at Holy Cross, Canterbury, intended the 5 poor women should continue living in the 5 houses in the lane, each receiving money on a quarterly basis to maintain her house; CKS: PRC 32/6/26. William Milet's almshouse founded in 1500 for 5 poor men consisted of 5 separate houses which were to be built in Lowfeld street, Dartford; PRO: Prob 11/12/138.

<sup>157</sup> Though circumstantial, the place of a sister was taken directly by a male entrant, this seems to imply the provision of individual rooms at St John's in 1493 and there is nothing to suggest this was a new practice; CKS: Sa/Ch 10J A1, entry dated 30/10/1493. Margaret Fryer (1523), a sister at St John's, Canterbury, seems to have had her own hall in the hospital because she intended that a chimney should be built in it after her death; CKS: PRC 32/13/150. Unfortunately the ordinances governing St Thomas' hospital at Sandwich have not survived from the medieval period but an 18th century illustration appears to show a hall that was probably used as a communal dining area. Also there seem to have been a considerable number of rooms based on the number of chimneys, an idea which coincides with Boys' description of the house; Bentwich, H., *History of Sandwich* (Sandwich, 1971), 62; Boys, *Sandwich*, 149.

grant, the size and the type of land/property involved, its geographical distribution and the ease of management. Thus, for example, the seventy-one deeds involving land transfers to St Lawrence's hospital in Canterbury following its foundation until the early fourteenth century included thirteen which seem to have been gifts, the rest suggest that the hospital was active in the local land market.<sup>158</sup> Most grants were small, frequently involving less than two acres but their concentration in a relatively few areas may have aided their management and although the hospital seems to have farmed that part of its holdings near the hospital, the rest was presumably rented which reduced the problems of managing such assets.<sup>159</sup> However this did mean the hospital, like most others, was heavily dependent on the rented sector of the market which may have led to a policy of leasing some of the hospital's property in the fourteenth century.<sup>160</sup> The timing of this change in policy and the type of lease employed appears to have varied between hospitals, and over time, being related to such factors as the institution's expenditure and obligations, its other assets, the balance between urban and rural property and local conditions. For most hospitals the period from the early fourteenth century seems to have been increasingly difficult financially requiring those able to do so to adjust the management of their endowments.<sup>161</sup>

Some hospitals were in receipt of dues paid as part of the spiritual economy which at times provided them with very valuable assets, both in financial terms and, at a few hospitals like St Mary's in Dover, as a means of providing employment for at least one of the hospital's priest-brothers.<sup>162</sup> The advowson of a local church was, therefore, a useful asset although its value might result in conflict with those seeking to claim it, a situation that St Mary's at Strood experienced with respect to the advowson of Aylesford parish church when their claim to it was disputed by Rochester priory.<sup>163</sup> Tithes were a similarly valuable source of income but they too might be disputed and the potential for conflict was even greater because there were often more interested parties. From the visitation records of 1511, St Mary's hospital at Dover appears to have been in dispute with various incumbents over tithes, and the master of the archbishop's hospital at Maidstone seems to have problems collecting the tithes from the parish of Sutton which required him to seek help from his patron against St Augustine's abbey in 1308.<sup>164</sup>

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<sup>158</sup> These included land in the suburbs of Canterbury and the surrounding rural parishes of Blean, Nackington and Sturry, a few houses and other property again mainly in Canterbury's suburbs and various rents in cash and kind; CCAL: DCc/Lit. MS. C.20, fol. 47-106.

<sup>159</sup> The hospital employed at least 3 agricultural servants: a swineherd and 2 threshers who during the remainder of the year were presumably engaged in growing the corn; CCAL: DCc/Lit. MS. C.20, fol. 29.

<sup>160</sup> The almost total absence of leases in the St Lawrence register may imply the hospital did not adopt this policy, or possibly more likely the writer of the register did not consider it necessary to record this type of document. Similarly the surviving deeds from St Thomas' hospital, Canterbury, suggest leases were being employed by the hospital during this period although few examples appear to have survived. For example, the master and brothers leased 1 piece of land in Blean for 10 years to John de Hothe in 1320 and in 1368 the master leased a house and garden in St Peter's parish, Canterbury to Nicholas Faubes for 41 years; CCAL: DCc/U24 G19, G25.

<sup>161</sup> The management policies of the Dover hospitals are examined in more detail; Chapter 3, i, b.

<sup>162</sup> The advowson of St Mary's church, Dover, was held by the hospital and it seems that at certain times during the late 15th century 1 of the priest-brothers was serving at the church; Chapter 3, i, c.

<sup>163</sup> Smetham, *Strood*, 130-132.

<sup>164</sup> For example it was alleged that the master of St Mary's had withheld certain tithes of lambs and wool from the parson of Charlton for 3 years, he refuted the charge by showing evidence of the hospital's privilege; *Kentish*



An alternative to land or other capital assets was an annual cash payment, a method used for the archiepiscopal foundations of St John's and St Nicholas' at Canterbury. Even this was vulnerable because following the death of an archbishop the hospitals seem to have experienced problems receiving their dues until the matter was finally resolved in 1356.<sup>165</sup> However, St Nicholas' hospital was not totally dependent on the see because the house received twenty marks each year from the city of Canterbury, a gift from Henry II from the fee farm of the city.<sup>166</sup> Some hospitals were able to capitalise on their position through the gaining of a grant to hold a fair or market, or to collect tolls, especially at river crossings, though such rights might be linked to specific responsibilities.<sup>167</sup> In addition to being able to collect tolls and other dues some hospitals had received the privilege of exemption from certain taxes, both national and local, and others had been granted immunity from jurisdiction from outside lordship, a valuable legal privilege that was jealously guarded by the recipient institution.<sup>168</sup>

#### *1.iv.d. Offerings and fees*

These will be discussed in detail later in the thesis and at this point it seems appropriate to indicate the range of systems involved in gift-giving. Hospitals sought gifts of casual alms from those who passed the hospital gate as well as those who entered the chapel.<sup>169</sup> In order to encourage these gifts the hospital might employ a number of strategies which were intended to enhance the value of the gift-exchange for the donor through the offer of spiritual rewards. For the institution this might be achieved by offering indulgences to those who aided or visited the hospital, possibly at special anniversaries and these indulgences in themselves were important offerings to the hospital from the pope, certain bishops and other senior clergymen.<sup>170</sup> The gift of indulgences was intended to aid the recipient hospital at a time of crisis and a few hospitals appear to have collected several of these which may indicate a prolonged period of instability for the institution concerned, or possibly that the hospital's patron was able to successfully negotiate for such offers on its behalf.<sup>171</sup> Donors might also be encouraged by the relics held

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*Visitations*, 119. Problems created for St Peter and St Paul's hospital, Maidstone over the tithes from the parish of Sulton by certain monks from St Augustine's, Canterbury; *Registrum Winchelsey*, ii, 1086.

<sup>165</sup> *VCH Kent*, ii, 211.

<sup>166</sup> This sum seems to have been paid in instalments on certain feast days, including Michaelmas and Easter; CCAL: CC/FA 2, fol. 30v.

<sup>167</sup> The farm of the ferry between Sandwich and Stonar was held by St Bartholomew's at Sandwich from 1349 and as a consequence they were responsible for part of the town wharf; *CPR* 1348-1350, 341; *L & P*, xii (2), 136. Although it appears fairs were more likely to be held at hospitals, like the one at St Bartholomew's, Dover, held on the saint's feast day, archbishop Boniface established a market in 1261 at his newly founded hospital of St Peter and St Paul in Maidstone; Lyon, J., *The History of the Town and Port of Dover* (Dover, 1813), 56; Clark, P. & Murfin, L., *History of Maidstone: the making of a modern county town* (Stroud, 1995), 25.

<sup>168</sup> St Mary's at Ospringe received considerable royal privileges and exemptions from several kings; *CChR* 1226-1257, 294; vol. 4, 444. *CPR* 1340-1348, 516; 1405-1408, 354. *CCR* 1313-1318, 434; 1323-1327, 421; 1330-1333, 520.

<sup>169</sup> St John's hospital at Canterbury seems to have had 2 boxes (one in the hall/house and one in the chapel) and the porter also appears to have collected offerings; CCAL: DCc/U13/1/1, 4v.

<sup>170</sup> For example in 1393 those who gave alms to the Poor Priests hospital at particular times received a papal indulgence; *Cal. Pap. Let.*, iv, 456. St John's hospital at Canterbury received indulgences in 1341, 1348, 1350, 1364, 2 x 1369 from various archbishops and bishops; Duncombe & Battely, *Three Archiepiscopal Hospitals*, 253-254.

<sup>171</sup> It is possible Dover priory was a successful advocate on behalf of St Bartholomew's hospital; Bodleian: Rawlinson MS. B.335, fol. 97.

by a particular hospital or their devotion to the patron saint of the institution or an image at one of the subsidiary chapels there, and at St Mary's hospital in Strood the master also expected to receive the offerings made at one of the parish churches under the hospital's control.<sup>172</sup> Moreover, the siting of hospitals and/or their chapels by river crossings and other hazardous places might similarly attract donations, an opportunity which may have been especially important for the small hospitals situated close to the road between London and Canterbury.<sup>173</sup> Hospitals and their patrons were frequently not prepared to wait for offerings (cash or kind) to come to the institution and instead sent the brothers out to gather alms locally, while others used proctors who solicited alms on behalf of the institution.<sup>174</sup> Such activities might be confined to the county or diocese but some houses sought royal licences to beg throughout the country and even a small hospital like St Bartholomew's at Dover used proctors, one to work locally and the other to travel across England.<sup>175</sup>

Testamentary bequests to the hospitals were frequently small sums, often directed towards the hospital or as a gift of a few pence for each brother and sister.<sup>176</sup> Occasionally the institution received property, livestock or other goods which may have been useful additions to its capital assets, but even cumulatively the total sum received in any one year does not seem to have been substantial, though possibly a useful supplement especially for those institutions that were only able to generate small amounts of income from other sources.<sup>177</sup> However, it seems likely that for both the hospital and the donor the greatest importance attached to these gifts was their symbolic value (this may also have been the case with respect to *in vitam* alms-giving): by promoting the relationship between the donor and recipient, as a token of his charitable intent and the worthiness of the recipient, and as an act which might be witnessed by a number of groups who were/had been important to the donor and who might be moved to emulate his generosity.<sup>178</sup> The cluster of testamentary bequests for certain hospitals at particular times may

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<sup>172</sup> In 1330 the master and brothers objected to the alms-box which the parishioners had set up in St Nicholas' church in Strood because it was diverting revenue away from the hospital and in this their rights were upheld by the bishop; *Registrum Hamonis*, 244.

<sup>173</sup> St Mary's at Strood being the most famous example; Sweetinburgh, 'Role and place' unpublished paper.

<sup>174</sup> St John's at Sandwich seems to have been heavily dependent on the local community for alms in kind to supplement the small amount of produce cultivated on the hospital's few gardens in the town; CKS: Sa/LC 1, fol. 20-20<sup>v</sup>.

<sup>175</sup> Bodleian: Rawlinson MS. B.335, fol. 4.

<sup>176</sup> Thomas Wood of Canterbury used both forms in his will dated 1498 when he bequeathed 6s8d to the brothers and sisters of St John's hospital, the same sum to the brothers and sisters of St Nicholas' hospital, 20s to be equally divided between the prioress and the sisters at St James' hospital and 20s towards repairs at Maynards hospital, also in Canterbury; CKS: PRC 17/7/76.

<sup>177</sup> Although primarily circumstantial the evidence seems to suggest that the testamentary bequests to St Anthony's hospital at Sandwich were possibly one of its major sources of revenue; Chapter 2, i, c.

<sup>178</sup> This relationship might be given further substance for the benefactor by recording his name in the hospital's bed-roll or by making him a member of the hospital's confraternity, like John Whytlok of Canterbury who in 1503 bequeathed 5s to the brothers and sisters of St John's hospital for his name to be set in their bed-roll, a further 5s for the brothers and sisters at St Nicholas' hospital to do the same and 2s4d to Maynards spital for them to pray for his soul, thereby gaining commemoration and intercession on behalf of his soul, nor was this sufficient because he left the Black friars of Canterbury 10s to be added to their bed-roll; CKS: PRC 32/7/70.

suggest that testators were influenced by factors like personal links with the master but it seems probable that local knowledge was also an important factor in the level of support such institutions received.<sup>179</sup>

#### *1.iv.e. Status and reputation*

Local knowledge included ideas about the status and reputation of particular institutions, but regional and/or national ideas and prejudices were also important though it is difficult to separate the differing influences and at times of major change, like the 1530s, local considerations might be perceived as less significant. Yet even at this point local support, or the lack of it seems to have hastened the loss of certain hospitals and this was presumably in part a reflection of the hospital's history as seen by those in the neighbourhood and in the wider region.<sup>180</sup> Although there were a considerable number of factors which appear to have influenced how a hospital was perceived, there were probably two which were especially important: the status and reputation of the patron and the worthiness of the hospital's personnel. Henry III, a high status patron, seems to have attracted a few benefactors from among the minor nobility for the benefit of his two hospitals, though his influence may have been of far greater benefit for the house at Ospringe because at Dover the town's dispute with Henry in the 1260s appears to have resulted in an almost total lack of local interest in such gift-giving to St Mary's hospital.<sup>181</sup> In contrast, the leading townsmen (individually or collectively as the town authorities) were an important group of founders and patrons in Kent and their status and reputation within the locality seems to have been a significant asset for their hospital, thereby implying the value of local knowledge which was understood by all the parties concerned.<sup>182</sup> Consequently even if only a small proportion of those who might have sought aid at such hospitals were accommodated, the house remained a potent symbol of the leading citizens' concern for their town and its community. Nor were ideas like these confined to the secular authorities and the revising of hospital ordinances by the church authorities was in part a means of enhancing the value of the hospital for the local community, the local religious house or for a wider audience which included the poor pilgrims and travellers, as well as making it a more attractive recipient for future benefactors.<sup>183</sup> Thus, the integrity of the hospital's personnel might also be seen as a valuable asset for the hospital, and

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<sup>179</sup> The importance of the master with respect to this form of giving is discussed in the study of Dover, Chapter 3, i, c.

<sup>180</sup> The loss of the hospitals of St Bartholomew and St Mary in Dover seems to illustrate the complexity of the situation in terms of the inter-action between local and national factors and the fate of the medieval hospital; Chapter 3, i, c: ii, a, b.

<sup>181</sup> For St Mary's, Dover, the royal confirmation charter of 1344 suggests the house had received very few grants and these were principally from members of the nobility, whereas the hospital at Ospringe had received a large number of small gifts from the more numerous local knightly group and other, smaller land holders; BL: Add. Ch. 16428; Drake, 'Hospital of Ospringe', 71-75; Frohnsdorff, *Maison Dieu*, 36.

<sup>182</sup> The importance of men of good reputation in the community may have influenced Simon Potyn's choice of those who were to govern St Katherine's hospital at Rochester and similar local knowledge may have been important with respect to those hospitals governed by the civic authorities, a feature at most of the Kentish Cinq Ports, but of apparently special significance for the townspeople of Sandwich; Chapter 2, i, b.

<sup>183</sup> In his revision of the statutes for St Thomas' hospital in Canterbury archbishop Stratford was keen to stress the hospital's traditional roles of providing succour for the pilgrims and acts of divine worship, functions which had been established by the hospital's founder who was now said to be the blessed Thomas, archbishop and martyr, thereby establishing an even closer link with the venerable saint; *Lit. Cant.* (Rolls Series), ii, 252.

similarly for the local community, because both were linked through the idea of good governance whereby the patrons (the leading citizens, the civic authorities, the local ecclesiastical authorities) and often the master, sought to maintain discipline over the inmates on the understanding that once the house was perceived to be unworthy and poorly run its tarnished reputation might have serious consequences, possibly even with regard to its survival.<sup>184</sup> This suggests that the prioress of St James' hospital at Canterbury was probably correct in her anxiety about the disruptive activities of Richard Welles and his wife in the precincts of the house in 1511, though it seems that the more general disharmony at the hospital may have been equally damaging because some of the sisters had relatives in Canterbury and the problems of the hospital may have been common knowledge.<sup>185</sup>

## 1.v. Hospital inmates

### *1.v.a. Records and numbers*

Although it is not possible to trace any of the poor pilgrims or sick-poor who were given shelter on a temporary basis at the Kentish hospitals, it is possible to name some of the county's long-term hospital inmates, especially for the fifteenth and early sixteenth centuries. Lists of masters have been published for some hospitals in the *Victoria County History for Kent* and these lists have been supplemented by consulting visitation reports, municipal records, testamentary materials and the individual hospital archives. Such documents, like the archbishops' and bishops' registers have yielded some of the names of those who entered holy orders while at the three hospitals of St Mary at Dover, Ospringe and Strood, as well as occasional named priests at the Canterbury hospitals of St Thomas and the Poor Priests, and St Mary's hospital at Milton.<sup>186</sup> These registers have also provided the names of a few corrodians who were nominated to the hospitals under episcopal patronage and further names have been collected from the Christchurch records during periods *sede vacante*, while royal pensioners at Dover and Ospringe have been located in the calendared state rolls.<sup>187</sup> The results have been extremely patchy and for some hospitals none of the masters or inmates have been located but at the other extreme it has been possible to

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<sup>184</sup> St Mary's at Ospringe seems to have been the only hospital in Kent where problems of this kind appear to have been sufficiently serious that they were a significant factor in the fall of the house, in this case its assets were appropriated by St John's college, Cambridge in 1516; Drake, 'Hospital of Ospringe', 58-59.

<sup>185</sup> *Kentish Visitations*, 12.

<sup>186</sup> For example in March 1367 William atte Cherche of St Mary's, Dover, was ordained a subdeacon and 3 months later he was named as a priest; in the following year master John Duwyt was named as the master of the Poor Priests hospital at the unsuccessful visitation, and in the same year Adam de Collan became the chantry priest at the chantry of St Mary at St Thomas' hospital, Canterbury; *Registrum Langham*, 233, 314, 378, 383.

<sup>187</sup> In October 1414 Alice Lavender was granted a corrody at St Nicholas' hospital by archbishop Chichele and Walter Wenderton of Ickham seems to have entered St John's under the same conditions, also under Chichele's patronage; while John Croft, who was growing old, received a corrody and sufficient lodging for life at the archbishop's hospital at Maidstone in 1421; *Register Chichele*, i, 190; iii, 106; iv, 240. Those entering St Nicholas' hospital through the patronage of the prior of Christchurch have been listed by Hussey from the priory registers; Hussey, A., 'Hospitals of Kent', *The Antiquary*, 45 (1909), 417-8. In addition the prior also granted corrodies at St John's hospital, for example Thomas Chesman of Falston joined the hospital in 1414 through the grant of prior John de Wodensburgh; CCAL: Reg. G, fol. 283v.

name one hundred and twelve inmates at St Bartholomew's hospital in Sandwich for the years 1269 to 1539 and at the neighbouring hospital of St John two hundred and seventy-five inmates have been identified between 1397 and 1539.<sup>188</sup> In addition to naming the inmates housed at the time of the mayoral visitation the St John's admissions register provides a date of entry for the majority of these inmates and even though it appears some visitations were not recorded this register does supply an account of those entering and leaving, the election of masters and occasionally the 'harbingers', the number of inmates on particular dates and details regarding the entry fees.<sup>189</sup> These records provide an indication of life in the hospital with regard to the life-histories of certain inmates, but they provide less information about the type of person who entered there and although it has been possible to add a little more to the biographies of a very few individuals, the result has been tantalising in the extreme.

However, the testamentary records have proved useful in relation to a small number of brothers and sisters at St Bartholomew's hospital in Sandwich, and to a lesser extent two of the other hospitals in the town as well as the Canterbury hospitals of St John and St Nicholas. For the period 1465 to 1540 testamentary records survive for thirty inmates in the three Sandwich hospitals of which twenty-five belonged to those from St Bartholomew's, while for Canterbury there was a total of thirty-seven inmates' wills for the same period, including twenty from those at St John's and thirteen from St Nicholas'.<sup>190</sup> Even though such numbers constitute a small minority of the hospitals' population for the late medieval period and the number of hospitals involved is also extremely limited, the records seem to indicate ideas about the personal wealth of these inmates, how they may have viewed their family responsibilities and their attitudes towards the hospital, and whether they might be considered to have been elderly inmates. This information, if treated with caution due to the problems associated with 'reading' wills, especially here because of the small numbers, may still produce some interesting ideas concerning the strategies employed by this group in society with regard to the survival of their household and family business, their priorities at death and their relationship with the hospital on either side of the grave.<sup>191</sup>

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<sup>188</sup> In addition to the hospital's own register and the sixteenth century masters' accounts, inmates at St Bartholomew's were occasionally named in the Sandwich year books and in testamentary sources; while those at St John's were named in its admissions register and very occasionally in other records from the town.

<sup>189</sup> For example, in 1462 Elena the wife of John Brownynge joined her husband in the hospital, paying 2000 tiles as her entry fee; CKS: Sa/Ch 10J A1, entry dated 23/12/1462.

<sup>190</sup> Sandwich: St Bartholomew's: 21 men, 4 women; St John: 2 men, 1 priest; St Thomas: 2 men. Canterbury: St John: 14 men, 6 women; St Nicholas: 9 men, 3 woman, 1 priest; St Thomas: 2 priests; St James: 2 women. In addition 1 man from Hythe called himself a brother of St Bartholomew's almshouse, Hythe, and there were 3 testaments from the Rochester diocese: the master at St Mary's, Strood, the master of Milton hospital and an inmate at St Katherine's hospital, Rochester.

<sup>191</sup> Due to limitations of space it has not been possible to consider in detail the case for using testamentary evidence for an assessment of late medieval piety and charity. In recent years there has been a growing debate on the problems associated with this type of evidence, especially by historians like Burgess and more recently Kumin, though Lutton's measured assessment of will materials seems to answer many of these reservations; Lutton, 'Heterodox', 3-18; Introduction.

### *1.v.b. Selection*

In terms of the short-stay inmates, the sick-poor and the poor pilgrims who might have found shelter at a few of the county's hospitals, the assessment provided by Orme and Webster concerning the types of person accommodated nationwide is probably equally applicable for Kent though the surviving documentation is insufficient to substantiate this idea.<sup>192</sup> However, the prognosis is less bleak with respect to ideas about how the long-term inmates were chosen, which means that even though this is heavily dependent on a few hospitals the means of selection seen at these houses may have been used elsewhere and so may provide insights within a regional, and possibly national context. The choices made by patrons were presumably affected by a large number of factors, including those associated with themselves as patrons, the institution itself and the place of the hospital in its locality, the region and nationally. This seems to suggest that there might be considerable variation between hospitals but that generally certain groups of people were unlikely to be admitted to any of the hospitals locally and possibly within the region.<sup>193</sup> The apparent absence of lists of those excluded in the vast majority of the ordinances may imply that such information was not always considered necessary and that for the small hospitals this would have been local public knowledge.<sup>194</sup> Furthermore, patrons may at times have adopted ideas of positive discrimination and though the type of person favoured may have required an extension of the hospital's catchment area to achieve their selection, it seems likely that some degree of local knowledge and contacts may have remained important. It appears patrons were less inclined to develop a fixed selection policy but instead relied heavily on assessing individual cases on their own merits.<sup>195</sup> Under these circumstances selection appears to have had strong affinities with the patronage system which stressed the importance of personal connections and the ability to petition those with the power to provide hospital placements. Thus ideas about choice were important both for those who might enter a hospital and for those who might provide them with the opportunity to do so and this window of opportunity consisted of two stages: the applicant was not to be a member of an excluded group and that his/her individual 'merits' were sufficient to warrant entry. Frequently it is not clear from the evidence how the patron assessed these merits but it seems likely that there were a number of criteria used which may have included gender, wealth, reputation, status, age, health and domicile.

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<sup>192</sup> Orme & Webster, *English Hospital*, 109-121. There is nothing from St Thomas' hospital in Canterbury to suggest the type of pilgrims aided beyond their poverty and that a few might be bedridden, and similarly nothing survives from St John's in Sandwich to indicate what the sick-poor were suffering from, nor whether they were more likely to recover and leave rather than becoming the occupant of an unmarked grave in St Peter's churchyard.

<sup>193</sup> However none of the surviving statutes resemble those for Ellis Davy's almshouse at Croydon which sought to exclude lepers, madmen or those intolerably diseased; *Register of John Morton, Archbishop of Canterbury AD 1486-1500*, ed. C. Harper-Bill, 2 vols., Canterbury & York Society (Leeds, 1987), i, no. 180. The closest to this was bishop Hamo's foundation of St Andrew's hospital in Hythe which was not to admit lepers because there was a leper hospital in the town already, but there is little to suggest there were many blind, crippled or mad people in the county's hospitals; *Registrum Hamonis*, 393.

<sup>194</sup> Archbishop Winchelsey might have considered it necessary to indicate those he wished to exclude in his revised statutes for St John's and St Nicholas' hospitals, Canterbury, because of their wider catchment area compared to most hospitals in Kent and their regional importance; *Registrum Winchelsey*, ii, 828.

<sup>195</sup> The mayor's desire to house 'worthy' people in St Bartholomew's hospital, Sandwich seems to have meant that people from as far away as the Maidstone area were at times selected as brothers there: Simon Bertyn lands were primarily in the Maidstone and Sittingbourne areas; CKS: PRC 32/15/127.

The bias towards women in the later medieval period found by Cullum for the Yorkshire hospitals and to a lesser extent for those in Norwich is not thought to represent the national situation by Orme and Webster, and the evidence from Kent substantiates their view.<sup>196</sup> Two hospitals in Canterbury appear to have housed more or only women but they appear to have been the exceptions and elsewhere men formed the greater part of the hospital population.<sup>197</sup> In part this reflects the number of priest-brothers present, especially in the three hospitals at Strood, Dover and Ospringe which resembled colleges, but most of the pre Black Death foundations had at least one chaplain in addition to the lay brothers. At some hospitals the sex ratio was stipulated within the ordinances, usually either equal numbers of brothers and sisters or a greater number of men, though bishop Hamo specifically stated his hospital foundations at Hythe were for poor persons of either sex.<sup>198</sup> Unfortunately it is frequently not possible to ascertain whether these regulations were adhered to but it appears patrons exercised a degree of discretion in this and that as long as the broad ratio remained then the exact number of men and women was less important.<sup>199</sup> Individual rooms rather than dormitories may have significantly aided this degree of choice for the patron which suggests that this bias towards the brothers may imply that men were more likely to seek a place at the hospital, and such flexibility was apparently applicable at some of the almshouses, both in terms of the founder's original intentions and over time.<sup>200</sup>

Poverty may have remained an important factor in the selection of inmates to be housed at the various almshouses in Kent and at a few of the hospitals, like St John's at Romney or Maynards in Canterbury.<sup>201</sup> This may not have meant the totally destitute because even though a few patrons appear to have provided small allowances it seems most almsfolk would have been expected to have some goods, however meagre.<sup>202</sup> There is very little evidence to suggest what level of poverty might have been considered acceptable but the testament of William Audley of Canterbury seems to imply that entry to any of the

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<sup>196</sup> Cullum, P., "And His Name was Charite": Charitable Giving by and for Women in Late Medieval Yorkshire', in P. Goldberg (ed.), *Women is a Worthy Wight: Women in English Society c. 1200-1500* (Stroud, 1992), 199-200; Orme & Webster, *English Hospital*, 109.

<sup>197</sup> Of these St James' had been founded in the 12th century for 25 leprous women, though there were 23 sisters in 1343 and at the visitation of 1511 the community had shrunk to the prioress and 4 sisters; initially at St Lawrence's in the 12th century there may have been an equal number of brothers and sisters but by 1341 there were 5 brothers and 11 sisters and in 1557 those housed were the prioress, 7 sisters and a priest; *VCH Kent*, ii, 209-210, 212.

<sup>198</sup> According to the mayoral decree in 1480 the community at St Bartholomew's hospital in Sandwich was to consist of 2 priests, 8 brothers and 5 sisters; Boys, *Sandwich*, 22. The inquiry in 1375 at the hospital of St Peter and St Paul in Maidstone found that the house was supposed to maintain a chaplain and 10 poor men; *Cal. Inq. Misc.*, iii, 361. *Registrum Hamonis*, 393; *CPR 1340-1348*, 427.

<sup>199</sup> The evidence from St John's hospital at Sandwich seems to illustrate this flexibility, during the period 1397 to 1540 there were nine years when there were on average the same number of brothers and sisters, twelve years when women outnumbered men and fifty-five years when men outnumbered women (figures for the other years are missing).

<sup>200</sup> For example in 1500 William Milette intended his almshouse should accommodate 5 poor men or women; PRO: Prob 11/12/138. Sir Thomas Pedecok provided houses for his poor women in Westgate parish in 1501 though 2 years later in John Whytlok's will they were called bedesmen; CKS: PRC 32/6/26; 32/7/70.

<sup>201</sup> The local townspeople considered the people at such houses were poor, for example in 1526 Thomas Owers of Romney bequeathed 2 pairs of canvas sheets to St John's house for poor people; CKS: PRC 32/15/22.

<sup>202</sup> Milette's almsfolk were not allowed to beg, and though each received 4d a week this was presumably barely sufficient for life in the early 16th century suggesting that they and those at similar almshouses were probably dependent on kin and neighbours; Dyer, C., *Standards of living in the later Middle Ages* (Cambridge, 1989), 253.

Canterbury hospitals might include a small charge.<sup>203</sup> Yet there were a few exempt groups including the royal pensioners, a small number of elderly servants of the archbishop, a few others he was prepared to nominate and certain townsmen who were rewarded by the civic authorities and although most of these people may have been poor, their free place was primarily dependent on other related factors.<sup>204</sup> In terms of selection, wealth, like poverty was relative and there seems to have been a considerable difference in the size of entry fee expected at different hospitals, though in part this was determined by the facilities available.<sup>205</sup> Moreover, at particular hospitals the amount seems to have varied within broad guidelines (according to the individual's circumstances and the financial health of the institution), in the way it was to be paid (cash or kind, in the number of installments within the hospital's own credit system and possibly in the terms of the different classes of corrody).<sup>206</sup> This suggests that places at some hospitals were also seen as more desirable than others which may have resulted in a rise in the entry fees at certain hospitals over the late medieval period, and though at other institutions the fees fell, for many small town artisans even these fees seem to have represented their annual income.<sup>207</sup> Consequently it may only have been possible for one spouse to enter the hospital, and in most recorded cases at St John's hospital, Sandwich, it was the husband who left his wife in the family home.<sup>208</sup>

<sup>203</sup> William Audley in his will dated 1497 was concerned for his servant, Peter, and intended that he should have the occupancy of one of his tenements in St Peter's parish in Canterbury, William's wife was to receive the rest of the property. However if she needed to sell the tenement she was to give Peter some goods and to find him a place as a brother in one of the hospitals in Canterbury at her charge and cost, or at some other place where he might live rent-free for life because of his poor degree; CKS: PRC 17/6/336.

<sup>204</sup> For example in 1490 Walter Payntour, the common clerk, was given a free place at St Bartholomew's hospital in Sandwich for his good and faithful service, his will made 4 years later seems to suggest he was a man of moderate means: CKS: Sa/AC 2, fol. 8v.

<sup>205</sup> In 1358 Robert de Dentone paid £75 in cash for a corrody at St Thomas' hospital in Canterbury and in return he expected to receive an annuity of £10 for life, as well as the use for life of a chamber in the hospital and a place to build a stable; *Lit. Cant.* (Rolls Series), ii, 372. In contrast both the fees and the expectations were much more modest at St Bartholomew's hospital, Dover: in 1373 the entry fee was 100s, plus 6s8d to the warden and 3d or a jentaculum to each brother and sister for which the inmate received board, lodging and clothing; Bodleian: Rawlinson MS. B.335, fol. 2v.

<sup>206</sup> From the custumal of 1301 the entry fee at St Bartholomew's, Sandwich, was said to vary from 10 marks to £10; at St John's, Sandwich, 2 marks to 40s; CKS: Sa/LC 1, fol. 18. However, these figures altered considerably over the hospitals' history, for example by the 1520s St Bartholomew's was seeking a fee of £19 from some inmates while the fees at St John's appear to have fallen for most inmates over the 15th and early 16th centuries from 53s4d at the beginning of this period to 6s8d (or occasionally 3s4d) plus the 'brother and sister pence' for the early 16th century; CKS: Sa/Ch 10B F1; Sa/Ch 10J A1. For example at St John's in 1460 John Ferroure was to provide 2 coverlets, 4 blankets, 4 sheets, 2 mattresses, 2 bolsters and 6s8d for his entry fee, and in 1484 Johanna Tyme the widow of Peter was to pay 13s4d in 4 equal instalments (the following Christmas, Easter, the feast of St John the Baptist and Michaelmas); CKS: Sa/Ch 10J A1, entries dated 24/4/1460, 10/6/1484. John Baker of Folkestone in 1464 intended that his executors should provide his wife with sufficient goods to have the best sort of corrody at St Bartholomew's hospital in Sandwich; CKS: PRC 17/1/164. There seems to have been a similar hierarchy at St John's hospital in Canterbury, where Richard Wekys' female servant was at the bottom, she was to receive 33s4d in his will dated 1472 to become a sister at either St John's or St Nicholas', and wealthy men like brother Robert Smyth were at the top (his will dated 1476 contains a large number of substantial bequests); CKS: PRC 32/2/238; 32/2/350.

<sup>207</sup> Using the maltote tax records (a form of local tax levied by the Cinq Ports) from Hythe the annual income of Richard Lambisfelde, a prosperous tailor, from the sale of goods was £8-£12 for the early 1470s, 2 less wealthy tailors, John Horn and Stephen Smith, earned annually £2-£8. Information supplied by A. Butcher.

<sup>208</sup> Husbands were twice as likely to enter the hospital before their wives, in 70% of these cases the wife remained outside for over 3 years, while 3 couples lived apart for 9 years. In those instances when wives did enter first most of their husbands joined them there within a year; CKS: Sa/Ch 10J A1.



Patrons were concerned to maintain the reputation of their institution which required them to consider the worthiness of those who applied to enter the hospital. Like the reputation of the hospital local knowledge was probably important with respect to those applying and patrons may have sought to recruit those known to them or on the recommendation of those whose judgment they trusted. Such considerations presumably applied to all types of long-term hospital inmate because it was equally important for Theobaude Evyas' executors that they recruited poor people for her almshouse who were seen as fitting to receive her charity and so enhance her remembrance as it was for the archbishop's staff with respect to the most wealthy corrodian at St John's hospital, Canterbury. To be of a good standing in the community was thus possibly a minimum requirement, but the chances of entering a hospital might be increased through the good reputation of one's family and it seems likely that William Gybbe of Hythe was using his own standing in the region to try and procure a place at one of the Sandwich hospitals for his daughter.<sup>209</sup> Interestingly in this case the reputation of the hospital was also considered because he wished his daughter to enter an 'honest' hospital which indicates that the decisions governing choice for both those seeking to enter and those acting as selectors were inter-dependent, being based on the reputation of all the parties concerned.

The status of those seeking entry was presumably highly variable, those considered to be of low status hoping to enter the poor almshouse and people perceived to be of slightly higher status, even though relatively impoverished, desiring to enter hospitals like St Katherine's at Rochester or St Bartholomew's at Hythe, while those seen as higher up the social scale may have sought to live at St John's in Canterbury or St Bartholomew's in Sandwich. This apparent gradation of the county's hospitals for those who wished to live there does not seem to have been a rigid system but did provide indicators which were presumably understood by both patrons and inmates. For example, there is little indication that freemen sought access to St John's hospital at Sandwich but there were freemen in St Bartholomew's hospital and the civic authorities used their discretion to give free places to two town clerks at Sandwich, both entering the more prestigious hospital of St Bartholomew.<sup>210</sup>

The permanent members of the hospital community seem to have entered at any age in adulthood, possibly spending most of their life in the hospital. Occasionally the hospital statutes state that the brothers and sisters were to be elderly and the sister who looked after the short-term inmates at St Thomas' hospital, Canterbury, was supposed to be over forty, but it is not clear whether patrons adhered to these regulations and there is little indication of a positive discrimination policy on behalf of the old which suggests most cases were judged on their individual merits, including an assessment of what they

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<sup>209</sup> In his will dated 1527 he bequeathed her £10 to buy her a living within a hospital in Sandwich or any other honest hospital; CKS: PRC 32/14/210.

<sup>210</sup> The 2 town clerks were John Serle, entered in 1449, and Walter Payntour, entered in 1490; CKS: Sa/AC 1, fol. 76v; Sa/AC 2, fol. 8v.

could contribute to the house.<sup>211</sup> The ability and willingness to work on behalf of the hospital seems to have been an important consideration for the selectors and, in addition to age, health may have been important. There are individual instances of the blind, lepers and an epileptic being inmates at certain hospitals, and the bedridden were housed on a temporary basis at a few hospitals but it appears that the vast majority of the hospital inmates in Kent were not sick or diseased.<sup>212</sup> They may not all have been healthy and some may have suffered from chronic infirmity but they do not appear to have required nursing and most were presumably expected to take part in the life of the hospital even if only in a limited capacity. The level of tolerance with regard to those who were infirm or who fell sick after entering the hospital may have varied between the different institutions, in part being dependent on the community's need for all to work for the common good, though at other institutions the survival of testamentary evidence seems to imply that inmates did die in the hospital, possibly following a period of illness.<sup>213</sup>

For the smaller hospitals in particular, it might have been expected that the inmates would have been drawn from the local town, while the larger hospitals of St Nicholas and St John at Canterbury seem to have housed people chosen from across the region and even further afield through the influence and knowledge of the archbishop.<sup>214</sup> Similarly it was the link between the king and his retainer rather than the three way connections of patron, hospital and entrant which brought the royal corrodians to the hospitals in Dover and Ospringe and these people may not have had any previous connections with either the hospital or the region. Smaller, less wealthy hospitals seem to have operated within a more limited catchment area (principally the town and to a lesser extent its hinterland) to about a radius of ten miles, though the special relationship between the Cinq Ports may account for the interest shown in the Sandwich hospitals by townsmen from Hythe. This may imply that personal connections aided some in their pursuit of a place at the hospital and that such contacts were most likely to be strongest for those from the locality. Consequently, although the hospital may have appeared to adopt a policy of positively discriminating on behalf of those from the town and its hinterland, this may instead reflect the patrons' desire to choose those whom they knew.

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<sup>211</sup> According to archbishop Stratford's statutes for St Thomas' hospital she was to be of honest reputation and aged at least 40; *Lit. Cant.* (Rolls Series), ii, 256. Particular skills or other attributes may have aided elderly applicants, like old brother Parker's hedging skills, while younger inmates, like William Gybbe's daughter may have been thought to be a valuable worker within the domestic arena of the hospital; CKS: PRC Sa/Ch 10B F4; CKS: PRC 32/14/210.

<sup>212</sup> In 1346 the brothers and sisters at St Bartholomew's hospital at Chatham included some who were blind, an epileptic, while the prior was a leper; *VCH Kent*, ii, 216.

<sup>213</sup> However, at St John's hospital, Sandwich, there was one instance of a brother being expected to leave due to his "grete dibilitie and sekenesse of bodie", a situation that seems to reflect the self-policing system adopted by the hospital community because the matter was reported by them at one of the mayoral visitations; CKS: Sa/Ch 10J A1, entry dated 31/3/1501.

<sup>214</sup> For example, the corrody granted to John Edryke from Fulham; *Register Chichele*, iii, 105.

### *l.v.c. Hospital life*

Having entered the hospital the inmate joined a community which required him/her to labour for the general well-being of the institution. In terms of the inmates' spiritual duties there was a considerable difference between institutions, the houses governed by the religious houses imposing a more strict regime compared to those under municipal control.<sup>215</sup> Yet even for the hospital brothers and sisters at some of the less restricted houses the chapel may have appeared to dominate their lives because they were required once or twice a day to repeat large numbers of certain set prayers for the benefit of the souls of the hospital's founder and benefactors.<sup>216</sup> It is not clear how such regulations were enforced beyond attendance in the chapel and though some statutes included penalty clauses it seems likely that at times the labour demands of the house in other areas took precedence, particularly at the more secular institutions where they farmed their own holdings.<sup>217</sup> Labour on behalf of the hospital's community was an important part of the ideology governing the establishment and in addition to the devotional tasks which might include the learning of these prayers, the inmates were frequently engaged in tasks relating to the running of the hospital (work on the home farm, domestic work, alms-gathering and work for the benefit of the wider community). This wide range of tasks seems to have created a degree of flexibility as well as allowing certain of the inmates to continue using their particular skills.<sup>218</sup> At the small late medieval almshouses the need for such collective actions may have been severely limited but even here it is possible there was a degree of co-operation between the almsfolk, an attitude which may have been fostered by the patron, especially in terms of the maintenance of the almshouse.<sup>219</sup>

Like the other aspects relating to life at the hospital there appears to have been a great deal of variation between houses regarding the allowances inmates received which might be in the form of cash or food. These are primarily recorded in the hospital ordinances and may have been very different from those actually provided where it was necessary to adjust such levels at times of high prices, periods of scarcity or with respect to inflation.<sup>220</sup> However, using the first record of the allowances, it appears that in broad

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<sup>215</sup> For example the brothers and sisters at St Lawrence's hospital were expected to attend the night offices (Elyas, a monk at St Augustine's, granted the hospital of St Lawrence several small rents to provide a light so that they might attend the night offices) whereas the ordinances of 1301 at St Bartholomew's hospital in Sandwich only included the liturgical duties of the three priest-brothers and the probable early sixteenth century regulation relating to the requirement that all the brothers and sisters should attend the chapel daily was part of the initiative taken by the civic authorities to impose a more regulated regime on their institutions; CCAL: DCc/Lit. MS. C.20, fol. 61; CKS: Sa/LC 2, fol. 11v, 70v.

<sup>216</sup> Yet even the few hospitals in Kent which seem to have adopted a fairly rigorous schedule, like St Andrew's at Hythe where 300 Pater nosters and Aves were to said daily, demanded less of their inmates than Margaret Hungerford did of her almshouse at Heytesbury; Hicks, 'St Katherine's Hospital', 68.

<sup>217</sup> Even at the semi-monastic hospital of St Lawrence those occupied on the business of the house might be excused from attending the chapel by the warden, though those who had not been excused were punished at the chapter meetings; CCAL: DCc/Lit. MS. C.20, fol. 22v.

<sup>218</sup> In the master's account for St Bartholomew's hospital at Sandwich (1525) brother Buckherst was paid for his ploughing and 10 years later he was again recorded ploughing; CKS: Sa/Ch 10B F1; F2.

<sup>219</sup> William Milette stipulated that when any of his almsfolk died their goods were to be used for the reparation and maintenance of the almshouses; PRO: Prob 11/12/138.

<sup>220</sup> For example at St Lawrence's hospital in Canterbury the brothers and sisters were to each receive 6 wheat loaves a 1 barley loaf a week, 1 gallon of the better sort of ale, 1.5 gallons of small beer and 1.75d for kitchen silver.

terms the sum spent on each inmate did not vary greatly over this period which may suggest that those entering St John's hospital in 1301 were better fed than those entering Milett's almshouse in 1500.<sup>221</sup> Those at St John's received their allowances in the form of bread, ale and pottage whereas those at the almshouse received a weekly cash sum and in general this change to a system of cash allowances seems to have occurred during the fourteenth century, possibly in particular at the new foundations though apparently not at every institution and some older foundations continued to supply food.<sup>222</sup> Monastic and episcopal patrons were most likely to provide their inmates with a uniform, a habit for those at houses under a religious rule, but a russet tunic for those at bishop Hamo's hospital of St Andrew in Hythe, while the houses under municipal authority or the later foundations of leading townsmen appear to have expected their inmates to provide their own clothes.<sup>223</sup>

Interestingly there seems to be little evidence to suggest the master's allowance was greater at the Kentish hospitals, the one known exception being St Lawrence's where the prioress received more bread and ale than the others, though the master at St Bartholomew's in Sandwich did receive a pair of shoes while in office.<sup>224</sup> This apparent desire by most of the patrons to be seen as treating all alike at their hospital may have important implications with regard to ideas about communal living and that the first priority should be the well-being of the hospital's community as a whole. One way of displaying this commitment was through the communal acts of cooking and eating and the custom for St Bartholomew's seems to exemplify the ideas of a number of hospitals where the common pot over the common fire was an important part of the daily routine.<sup>225</sup> Yet, it seems the early sixteenth century may mark a change in such practices at some of these hospitals and even though communal meals were still expected to take place on most occasions, the needs of the house might require other arrangements, while the paying of the allowance in cash at the small almshouses meant it was easier for inmates to care for

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Moreover on 7 feast days they received 1d, 2d on St Lawrence's day, 1 gallon of ale on the octaves of these feasts, 2 gifts of 12d per year for shoes, their habit and a measure of coal; CCAL: DCc/Lit. MS. C.20, fol. 28-29. The ordinances might become a fossil record, like those for St Bartholomew's at Sandwich where the allowances were unchanged in the different editions of the customal between the late 14th century (probably a copy of the original 1301 version) and the mid 15th century; CKS: Sa/LC1; Sa/LC 2; Sa/Ch 10B A1.

<sup>221</sup> In 1301 the value of the bread and ale was to be 3.5d per week for the inmates at St John's hospital, while those at St Bartholomew's received bread and ale worth 5.5d per week. Both houses provided pottage and St Bartholomew's in particular was able to supply foodstuffs from the home farm; CKS: Sa/LC 1, fol. 17, 20v. Milett intended that his almsfolk should receive 4d/week and they were not to supplement this by begging; PRO: Prob 11/12/138. Orme and Webster consider that the level considered adequate by founders was between £2 and £3 per year (presumably for the late medieval period) and the archiepiscopal hospital at Maidstone seems to have been one of the few Kentish hospitals which provided this level of 14d/week in 1375 (though it was given in kind not cash); Orme & Webster, *English Hospital*, 123; *Cal. Inq. Misc.*, iii, 361.

<sup>222</sup> St Andrew's hospital at Hythe were to provide each of the inmates with 4d per week and a uniform, though it seems likely the inmates found other means to supplement this; *Registrum Hamonis*, 393. The evidence suggests that those at St Thomas' hospital, Sandwich, may have received at least part of their allowances in kind until the mid 16th century; CKS: PRC 17/23/56.

<sup>223</sup> Bishop Hamo's revised ordinances were very precise about the habit to be worn at St Mary's hospital, Strood, and when various items of clothing should be worn, though at St Andrew's, Hythe, he merely stipulated that the poor inmates should wear an upper garment of russet which was to be the same for each; *Registrum Hamonis*, 4, 393.

<sup>224</sup> CCAL: DCc/Lit. MS. C.20, fol. 28; Boys, *Sandwich*, 18.

<sup>225</sup> Each inmate was to put in his/her piece of meat which they then ate in the hall after the food had been dispensed from the common pot and on special days the brothers and sisters celebrated Twelfth day together by feasting on

their own needs.<sup>226</sup> This move towards a more private life-style within the confines of a communal system appears to have extended to the inmate's possessions and business interests. Although some hospitals had allowed inmates to keep their possessions on entering the hospital, most appear to have intended these assets should become the property of the hospital at the death of the inmate but the testamentary evidence suggests this was not the case at some of the Canterbury and Sandwich hospitals.<sup>227</sup>

This apparent greater degree of freedom for the brothers and sisters may have appealed to prospective inmates, including those who sought a more spiritual life-style but who were unwilling to take holy orders. As indicated above the hospital population seems to have contained people who entered at a variety of ages and this also appears to be reflected in the different lengths of stay known for some inmates. The best evidence for this comes from the admissions register of St John's hospital where it was found that only 12% of inmates for whom the length of stay is known died within a year of entry, which contrasts with the priests at Clyst Gabriel, Exeter, where almost a third were dead within the same time span.<sup>228</sup> At the Exeter hospital less than 30% survived for over five years while the comparable figure for St John's was 44%, but women were apparently living longer in the hospital than their male counterparts as over 50% of the sisters resided at the hospital for over five years, including 30% who were there for a minimum of ten. These figures generally appear closer to those found by Cullum for St Leonard's hospital in York, where she also found that women were more likely to reside at the hospital for longer periods compared to their male counterparts.<sup>229</sup> It is difficult to find other evidence from Kent but one of the brothers resided at St Bartholomew's in Sandwich for over thirty years and according to the visitation records of 1511 one of the sisters at St James' in Canterbury had been there for forty years.<sup>230</sup>

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meat, fish, spiced milk, oatmeal (possibly for puddings), bread and ale, as in 1535; CKS: Sa/LC 1, fol. 17; Sa/Ch 10B F2.

<sup>222</sup> In 1543 sister Oldbard seems to have been supplying bread and ale in her room and in the same year a few of the brothers were convicted at the town court for playing cards at St Bartholomew's hospital; CKS: Sa/Ch 10B F3; Sa/AC 3, fol. 155v. Yet this kind of behaviour seems to have occurred alongside more communal activities, like the type of celebration envisaged by John Newman, a brother at St Thomas' in his will of 1540 where the brothers and sisters were to make-merry using his unpaid allowances and his fuel; CKS: PRC 17/23/56. St Bartholomew's was repairing its communal kitchen in 1525, but at St John's in Canterbury some of the inmates, possibly the wealthier corrodians, seem to have had their own kitchens from the late 15th century because Thomas Consaunt in 1489 intended his executors should help fund the new kitchen to be built at his tenement in the hospital; CKS: Sa/Ch 10B F1; PRC 32/3/252.

<sup>227</sup> Such ordinances were found at a number of hospitals, for example St Bartholomew's at Dover and William Mylett's almshouse at Dartford; Bodleian: Rawlinson MS. B.335, fol. 4; PRO: Prob 11/12/138.

<sup>228</sup> Orme, N., 'Mortality in Fourteenth Century Exeter', *Medical History*, 32 (1988), 200.

<sup>229</sup> Cullum found that for the period 1392-1409 male corrody holders remained in the hospital for an average of 8.1 years and that women remained there for an average of 10.7 years; Cullum, 'Hospitals in Yorkshire', 188.

<sup>230</sup> William Baldocke was first recorded at St Bartholomew's in 1501 as a brother there and he died at the hospital in 1531; CKS: Sa/AC 2, fol. 83v; PRO: Prob 11/24/3.

## 1.vi. Hospitals and the Reformation

Nationally the period of the Reformation was highly significant with respect to the history of the medieval hospital resulting in the loss of the largest and most well-known houses like St Leonard's in York and several of the London hospitals.<sup>231</sup> Nor was its impact confined to the destruction of these and a considerable number of smaller houses because the ideas and debates raised by the humanist scholars in the 1520s contributed to the discussions of the period concerning the poor, charity and the place of the hospital which might be said to have resulted in the apparent upsurge of almshouses founded by the wealthy citizens and gentry of Elizabethan England.<sup>232</sup> Yet, even though this seems to mark a watershed in the development of the hospital, on a regional and local scale the direct results seem to have been highly variable and the impact of the religious and social ideas which were part of the process appear also to have varied widely. This is not to suggest that the history of the hospital was a continuous process, and certainly not of linear progress, but that points of crisis, readjustment and flexibility were occurring at different hospitals at different times, and that even when a number of hospitals were faced by the same problems/situation their individual and local circumstances might require different responses.

As a county Kent seems to have escaped lightly in terms of the number of hospitals lost during the period, though there were two notable exceptions, St Mary's and St Bartholomew's in Dover, and to a lesser extent the college/hospital of St Peter and St Paul in Maidstone, thus indicating that the destruction did not resemble a bang but rather a whimper. In part this seems to reflect the relatively high proportion of the county's hospitals which were under lay control or that of the archbishop, the predominance of the small hospital regionally and that some of the more vulnerable houses had already been appropriated by institutions outside the county during the later Middle Ages.<sup>233</sup> Furthermore, many of the early, small leper foundations which had managed to survive until this time were apparently unable to continue and when local conditions became too unfavourable they disappeared (a few seem to have suffered from outbreaks of plague).<sup>234</sup> It is not possible to date such disappearances because of the heavy reliance on testamentary materials though it seems likely most would have gone by the early decades of the sixteenth century. Some may have resembled the small, poorly endowed almshouses during the latter part of their existence and like these houses their situation was precarious, being apparently heavily dependent on the resourcefulness of the inmates and the small number of testamentary gifts and casual alms gleaned from

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<sup>231</sup> Orme and Webster provide a valuable overview of the period and the loss of hospitals nationally, the re-foundation of a small number and the survival of others, in particular those in small towns; Orme & Webster, *English Hospital*, 155-166.

<sup>232</sup> Daly provides an interesting analysis of the ideas found in London, including the court, concerning the poor, charity and the management of society for the mid-Tudor period; Daly, C., 'The Hospitals of London: Administration, Refoundation and Benefaction c. 1500-1572', Ph.D. thesis, Oxford University (1993), 46-63, 67-70, 75-110, 130-135. For a less detailed account of the pre-Reformation period and the earlier ideas from the early 15th century; Orme & Webster, *English Hospital*, 132, 134-138, 150-155.

<sup>233</sup> Holy Cross hospital at Swainstrey to New College, Oxford; St Stephen and St Thomas hospital at Romney to Magdalen College, Oxford; St Mary's at Ospringe to the college of St John the Evangelist, Cambridge.

<sup>234</sup> For example St Anthony's at Sandwich, and the hospitals at Otford (though Otford may have become the hospital of St John, Sevenoaks by the early 14th century) and Chestnuts.

the local community.<sup>235</sup> Those few leper hospitals which had become chantry-type institutions rather than 'spitals' for the poor do not appear to have fared any better and they too seem to have been casualties of the pre-Reformation period.<sup>236</sup>

Consequently, in the early 1530s a large proportion of the hospitals in the west of the county had gone, possibly in part replaced by the small almshouses and these with the few remaining earlier hospitals were predominantly small houses accommodating the poor and infirm on a long-term basis.<sup>237</sup> Such places may have been controlled by the lay founder, those he nominated or the inmates themselves and the predominance of this lay governance was to be a feature of the late sixteenth century foundations. Although it seems likely there were other institutions of this kind as yet undiscovered throughout the county, and possibly especially in the small towns, their survival or extinction appears to owe much to the provisions made by the founder and to a lesser extent local attitudes towards the poor. Such attitudes might reflect and may have been a reflection of the ideas emanating from London in addition to more local considerations, but the inter-dependence of religious and political ideas and the particular economic and social conditions of time and place means it is difficult to assign a relative significance to these different factors. The circumstances in east Kent were different, there were considerably more hospitals including most of the pre-Black Death foundations, though those that had disappeared seem to resemble the lost hospitals of west Kent (small, early leper hospitals).<sup>238</sup> The hospitals at the two cathedral cities of Canterbury and Rochester and the Cinq Ports had almost all survived, though the visitation in the Canterbury diocese of 1511 had indicated that there were significant problems at certain hospitals and these early warning signs of impending crisis seem to suggest that some might have disappeared anyway. For example, St James' in Canterbury was only housing four sisters and the prioress, the majority of whom were extremely old and no new members had been recruited for three years. Such a situation may not have been surprising because the prioress was in dispute with the sisters, Christchurch was not supplying the hospital as it should and the house was suffering from a poor reputation which was not helped by the setting-up of a beer stall in the precincts by Richard Welles' wife.<sup>239</sup> The house still had considerable capital assets but its inability to maintain a viable community of sisters might have been thought sufficient to end its existence if it had not been protected by its patron.<sup>240</sup>

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<sup>235</sup> The level of testamentary support the lazaret house at Chestnuts received appears to have been minimal: rare bequests to Kent's lazaret houses and 1s8d from Richard Lambisfelde of Hythe in 1488, and it seems likely that the reduction in the number of pilgrims travelling along Watling Street by the early 16th century would have severely affected the collection of casual alms; CKS: PRC 32/3/185.

<sup>236</sup> Even after Magdalen College appropriated the hospital at Romney it still appears to have maintained a priest to serve at the chapel there until at least the 1480s and possibly later; Butcher, 'St Stephen and St Thomas', 24. Of the other types of hospital that seem to have become chantries St Mary's at Milton seems to have been refounded as a chantry for Sir Henry Wyatt in 1524 (an inquisition of that year had reported that all the priests there had died), while St Thomas' at Sittingbourne was recorded as a free chapel in the chantry certificates; *VCH Kent*, ii, 222, 228.

<sup>237</sup> There were, for example, at least 3 hospitals operating in Dartford at some point over the period: the old leper house of St Mary Magdalene, Milet's almshouse and the hospital near the bridge.

<sup>238</sup> The towns of Hythe and Sandwich appear to have lost their leper hospitals, while the late 14th century leper hospital at Boughton had also apparently disappeared.

<sup>239</sup> *Kentish Visitations*, 12.

<sup>240</sup> According to the *Valor* its gross income was £53 16s 11.25d yearly; *Valor Eccl.* (Rec. Com.), i, 32.

Many of these hospitals were under lay patronage, predominantly the local civic authorities and had been from their foundation or soon after. This long history of involvement by the leading citizens, their kin and neighbours in the governance and as residents in many of the Cinq Port hospitals meant that their continuance was important to the town and was seen as the town's responsibility. The others were principally either under the neighbouring religious establishment or archiepiscopal control, though there was one important exception as the crown retained its interest in St Mary's hospital at Dover. Of those under ecclesiastical patronage possibly the greatest local lay interest was in St John's and St Nicholas' hospitals at Canterbury, and St Bartholomew's hospital at Chatham because they recruited their inmates from the town and its hinterland which presumably meant the leading citizens considered these hospitals to be valuable to the commonalty, both in real terms and symbolically, and so were concerned for their survival.<sup>241</sup> Those apparently of less concern to the local citizenry were St Thomas' hospital in Canterbury and the Dover houses of St Bartholomew's and St Mary's, these two apparently suffering from local indifference, if not hostility, as a result of perceived outside interests and interference in the town's affairs.<sup>242</sup>

A second factor of importance in relation to lay interest in the hospitals was the significant level of anti-clericalism found in some towns.<sup>243</sup> This statement probably needs to be qualified, however, because there appears to have been a small vocal minority of dissenting voices in a number of urban centres like Canterbury and Sandwich who were possibly matched numerically by people who strongly supported the teachings of the church, though some may have had doubts about the power wielded by the local religious institution or its mother house, and possibly the majority whose primary concern was the welfare of their family.<sup>244</sup> This majority were prepared to accept church doctrine but seem frequently to have had little interest in the local religious houses or the town's hospitals, their main focus being the parish church and/or its fraternities. Under these circumstances it is possibly more appropriate to consider any antagonism towards the church authorities as being the result of a number of inter-related factors of which anti-clericalism might be one and that the economic problems of the region in the early sixteenth

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<sup>241</sup> The providing of corrodies at St John's hospital in particular to some of the wealthier Canterbury citizens (men like Robert Smyth and John Roper) and substantial yeoman farmers from the local countryside (like Thomas Consaunt senior) may have added a degree of self-interest to the desire by the citizens to retain the hospital; CKS: PRC 32/2/350; 32/15/8; 32/3/252. Symbolic considerations might relate to spiritual, political and social issues, the ability of the city fathers to provide for their poor by proxy through the archbishop's institutions, though for St Nicholas' hospital their contribution of part of the fee farm (Henry II's grant to the hospital) heightened this sense of civic stewardship of the institutional poor; *VCH Kent*, ii, 219.

<sup>242</sup> Regarding St Thomas' hospital a combination of factors may have produced this lack of interest and these have been briefly explored in the unpublished paper under the sub-section dealing with the pilgrim hospital model, while the problems encountered by the Dover hospitals will be examined in the Dover case study; Sweetinburgh, 'Role and place' unpublished paper; Chapter 3, i, c.

<sup>243</sup> Clark provides an analysis of the state of the county for the pre-Reformation period in which he highlights the importance of Kentish anti-clericalism; Clark, P., *English Provincial Society from the Reformation to the Revolution: Religion, Politics and Society in Kent 1500-1660*, (Hassocks, 1977), 3-33, especially 28-31.

<sup>244</sup> Interest in religious matters did not stop at the hospital gate: at St Bartholomew's hospital in Chatham Thomas Batman, the former prior, was twice accused of being a heretic (1524 and 1525), and on the latter occasion he was imprisoned in the bishop's palace; Davis, J., *Heresy and Reformation in the South-East of England, 1520-1559* (London, 1983), 41-42. According to investigators in 1543 certain inmates at St John's in Canterbury had



century were intensified by royal tax demands like those in 1513 and again ten years later. Resentment against both the crown and the church over matters of overlordship remained a dominant feature of civic life in some east Kent towns and this may have become more visible following the arrival of younger men and possibly prosperous migrants who seem to have become a force in local town politics by the 1530s. Some of these men seem to have looked on the 1530s and 1540s as a time of opportunity for themselves and for the town, possibly including the hospitals under civic governance, but there is little indication that for instance the Dover almshouses received any advantage from the destruction of the town's other two hospitals.<sup>245</sup>

It is against this background of religious, economic, political and social tensions that the chronology of suppression for the Reformation period should be examined, both in terms of why individual hospitals were dissolved and the possibility of common features across the region. The first to disappear was the hospital of St John the Baptist at Sevenoaks which was under the patronage of the archbishop who surrendered it to the king in 1538.<sup>246</sup> It seems to have been a hospital in name alone because the only resident was the master who served the chapel there and the offer of a pension may have been a welcome alternative.<sup>247</sup> St Mary's at Strood was the first major house to be dissolved, it was a moderately wealthy hospital and staffed by a small community of priest-brothers living under the Augustinian rule, thus making it a prime target.<sup>248</sup> By this period it was a subordinate house to Rochester priory and though it seems to have retained a measure of support from the local prosperous townsmen of Strood, its last master was a pluralist and frequently absent from the hospital.<sup>249</sup> He was also a king's clerk and thus may have considered he was doing his master's bidding when he signed away the hospital to the priory in 1539.<sup>250</sup> One other hospital disappeared in this first wave of destruction and though the poverty of St Bartholomew's at Dover may have saved it initially when Dover priory was dissolved, it did not last long and seems to have been totally demolished in 1540.<sup>251</sup> This appears to have been the work of an opportunist, one of the 'new' men in Dover's town government who saw the value of acting first whatever the consequences and who seems to have built his fortune on the remnants of the hospital.<sup>252</sup> Interestingly neither of the Canterbury hospitals which were linked to the two major religious houses were lost during this first wave and it is possible local civic support may have been an important factor,

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connections with well-known heretics, while others there witnessed against heretics; *L & P*, xviii, 291, 312, 345, 366.

<sup>245</sup> The case studies of Sandwich and Dover seem to demonstrated the complexity of the situation and in particular how this affected the local hospitals which may provide insights in terms of the region; Chapter 2, ii, a, b; Chapter 3, ii, a, b.

<sup>246</sup> *L & P*, xiii part i, 1519 section 68.

<sup>247</sup> The clerk master, John Cleyton, received a pension of £8 2s 10d; *ibid.*, xv, 555.

<sup>248</sup> According to the *Valor* its total gross income was valued as £62 13s 6.5d yearly; *Valor Eccl.* (Rec. Com.), i, 105.

<sup>249</sup> A list of his benefices and appointments is recorded in the state papers when he was granted a general licence of non-residence on his benefices; Smetham, *Strood*, 138. In the period 1470-1530 19 testators made bequests to St Mary's hospital.

<sup>250</sup> *VCH Kent*, ii, 229.

<sup>251</sup> Haines, *Dover Priory*, 50-51.

<sup>252</sup> Dixon in her thesis on Dover in the 16th century has suggested the importance of changes to the ruling group in the 1520s; Dixon, M., 'Economy and Society in Dover, 1509-1640', Ph.D. thesis, University of Kent at Canterbury (1992), 424-428.

though the archbishop may also have been involved. Instead the richest hospital in the county, St Mary's at Dover, found itself under further threat, particularly after the appointment of John Tomson, the last master, who seems to have had enemies in the town and at court.<sup>253</sup> Like his counterpart at Strood he appears to have been bought off by the king though he seems to have had little interest in the town's religious houses generally and watched with apparent indifference the destruction of Dover priory.<sup>254</sup> The hospital was turned into a victualling yard by the crown and it is possible that even though it had continued to aid some of the poor until its dissolution, its new role was seen as equally advantageous for the town by many of the leading citizens. Five years later in 1549 the college at Maidstone was suppressed, so ending the residency of five poor persons at the house, the only remaining feature of its previous life as a hospital.<sup>255</sup> It too disappeared into the possession of a local lay man though in this case a member of the county's leading gentry and there is little to suggest that the local townsmen were involved and it is possible they were indifferent to its fate, especially as the foundation and its patronage had been first in the archbishop's hands and from 1537 under the crown.<sup>256</sup> Instead the leading citizens seem to have expressed their ideas about religion, corporate identity and solidarity through the Corpus Christi gild which suggests that they saw their fraternity as having taken over any charitable role the hospital may initially have provided for the townspeople.<sup>257</sup>

The disappearance of St John's hospital at Romney during the 1540s should probably be attributed to other factors rather than the actions of Edward VI and his ministers. During the early sixteenth century the town of New Romney was continuing to experience severe economic and social problems which had serious implications for the remaining population. The scale of the difficulties may be measured by its impact on the town's parish churches which had or were in the process of falling into disuse thereby leaving only the main church of St Nicholas where civic ceremonies like the mayor making took place. Under such circumstances it appears likely that the town's mayor and jurats might have had considerable difficulties collecting the local taxes or maltotes and any rents from the corporation's property. St John's hospital for the poor was presumably under the patronage of the civic authorities, like the hospitals at the other Cinq Ports, and even though its out-goings may have been meagre the traditional relationship between them may have meant the master would have expected the mayor and jurats to support the hospital, either on a personal or collective basis. However by the 1540s the leading citizens may have been unwilling to do so, preferring to dispense any charitable offerings through such parish systems as

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<sup>253</sup> *L & P*, vi, no. 1148; x, no. 614, 640, 985; xi, no. 275, 289; xii (ii), no. 397, 677.

<sup>254</sup> He received £53 6s 8d in the pensions dated 10/2/ 36 Hen. VIII; *L & P*, xx (i), no. 1336.

<sup>255</sup> *VCH Kent*, ii, 232.

<sup>256</sup> The mastership of Maidstone hospital and then the college was held by a number of educated priests, often in later life and as one of several appointments, for example possibly the best educated and well-known was William Grocyn who had been educated at New College, Oxford (mid 1460s), and in Italy, including 2 years in Florence. He returned to England, where he received various livings and in 1506 the mastership of Maidstone which he held as a pluralist until his death in 1519; Emden, *Register of Oxford to 1500*, ii, 827.

<sup>257</sup> Clark & Murfin, *Maidstone*, 36-37.

the poor man's box and the hospital vanished, its house becoming a barn owned by John Mores in 1549.<sup>258</sup>

Possibly the last direct casualty of the Edwardian reforms was St James' hospital in Canterbury which as previously noted was under-staffed though moderately wealthy for a hospital, and may have been even more vulnerable following the fall of its 'protector', the prior of Christchurch, in 1540. Thus in February 1551 the house and its possessions were surrendered to the crown and Robert Darkenall, who seems to have been managing its possessions, having expected to receive them from Henry VIII (the king's death prevented the grant), was granted five hundred marks in compensation.<sup>259</sup> It is difficult to ascertain how this act was received by the townspeople of Canterbury, the testamentary evidence suggests that support for the house was extremely limited by this period, the last known bequest to the sisters was in 1545, but bequests to the city's other hospitals had also fallen considerably.<sup>260</sup> Indifference may characterise the feelings of most for St James' at a time when serious religious controversies were being debated elsewhere in the city and this apparent apathy may explain why two of the city's other hospitals were also suffering from terminal decline.<sup>261</sup> The Poor Priests hospital appears to have had problems in discharging its duties towards St Dunstan's church in 1511 and it seems likely the situation had not improved over the sixteenth century and may have worsened as the chantry certificates of 1546 indicate the hospital supplied two curates to the parishes of St Margaret's in Canterbury and Stodmarsh, but that the hospital itself may only have housed the master and his servant.<sup>262</sup> By 1562 the master was no longer resident, the house had fallen into decay and may have been almost completely abandoned before it was surrendered by the master to the king in 1575, who granted the building and lands to the city two months later.<sup>263</sup> It might have been expected that St Lawrence's would have been dissolved like St James' once its mother house of St Augustine's had disappeared, thus its survival until 1557 may imply that initially the house had been able to adapt to the changing circumstances and/or that it retained a measure of support from the local authorities. Although the evidence is slight it seems to suggest that there may have been those among the civic authorities who envisaged a new role for the hospital, possibly as at St Bartholomew's at Chatham where the ancient leper hospital would become a hospital for the poor under lay patronage (initially it was under the patronage of the newly formed dean and chapter at Rochester).<sup>264</sup> However, if there had been an attempt to implement this idea it seems to have failed and at the visitation in 1557 the prioress, a sister and a young woman were the only people found there.<sup>265</sup> The house was dissolved almost immediately and the site was granted to Sir John Parrott in fee. Sir John seems to have been

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<sup>258</sup> CKS: PRC 32/22/116.

<sup>259</sup> CPR 1550-1553, 181.

<sup>260</sup> This bequest to the sisters at St James' was made by John Morrys, who appears to have been the priest at St Thomas' hospital; CKS: PRC 17/24/88.

<sup>261</sup> Collinson, P., 'The Protestant Cathedral, 1541-1660', in P. Collinson, N. Ramsey & M. Sparks (eds.), *A History of Canterbury Cathedral* (Oxford, 1995), 161-172.

<sup>262</sup> *Kentish Visitations*, 56. *Supplement to Kent Chantries*, 21, 26.

<sup>263</sup> *VCH Kent*, ii, 213. It became a municipal hospital and bride well; Bennett, 'Poor Priests' Hospital', 220.

<sup>264</sup> John Respis in his testament dated 1552 referred to it as the 'spytall of St Lawrence' when he bequeathed 3s4d to the poor people there; CKS: PRC 17/27/127.

<sup>265</sup> *VCH Kent*, ii, 212.

collecting hospital lands because he secured St James' hospital at Tonge at the same time, though by this time the hospital may have comprised nothing more than a chantry chapel, but it did have lands in Tonge and Bapchild which in 1546 had been valued at £7 13s 4d yearly.<sup>266</sup>

Of the surviving hospitals in the late sixteenth century only St Bartholomew's at Chatham and the three archiepiscopal hospitals at Canterbury had been early medieval foundations which had been, and were to remain, under ecclesiastical patronage. The rest seem to have been under lay governance, though in some cases the surviving records reveal few details about how this was to function while most remained under municipal authority or in the hands of a group of leading citizens.<sup>267</sup> The inmates at three of these four institutions were predominantly poorer townsfolk and the infirm from the locality, though St John's at Canterbury may also have continued to be used by the archbishop to house corrodians from London.<sup>268</sup> Thus for many of these hospitals the Reformation period did not greatly alter one of their prime functions: the long-term provision for local, fee-paying townspeople and those from the surrounding countryside, but at a few hospitals there seems to have been some attempt to increase the percentage of poor and elderly inmates.<sup>269</sup> The greatest loss was sustained by the chantry priests and priest-brothers at hospitals like St Mary's at Strood and St Mary's at Dover, but some of those at Dover seem to have remained in the town helping at the surviving parish churches. St Thomas' hospital in Canterbury was no longer needed to house poor pilgrims and instead accommodated poor travellers and soldiers as well as providing a small amount of out-relief in the form of doles (elsewhere this form of charity was lost at the destruction of the hospital), while the sick-poor who had never received much aid from the county's hospitals, continued to be dependent on their kin, friends and neighbours, and the occasional testamentary bequest, individual act of charity or allowance from the parish's poor box.<sup>270</sup> The small almshouses founded in the late fifteenth and early sixteenth centuries may have continued to aid a few local poor people throughout the period, but because this form of charity was frequently personal and casual it remained unconnected to that of the civic and episcopal-governed hospitals and this absence of any form of systematic care for the community continued as it had done for centuries.

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<sup>266</sup> *Ibid.*, 212, 224.

<sup>267</sup> In particular the history of St Nicholas' hospital in Strood is difficult to uncover, the only traces seem to be the burial entries in the Strood parish registers which refer to various poor people from the Spittale House or hoy doieche (it was also called the hospital of White Ditch); Smetham, *Strood*, 139.

<sup>268</sup> St Nicholas' hospital at Canterbury and St Bartholomew's hospital at Chatham probably housed poorer inmates compared to at least some of those accommodated at St John's hospital, Canterbury, while St Thomas' had a very small resident staff, possibly the woman who looked after the poor travellers and the bedridden and the chantry priest who served at the hospital chantry. The other 2 permanent staff at Eastbridge, the master and the chantry priest at the chapel of St Nicholas' hospital, Canterbury may have been resident elsewhere (the master at one of his other appointments and the chantry priest at St Nicholas' hospital). For example, Robert Woodward, received the mastership in 1512 and during his tenure there he was also a canon and prebend at Wingham and held various rectories including Adisham and Little Mongeham; Emden, *Register of Oxford to 1500*, iii, 2085.

<sup>269</sup> Inmates at the hospitals of St John, Canterbury, and St Bartholomew, Sandwich, continued to make wills throughout the 16th century and these suggest that such people were at least moderately wealthy townspeople. In an inquiry into St Bartholomew's hospital in 1587 it was stated that although most of the inmates were old and impotent some were young, held property outside the hospital and had paid large entry fees; *VCH Kent*, ii, 226.

<sup>270</sup> The greatest change at St Thomas' hospital was the introduction of a free school by archbishop Parker following the visitation of the hospital in 1569; Duncombe & Battely, *Three Archiepiscopal Hospitals*, 419.

## 1.vii. The role and the place of the hospital<sup>271</sup>

### 1.vii.a. Systems of exchange and reciprocity

In response to the observed need for an analytical approach which “should invoke the widest cultural and economic contexts”, it was determined to draw upon the long established literature concerning exchange and reciprocity developed by social anthropologists.<sup>272</sup> Acknowledging the continuing value of the pioneering contributions of Mauss and Malinowski, this study chooses to draw rather on the theoretical developments of this early work made in the 1970s, 1980s, and 1990s.<sup>273</sup> The value of such theoretical approaches is that they enable the medieval hospital to be better understood as part of a network of relationships between individuals, groups and institutions which generates a rich symbolism, constructed in social, political and emotional terms. In their stress upon the complexity, flexibility, and essentially manipulative nature of the exchange process, the insights of Kopytoff, Strathern, Offer, Cohen and Davis have been particularly useful; and, indeed, Davis’ general hypothesis has formed the basis of a working method of analysis, description and interpretation in what follows.

For Kopytoff, examining the cultural biography of things used in exchanges, the designated ‘goods’ are to be understood as being disposed along a continuum which runs from singularity to commodity; and the meaning of such objects is determined by the participants in the reciprocal process.<sup>274</sup> Strathern supports the notion of qualified value and postulates the construction of a prior debt obligation of the donor induced by the implicit promise of the counter-gift by the recipient, a manipulation which may well have informed relationships between hospitals and their benefactors.<sup>275</sup> The “economy of regard” discussed by Offer, includes a significant personalisation of the gift, the creation of the self-enforcing bond, as well as

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<sup>271</sup> This section is based upon a more detailed and more extensive discussion contained in the unpublished paper, ‘The role and the place of the hospital in medieval Kent’, by Sheila Sweetinburgh (1998).

<sup>272</sup> Horden, ‘Discipline of relevance’, 359. Introduction.

<sup>273</sup> Mauss, *The Gift*; Malinowski, B., *Argonauts of the western Pacific. An Account of Native Enterprise and Adventures in the Archipelagoes of Melanesian New Guinea* (New York, 1922); Appadurai, ‘Introduction’; Bourdieu, P., *Outline of a Theory of Practice* (Cambridge, 1997); Cohen, A. & Rapport, N., ‘Introduction: consciousness in anthropology’, in A. Cohen & N. Rapport (eds.), *Questions of Consciousness* (London, 1995); Cohen, *Self Consciousness*; Cohen, *Community*; Davis, *Exchange*; Gregory, C., *Gifts and Commodities* (London, 1982); Humphrey, C. & Hugh-Jones, S., ‘Introduction: barter, exchange and value’, in C. Humphrey & S. Hugh-Jones (eds.), *Barter, Exchange and Value* (Cambridge, 1992); Kopytoff, ‘Biography of things’; Offer, ‘The economy of regard’; Strathern, A., *The Rope of Moka. Big-men and Ceremonial Exchange in Mount Hagen, New Guinea* (Cambridge, 1971); Strathern, M., *The Gender of the Gift. Problems with Women and Problems with Society in Melanesia* (Berkeley, 1988); Strathern, ‘Qualified value’; Tambiah, S., *The Buddhist saints of the forest and the cult of amulets* (Cambridge, 1984); Van Baal, J., *Reciprocity and the position of women* (Amsterdam, 1975).

<sup>274</sup> Kopytoff, ‘Biography of things’, 87-90. For example, the bequest of relics to the church of the Austin friars at Canterbury by William Haute, senior, in 1462 suggests that for both exchange partners the relics should be considered to be singular objects, thus making them the means to initiate relations of reciprocity where obligation is created through the exchange of the gift; CKS: PRC 32/2/79. If it had become necessary for the prior to pawn the relics from William they would then be seen as commodities, thereby giving them other characteristics. Moreover, items like the table-cloth that Cristine Benayt bequeathed to the altar of Our Lady in St John’s hospital in Canterbury, in 1418, might be thought to have been transformed through the gift-exchange process to a sacred state in addition to one of singularity; CKS: PRC 32/1/32.

<sup>275</sup> Strathern, ‘Qualified value’, 177-178.

the importance of symbolic exchange, and, with Bourdieu, he places stress upon the importance of the timing of the counter-gift in the manipulation of advantage.<sup>276</sup> Cohen's discussion of self-consciousness and motivation and his valuable exploration of distinctions between person and self further illuminate the nature of reciprocity.<sup>277</sup>

Davis' account similarly stresses the diversity of forms of exchange available and employed at will, capable of local and individual interpretation, essentially not over-determined by any one system. He describes exchange as a single pairing or series of pairings between whom "functionally classified commodities" pass either way, or in both directions, so that as a result of this action or actions the intended balance between income and outgo has occurred for both parties. Such a description critically prioritises the judgement of the participants and leaves relations "open to manipulation fixing, deceit – to all sorts of creative chicanery and goodwill".<sup>278</sup> This study adapts Davis' notion of a repertoire of exchanges, distributing them along a continuum from gift-exchange (reciprocity) to commodity exchange (market/profit). It limits subsequent analysis to the role of the medieval hospitals of Kent in receiving and distributing alms; as recipients of foundation grants, charitable grants and grants involving specific obligations; as providers of spiritual and/or temporal care; and their involvement in the spiritual economy with particular regard to the relationship between the living and the dead.<sup>279</sup>

As already indicated, the last two decades have seen a renewal of interest in hospitals and charitable provision generally in late medieval English society though analysis has not been given a systematic theoretical framework.<sup>280</sup> The consideration of patronage and clientage, benefactors and beneficiaries, of religious houses has furthered a general discussion of reciprocity, as have discussions of charitable attitudes towards the poor and the existence of mutual self-help systems within neighbourhood and community. Rubin's work, in particular, has provided a valuable survey of conditions between the twelfth and the fifteenth centuries, usefully stressing the instability and negotiability of relations within charitable exchanges. Her emphasis upon the significance of the Black Death as a turning point in the perception of such exchanges, however, may be too great.<sup>281</sup> The development of a structural and

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<sup>2</sup> Offer, 'The economy of regard', 451, 454, 457; Bourdieu, *Theory of Practice*, 6-7.

<sup>27</sup> Cohen, *Self Consciousness*, 155-156.

<sup>278</sup> Davis, *Exchange*, 44-45.

<sup>279</sup> *Ibid.*, 10-27.

<sup>280</sup> Introduction; Chapter 1, introduction.

<sup>281</sup> Rubin, *Charity*, 54-98. Rubin, 'Imagining Medieval Hospitals', 23-24. In contrast Harvey considers the Benedictine houses were employing selective alms-giving from the 12<sup>th</sup> century, whereas some lay donors continued to use indiscriminate giving to the poor in the late medieval period; Harvey, *Living*, 20. In Kent, for example, the gifts of corn to the poor townspeople of Lydd at Easter and Christmas by the mayor and jurats of Lydd during the 15<sup>th</sup> century seems to represent more than a concern for those like themselves; *Royal Commission on Historic Manuscripts*, 5<sup>th</sup> Report & Appendix, 519. Such alms-giving might be thought to suggest ideas about community which were meaningful to the civic authorities in terms of those of the town and may indicate that this ideological construct does have relevance in the study of medieval society, a notion Rubin feels may be inappropriate; Rubin, 'Small groups', 133-135. Bennett's study on help-ales still provides the best analysis on the subject of self-help systems in England; Bennett, J., 'Conviviality and Charity in Medieval and Early Modern England', *Past and Present*, 134 (1992), 19-41; the debate on her article in *Past and Present*, 154 (1997), 223-242. Interestingly there is very little evidence of this type of activity in east Kent, at least from the testamentary sources, 6 give-ales in various

chronological model for the history of the role of Kentish hospitals, gives due account to the findings of this recent work, though it is to the pioneering work of Clay, among medievalists, that it seems most appropriate to turn. In what follows, some attempt will be made to marry the theoretical considerations of anthropological ideas concerning exchange and reciprocity with those of Clay when she identified in the benefactors of medieval hospitals the fulfilment of a three-fold spiritual duty: to God, to neighbour, and to self.<sup>282</sup> The complexity of the constituent parts of this duty, however, and the multiplicity, diversity and flexibility of their inter-relationships, remain to be examined in what follows.

One application of this method of analysis may be seen in a description of the role of Gyls Love, 'gentleman', as benefactor of St Mary's hospital, Dover, in 1514.<sup>283</sup> Such a description is based perforce on testamentary evidence alone.<sup>284</sup> Nonetheless, it is possible to consider the operative systems of exchange and reciprocity, by establishing the 'consciousness' of the donor, the type of gift, the identity of the recipient, his motives, and the implications of the exchange. Gyls wished to be buried in the hospital chapel. He left, to the Maison Dieu, six silver spoons (part gilt with the image of St John the Baptist); twenty bushels of Bay salt; 10s for the brethren to sing a trental of masses; and a silver drinking cruet to the master, his overseer, Sir John Clerk. He also made reversionary provision, in the event of the failure of heirs, for annual masses in the hospital, penny doles to poor men and women, and an allowance to the master and five brethren to buy fresh cakes for their dinner on the day of his obit. Seen in the context of his whole pattern of bequests, his benefaction to the hospital may be assessed also in terms of neighbourhood, family, and personal relations, and other religious contributions, to parish churches in Dover and Rye, and to the Austin friars in Canterbury. What emerges is a network of exchanges ranging from singularity to commodity, rich in potential symbolic meaning, primarily spiritual but also concerned with affection and commemoration, in which the hospital occupies a special place.

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parishes from c. 5000 wills (c. 1400-1558). French in her study of parochial fund-raising in Somerset has noted that in broad terms rural parishes were more likely to see church-ales as social events intended to produce funds, while urban parishioners expected their parish events to be subsidised from the church rents and other income; French, K., 'Parochial fund-raising in late medieval Somerset', in K. French, G. Gibbs & B. Kumin (eds.), *The Parish in English Life 1400-1600* (Manchester, 1997), 129-132. The popularity of parish fraternities in England was at its peak in the later 15th and early 16th centuries according to McIntosh, and though this was also probably true in east Kent generally there seems to have been a considerable variation in their popularity (or apparent lack of it) across the region; McIntosh, 'Local responses', 220; Chapter 3, i, c. Henderson suggests that it may be the lack of documentation rather than their absence which has meant urban parish fraternities in Italy have not been given due consideration in terms of local poor relief and instead most emphasis has been placed on the private lay institutions of religious confraternities and hospitals; Henderson, J., 'The parish and the poor in Florence at the time of the Black Death: the case of S. Frediano', *Continuity and Change*, 3 (1988), 248-251. These confraternities, as Pullan has suggested, were rarely concerned with aiding those outside their own membership and most recipients were perceived to be the victims of changes beyond their control; but a few, like the company of Orsanmichele in Florence, did bury the poor (non-members) though in part this may have been a response to a time of crisis (plague years) rather than a general widening of its charitable ideology; Pullan, B., 'Support and redeem: charity and poor relief in Italian cities from the fourteenth to the seventeenth century', *Continuity and Change*, 3 (1988), 184-185; Henderson, 'Parish in Florence', 260-261.

<sup>282</sup> Clay, *Medieval Hospitals*, 85.

<sup>283</sup> For a more extensive consideration of this example; Sweetinburgh, 'Role and place' unpublished paper.

<sup>284</sup> CKS: PRC 32/12/172.

### *1.vii.b. Model hospitals*

Having established the theoretical approach thought most suitable, it was then applied to Kent's hospitals. Rather than examine each hospital individually (although this would have been extremely valuable because one major characteristic appears to have been their individuality), the hospitals were classified using function to produce four models (the leper hospital, the hospital for pilgrims/travellers, the hospital for the poor/infirm, the almshouse).<sup>285</sup> Each model was then investigated with respect to four different systems of reciprocal exchange (foundation, *in vitam* grants, casual alms-giving, testamentary bequests) as a way of assessing who were the major benefactors. What sort of relationship did they expect to achieve with the hospital? Did this change over time and between the different types of hospital? Were the hospitals able to adapt when necessary to increase their chances of survival? How significant were the different hospitals in the systems of charity within the context of the local and/or regional society? The results of these findings have been summarised below, and this assessment of the hospitals within the county provides a useful context for the detailed studies of Sandwich and Dover.

In terms of its function, the most flexible was the leper hospital model and by the late medieval period the ability to provide a greater range of counter-gifts apparently aided its ability to survive.<sup>286</sup> At first its exchange partners apparently intended neighbourly considerations to characterise their relationship with the hospital, though doctrinal changes from the thirteenth century and the disappearance of the lepers (the local chronology varied) saw benefactors increasingly desiring intercessory counter-gifts.<sup>287</sup> The resulting leper hospital model took three forms of which the most viable in the long-term was the multi-functional form: a combination of the other two comprising a chantry-like establishment with housing for the poor and remaining lepers. Such an institution was able to offer intercessory services while retaining its primary charitable function as a house for the poor, thereby providing its exchange partners with the

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<sup>285</sup> Appendix 1.

<sup>286</sup> These may be classified as being for the living and the dead. For example St Nicholas' hospital at Canterbury had a relic of St Thomas which presumably drew gifts from passing pilgrims; Orme & Webster, *English Hospital*, 47. In 1526 William Tewkesbury stipulated in his will that after his death his wife should provide sufficient monies to make his mother a sister at either St John's or St Nicholas' hospital and that once she had been accepted his wife should furnish her with a bed, bedding and other necessaries; CKS: PRC 17/17/213. William Benet, a wealthy member of Canterbury's civic administration, intended St Nicholas' hospital should receive a gift of 100s for the provision of a good priest to sing and pray for a number of named souls, including his own, at the hospital's chapel, as well as a bequest of 2d to each of the brothers and sisters there; CKS: PRC 17/1/114.

<sup>287</sup> The first hospitals founded in Kent were the work of archbishop Lanfranc and his friend Gundulf, bishop of Rochester, who through these establishments were extending their pastoral care to one of the most marginal groups in society: *Eadmer's History*, 16. The disappearance of the lepers was given as his reason for wishing to refound the hospital of St Stephen and St Thomas in Romney by John Fraunceys, who intended the hospital should serve as his family's chantry; Butcher, 'St Stephen and St Thomas', 25. However, the continuing presence of lepers at some hospitals in the 14<sup>th</sup> century appears to have caused considerable tension between the various exchange partners when patrons wished the hospital to adopt a new role. For example in 1402 the appointment of a chantry priest at St Nicholas' hospital, Canterbury, was affected by the problem of finding a priest who was prepared to go there because the presence of the lepers was causing difficulties; CCAL: U39/2/K. Mark Bateson kindly indicated this reference.



opportunity to fulfil successfully the three-fold obligation with regard to contemporary ideas about charitable giving.<sup>288</sup>

Although a few hospitals were expected to house pilgrims as well as the poor only three were primarily devoted to caring for pilgrims and of these two were under royal patronage.<sup>289</sup> For this model hospital, therefore, the relationship between it and its founder/patron was especially significant in terms of the donors, the level of support it received, and the obligations placed on the house through the reciprocal exchange process. The hospital's ability to provide the counter-gifts of hospitality and intercessory services seems to have dominated its history from soon after its foundation, possibly at times to the detriment of its relationship with pilgrims.<sup>290</sup> This meant that by the late medieval period, when benefactors were apparently less concerned about neighbourly obligations, preferring to place greater emphasis on their duty to God and personal considerations, the hospital's ability to remain a house for pilgrims required it to generate reciprocal exchanges through the offer of spiritual counter-gifts from its professional staff and through its worthiness as a charitable institution.<sup>291</sup>

The model poor hospital was the most consistent with respect to its function, the greatest change being the growing number of corrodians, though some hospitals apparently accommodated fee-payers from the outset.<sup>292</sup> This suggests the institution was perceived by its benefactors/patrons, frequently leading citizens, as a place for the poorer members of the locality, not just the local poor. By displaying their

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<sup>288</sup> This may be illustrated by comparing a multi-functional hospital like St Nicholas', Canterbury, and the fate of the chantry-like form of St Stephen and St Thomas' hospital, Romney, where the monopoly of the house by the Fraunceys and Brenchley families may partly explain the almost total lack of testamentary bequests to it in New Romney wills. Moreover, the apparent disappearance of the families by the late 15<sup>th</sup> century may account for the lack of local concern when the hospital was absorbed by Magdalen college in 1481; Butcher, 'St Stephen and St Thomas', 21-24. Similarly at risk were the other single function leper hospitals which had become houses for the poor, like the one at Chestnuts where insufficient inmates, a fall in the supply of casual alms and/or less favourable local policies towards the itinerant poor may have ended its existence by the early 16<sup>th</sup> century. Richard Lambisfelde's bequest in 1488 may be the last record; CKS: PRC 32/3/185.

<sup>289</sup> St Thomas' hospital, Canterbury, was under archiepiscopal patronage, while the two hospitals under royal patronage were St Mary's at Dover and St Mary's at Ospringe. Although the foundation charter of St Mary's hospital at Strood included the provision of aid for poor travellers, this was only one part of its function; Smetham, *Strood*, 129-130.

<sup>290</sup> Such counter-gifts included the need to supply royal officials with lodgings, the long-term provision of corrodies, frequently at the hospital's own expense, and the continuing power of the king in consideration of the hospital's personnel. As the hospital's patron both Edward III and his father were involved in the removal of certain brethren from Ospringe hospital to St John's hospital at Oxford and the crown seems to have appointed or ratified the appointment of the various masters on the grounds that such appointments were during the king's pleasure; CPR 1247-1258, 185; 1258-1266, 284; 1266-1272, 232, 707; 1292-1301, 148; 1307-1313, 285; 1313-1317, 105; 1317-1321, 321; 1327-1330, 58, 500; 1330-1334, 425; ; 1348-1350, 260, 286, 368; CCR 1313-1318, 55; 1318-1323, 62; 1327-1330, 53; 1330-1333, 551; 1333-1337, 347. For an assessment of these acts of reciprocity with respect to the hospital at Dover, Chapter 3, i, b.

<sup>291</sup> However in terms of testamentary benefactors there was a degree of variation between the different hospitals when compared to the other local hospitals. For example at Dover, St Mary's hospital was far better supported than St Bartholomew's or the 2 almshouses all of which received almost nothing; St Mary's at Strood received a comparable number of bequests compared to St Bartholomew's at Chatham and St Katherine's at Rochester; St Thomas' in Canterbury seems to have been the least well supported of the city's hospitals, and according to Hussey St Mary's hospital at Ospringe appears to have had few bequests; *Testamenta Cantiana*, ed. A. Hussey (London, 1907), 242.

<sup>292</sup> The evidence from Sandwich appears to demonstrate this; Chapter 2, i, a.

support for these groups, benefactors were indicating a degree of regard between themselves and the hospital, possibly linked to their particular concern with neighbourly obligations and duty to God, in addition to signalling their good governance of the town. The recipients of these reciprocal exchanges were able to complete the exchange process, through their prayers, as part of the religious life of the hospital and by labouring for the good of the institution.<sup>293</sup> This suggests that the key to the model poor hospital's survival was its ability to be seen as a locally important charitable institution which was of benefit to the town and its hinterland.

The different expectations of the founder and benefactors of their own spiritual welfare and that of the almsfolk were an important distinction between the two almshouse models. The almsfolk as intercessors was fundamental to the relationship between the type [4a] almshouse and its exchange partners, though this relationship might become far more complex in respect of patronage, reputation, and control where the patron exercised a position as dominant partner within the exchange.<sup>294</sup> The benefactor of the type [4b] almshouse saw his relationship with the almsfolk in terms of his obligation to his neighbour.<sup>295</sup> Even though this might include concerns for the spiritual welfare of the almsfolk, the primary consideration

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<sup>293</sup> Even though some of the inmates at St John's hospital, Canterbury, might be relatively wealthy, they were still seen as valuable intercessors by certain Canterbury testators. For example Geoffrey Holman (1478) bequeathed 5s to the brothers and sisters there to say prayers for his soul; CKS: PRC 32/2/414. John Whitlok's use of a range of different hospitals and their inmates may imply that it was their position which was more significant than their poverty. He intended that the brothers and sisters of St John's and St Nicholas' hospitals should set him in their bed-roll and for this each house was to receive 5s; Maynard's hospital was to receive 2s4d and the inmates were to pray for his soul; while each of the poor bedesmen living in the almshouse of the old vicar's gift was to receive 12d; CKS: PRC 32/7/70.

<sup>294</sup> For example the almshouse founded by William Milet, PRO: Prob 11/12/138. This will and testament has been used to illustrate the complexity of such foundations; Sweetinburgh, 'Role and place' unpublished paper.

<sup>295</sup> Henry Swerder of St Peter's parish, Canterbury made his will in 1504 in which he provided a tenement and goods for his widow, and various cash sums for his son and married daughter. He left 5s to the high altar at St Peter's, 12d to the light of the parish's patron saint and 6s8d to the parson there. These bequests and his desire that six priests, the parson and three clerks would undertake a dirge and masses at his burial, month's mind and twelve month's mind might be considered to have stemmed primarily from his duty to God and himself through a reciprocal exchange which was along the continuum towards the commodity-exchange end point. His desire that his executors should distribute 3s4d worth of bread to poor people at his three funeral days suggests this bequest should be seen as closer to the gift-exchange end point where the paupers were expected to pray for their benefactor and the exchange process itself was intended to ensure his commemoration. However, it is his foundation of a [4b] type almshouse which seems to underline his attitude of using particular religious/charitable institutions to indicate the bias he wished to employ between the three obligations, in this case the prominence of his duty to his neighbour. His almshouse was a modest affair, consisting of three messuages next to that of Johanna Albert, who may herself have been impoverished because Henry left the messuage to her for life, and the others were for the use of three poor people to dwell in. It seems likely they were under the patronage of his executors, who presumably found replacements on the death of the poor person because there is nothing in his will to indicate the extent of his charity over time (he may have left oral instructions), except that in the case of Johanna Albert it ended at her death when the place was to be sold and the proceeds used for the benefit of his soul at the discretion of his executors. The poor people were not explicitly requested to reciprocate through the saying of prayers for his soul, nor were they expected to be at his funeral days or at any other commemoration associated with him or his family, and instead they appear to have been left to live out their lives in one of the messuages, making their living as they saw fit. Even though it might be considered that in providing this almshouse he was undertaking a 'good deed' which would have been considered by his contemporaries, and probably himself, as an act pleasing to God thereby accomplishing part of his duty to God, there is nothing in the will to indicate this was uppermost in Henry's mind and in addition all three obligations were so inter-woven that the fulfilling of one meant the others would also be involved. Yet it does suggest that there were changing perceptions regarding almshouse foundation during this period and that the motives surrounding the choices made by the gift-giver may have implications for other methods of benefaction: testamentary bequests, *in vitam* gifts, and possibly casual alms; CKS: PRC 32/8/68.

seems to have been their physical well-being and this stress on the living conditions of the almsfolk may have become a significant factor for the later benefactors of the type [4a] almshouse during the sixteenth century.<sup>296</sup> An apparent shift in the perceptions of what donors intended for themselves and their exchange partner, the hospital/almshouse, at this period, through their gift-exchanges seems to have significant implications for the place of the hospital in medieval society.

### *1.vii.c. The place of the hospital in medieval Kent*

In addition to considering the hospital at the centre of the systems of exchange and reciprocity, it is also important to examine the incidence of these systems across medieval Kent to indicate the place of the hospital in this provincial society. This may be accomplished by demonstrating the complexity and wide-ranging nature of these systems and the presence of the hospital as one of many exchange partners in the county. By looking at the actions of patrons and benefactors for particular periods the importance emerges of certain long-term themes, such as the significance of localism. These findings using the region as the unit of analysis provide useful points of reference with respect to the two town studies where the same methods were applied.

From the map at the beginning of this chapter, it will be clear that there were a considerable number of religious houses operating as institutional exchange partners in Kent.<sup>297</sup> Even though not all of them were active throughout the period, the colleges for example being late medieval establishments, it is important to gain an idea of the relative number of these institutions compared to the hospitals.<sup>298</sup> The larger religious institutions, moreover, incorporated a number of distinct exchange partners who were seen by potential donors as operating their own networks of exchange and reciprocity which might

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<sup>296</sup> An example of this might be Thomas Howgyn's will dated 1510 in which he bequeathed 3s4d to the brothers and sisters of St Bartholomew's hospital, 3 acres to St John's hospital, and further cash sums to the master and brothers at St Mary's hospital, Dover. All his specified intercessory bequests were centred on Hythe parish church, especially the chapel of Our Lady where the important fraternity of that devotion met and of which he was a member, CKS: PRC 32/10/51.

<sup>297</sup> Furthermore, these participants were not confined by the county, or even the national boundary. Although most connections were with continental Europe, Christchurch priory was also involved with reciprocal exchanges relating to its Irish lands. For example, in 1245 a reciprocal exchange was implemented between the priory and the monks of Tynterne, who in exchange for the priory's Irish lands, were obliged to supply Christchurch with an annual sum, they also agreed to fulfil all the episcopal demands by supplying certain churches with efficient priests and to execute the obligation previously placed on the priory by the benefaction of the late Herveius de Monte Mauricio, for whom they were to say masses in the church of Brendanus Banarwe; *Royal Commission on Historic Manuscripts*, 5th Report & Appendix, pt. i, 445.

<sup>298</sup> Apart from the monastic and mendicant houses, other sectors of the church were active as exchange partners, for example the pope, the archbishop of Canterbury, the bishop of Rochester, those involved within the diocesan structure and including the parish clergy. In addition unbeneficed chaplains and secular priests were associated with the large number of chapels across the county. It is difficult to gain an idea of the size of this group, but according to Townley they comprised a significantly large body of people who were presumably influential among the laity concerning issues like charity and piety, and who as a consequence might have initiated a series of reciprocal exchanges which may have included themselves, their own chapels, possibly their patrons and the poor; Townley, S., 'Unbeneficed clergy in the thirteenth century: two English dioceses', in D. Smith (ed.), *Studies in Clergy and Ministry in Medieval England* (York, 1991), 38, 55-60. According to Everitt there were 500 parishes and 300 chapels in Kent before the Black Death; Everitt, *Continuity*, 206.

provide specific counter-gifts.<sup>299</sup> This multiplicity of likely exchange partners among the religious apparently grew with the rising interest in the doctrine of purgatory and the desire for reciprocal spiritual rewards.<sup>300</sup> Other institutions involved in these systems of reciprocal exchange included the crown and civic governments, and, in addition, the men and women of Kent were similarly active, either as individuals and/or within a group.<sup>301</sup> Each exchange partner might be seen as devising his/their own systems over time and the likely complexity of an individual's network mirrors the regional picture.

In Kent during the thirteenth century, the regional nobility actively supported the county's religious houses and such patronage, as exemplified by the Crevequer family, displayed certain characteristics.<sup>302</sup> The most important and/or most numerous acts of benefaction by an individual nobleman or his family were directed towards the religious house(s) closest to the family patrimony or his own land-holding.<sup>303</sup> Through these gift-exchanges the family gained certain privileges of lordship which might be enacted on both sides of the grave, demonstrating their relationship with their house.<sup>304</sup> Additionally, the local

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<sup>299</sup> For example at Rochester priory of the surviving deeds for the period 1200-1284, the almoner was the most frequent recipient with 26; Oakley, A., 'Rochester Priory, 1185-1540', in N. Yates & P. Welsby (eds.), *Faith and Fabric. A History of Rochester Cathedral, 604-1994* (Woodbridge, 1996), 47. Yet it might be difficult to track a particular gift-exchange in the later accounts of the house. For example, the gift (an annual rent) granted by Lambert son of Adam de Berghes in the early 13th century for the maintenance of a light in the infirmary at St Thomas' hospital does not seem to be in the master's accounts for 1327/8 which may suggest the annual rent was an unmarked item in the hospital's revenue; CCAL: DCc/U24 A15; DCc/FX 7.

<sup>300</sup> For example, secular clerics might be employed at the growing number of chantries sited in hospitals, cathedrals, parish churches or other chapels; or become involved in the celebration of the new feasts like the Jesus mass; or staff one of the small chapels built by the local laity at some distance from the parish church which had become a new focal point within the religious life of the parish. At St Thomas' hospital, Canterbury, the chantry of the Blessed Virgin had been founded at the hospital in 1363, prior to this it had been sited at Bekesbourne parish church; *Kent Chantries*, 62-63. According to the chantry certificates at Holy Cross church, Canterbury, there was a Jesus mass priest maintained by the brothers of that fraternity; *Supplement to Kent Chantries*, 19-20. The early 16th century chapel at Small Hythe within the parish of Tenterden illustrates the importance of local families to parish worship; Lutton, 'Heterodox', 89-91.

<sup>301</sup> The wealthiest lay exchange partner was the crown of which the greatest participant was the king either directly or through one of the departments that formed part of the royal household, his personal retinue or the increasingly autonomous state offices, like the exchequer. In addition, other members of the royal family engaged in gift-exchange on their own behalf, probably most frequently for Kent as they travelled through the county between London and mainland Europe and members of their households were active in this way on their behalf, as well as establishing their own networks of reciprocity. This same pattern of expanding numbers of potential exchange partners with the king at the apex and royal servants at the bottom is presumably applicable for foreign royalty, the king of France in particular, and also with respect to the houses of the English aristocracy and the smaller households of the knights and wealthiest townsmen. For example, in 1360 the king of France on his way back to his realm after captivity in England donated alms to St Mary's hospital, Ospringe, while he was staying there; Drake, 'Hospital of Ospringe', 53.

<sup>302</sup> This period seems to be considered by Southern as a time when "spiritual enthusiasm ... refashioned the forms of religious devotion [the foundation of Benedictine houses] in the twelfth century" through the founding of institutions which were more in tune with this new age; Southern, R., *The Making of the Middle Ages* (London, 1987 [1953]), 162, 207-208, 241-244. Wood, S., *English Monasteries and their Patrons in the Thirteenth Century* (London, 1955), 1-3.

<sup>303</sup> For example Robert de Crevequer founded the house of Austin canons at Leeds in the early 12<sup>th</sup> century and the establishment was at the heart of the family's patrimony based on the manor of Leeds; Sherwood, L., 'The Cartulary of Leeds Priory', *Arch. Cant.*, lxiv (1951), 33; *VCH Kent*, ii, 162

<sup>304</sup> In this case Robert appears to have relinquished his privilege concerning governance of the priory during vacancies, though he did retain his rights with regard to the prior's election which may have provided his family with a valuable asset. In consideration of the spiritual acts of reciprocity engendered by this gift-exchange the recipient institution provided those acts which it considered appropriate for the benefit of the founder and those he might name, a situation that Thompson believes provided a more informal relationship than that associated with secular

tenantry might be induced to support the institution and within the regional nobility marriage ties, friendship and other connections were apparently used by those seeking to promote their favoured establishment.<sup>305</sup> During this period these noble patrons rarely sought specific spiritual counter-gifts that resembled a commodity-type exchange, preferring instead to retain the concept of gift-exchange even where they placed certain restrictions on the gift's use by the recipient.<sup>306</sup> This employment of a more informal relationship between the exchange partners encouraged succeeding generations of the family to continue the cycle of gift-exchanges with their chosen institution.

The second chronological section, the mid fourteenth century, provided evidence of a significant change in the relationship between a religious house and its patron where the patron exerted his demands as of right rather than by courtesy.<sup>307</sup> Such a degree of asymmetry between the exchange partners might result in the exploitation of the house's assets and its consequent impoverishment, for example St Mary's hospital, Ospringe which was under royal patronage. In this case, one aspect of the problem was the accommodating of corrodians at the house, whereby an imbalance between income and outgo occurred for the institution because it received nothing from the exchange but was expected to house and feed the recipient from its own resources. Such problems were compounded by the immortality of the corrodian (the holder died but was soon replaced by another of the patron's nominees) and that certain patrons used concurrent corrodies.<sup>308</sup> The institution's impoverishment was at times insufficient to deter some patrons which suggests that the patron's needs were seen as foremost and that the relationship between the exchange partners was no longer characterised by 'the economy of regard'.<sup>309</sup> To combat such problems the hospital might use a variety of strategies to promote further gift-exchanges as well as attempting different management policies using its existing assets.<sup>310</sup>

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tenure; Thompson, 'Monasteries and their patrons at foundation and dissolution', *Transactions of the Royal Historical Society*, 6<sup>th</sup> series, iv (1994), 107-108.

<sup>305</sup> For example, Hamo de Crevequer seems to have developed a special link with Eastbridge hospital through his apparent ability to persuade some of his tenants to engage in similar exchanges, albeit often involving small grants, which appears to have placed him among the foremost benefactors of this house. Most of these grants were recorded in Hamo's court at Blean and on occasion he was the first witness, for example the undated grant of land by Wltword son of Walter Huppehothe, Hamo also confirmed this grant in his own charter; CCAL: DCc/U24 B30, B21; others: DCc/U24 B10-12, B24, B28, B37-39, B57, B61. Hamo also supported St Radigund's abbey near Dover, a foundation which had received considerable grants from his wife's family (the Criouils); Chapter 3, i, a.

<sup>306</sup> For example Hamo, son of Robert de Crevequer, intended 1 of his grants to Leeds priory should be for the support of the poor and the priory's guests; Sherwood, 'Leeds', 33.

<sup>307</sup> Wood, *English Monasteries*, 114-115.

<sup>308</sup> Henry III was the first to send corrodians to the hospital in 1258 and his grandson was especially ruthless in his exploitation of this counter-gift because he seems to have placed 3 concurrent corrodians there during the 2<sup>nd</sup> and 3<sup>rd</sup> decades of the 14<sup>th</sup> century; Rigold, 'Two Kentish Hospitals', 36. CCR 1256-1259, 337; CCR 1272-1279, 445; CCR 1288-1296, 250; CPR 1307-1313, 9, 544; CCR 1313-1318, 83, 90, 192.

<sup>309</sup> For example the hospital claimed poverty in 1325, 1332, 1334, 1338, 1340, 1341; CCR 1323-1327, 421; CCR 1330-1333, 520; CCR 1333-1337, 275; CCR 1337-1339, 502; CCR 1339-1341, 499; CCR 1341-1343, 187; CPR 1413-1416, 364. Although Edward in 1330 decreed that the master and brothers should be free from providing sustenance out of their house as had been done by the late king's request, Robert le Messenger now being dead, within 5 years he was again sending corrodians to the house, and others followed; CPR 1327-1330, 494; CCR 1333-1337, 503; CCR 1343-1346, 220; CCR 1360-1364, 133.

<sup>310</sup> For example, a policy of leasing the hospital's property, though in this case problems of mismanagement by certain masters apparently compounded the hospital's difficulties; Frohnsdorff, *Maison Dieu*, 22.

For the late medieval period testamentary benefaction to the county's hospitals reveals some important ideas regarding the place of the hospital within provincial society, though there are certain problems with this type of analysis.<sup>311</sup> The hospitals were primarily supported by local testators, most residing within fifteen miles of the place. The predominance of urban hospitals meant, therefore, that townspeople were more likely to provide such bequests compared to their rural counterparts.<sup>312</sup> However, for the period as a whole (c. 1470 - c. 1530) the level of support never exceeded 1 in 5 testators for any town in Kent (some towns providing almost no support at all) and, in general, there was a fall in such proportions between the late fifteenth and early sixteenth century, though at various times clusters of local benefactors did occur.<sup>313</sup> Such clusters and the marked differences in the level of support enjoyed by individual hospitals suggests the significance of local factors, including local knowledge, especially as testators often appeared to be extending links they already had with the institution or locality.<sup>314</sup> These connections might relate to the hospital's personnel, reputation, or other factors, like its role as a land-holder in the region, so that the resultant pattern of benefaction appeared geographically haphazard.<sup>315</sup> Only Canterbury was sufficiently large to demonstrate significantly different levels of benefaction between the city's parishes in terms of its smaller hospitals, possibly indicating the importance of neighbourhood.<sup>316</sup> In contrast, the two largest hospitals there received bequests from across the county, showing a regional significance based on longevity, size, and archiepiscopal patronage.<sup>317</sup> Yet it appears only a small

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<sup>311</sup> This analysis was based on a study of the testamentary sources for the Kentish towns of the Cinq Ports, Canterbury and the hinterlands of Sandwich and Dover (preserved in the Archdeaconry and Consistory courts of Canterbury). Paul Lee kindly provided data from the Consistory court register for the Rochester diocese. For a brief discussion of the problems associated with using testamentary sources; Introduction; Sweetinburgh, 'Role and place' unpublished paper.

<sup>312</sup> Support for the hospitals from the parishes in Sandwich's hinterland was low: 1.5% (22 bequests in 1354 wills for the period 1470-1530); and not much higher from Dover's hinterland: 3.25% (14 bequests in 401 wills).

<sup>313</sup> In a comparison of Canterbury and the Cinq Port towns of Kent, for the period 1470-1530 the level of testamentary support for the hospitals varied between 4% of testators in Romney [5 bequests in 128 wills] and 17% of testators in Sandwich [57 in 334], while the other three towns were far closer to the Sandwich figure (in Dover [21 in 152] and Hythe [35 in 254] 14% of testators made bequests to hospitals, and in Canterbury [135 in 898] the figure was 15%). Bequest for hospitals 1438-1537: Rochester 30 bequests in 206 wills (14.6%); Strood 20 in 136 (17.7%). National comparable figures: Cullum found that 40% of testators in Scarborough gave to the hospitals which seems closest to the figure for Norwich where 38% for the period 1370-1532 gave to at least 1 of the sick-houses near the gates; Cullum, 'Hospitals of Yorkshire', 293; Tanner, N., *The Church in Late Medieval Norwich* (Toronto, 1984), 223. For London: in Marche and Luffenham registers 23.4% of wills had hospital bequests, in Logge 17.8% and Jankyn 9.4% (1520s); Thomson, J., 'Piety and Charity in Late Medieval London', *Journal of Ecclesiastical History*, xvi (1965), 187.

<sup>314</sup> The career of Sir John Roo, the vicar at Hakington near Canterbury, can be followed through his bequests: he left 13s4d to the house of poor men in Bodmin, the old leper hospital of St Lawrence, his natal town; certain books to Exeter college, Oxford, where he had been a scholar, and various bequests to religious houses in Canterbury, the 3 friaries, Lanfranc's 2 hospitals, the Corpus Christi gild at St Thomas' hospital in the city, the abbot of Faversham and his own church; CKS: PRC 17/15/155. For example Leticia Brent (1480) intended that if she died in London she was to be buried in the Trinity chapel at Whittington's college next to her first husband, the college receiving 20s; CKS: PRC 17/5/50. Her London lands and further connections may have influenced Jane Frogenhale, a gentlewoman, to seek masses "at Scala Coeli" at the Savoy or Westminster abbey in 1516; CKS: PRC 17/13/89; Duffy, E., *The Stripping of the Altars. Traditional Religion in England c. 1400- c. 1580* (New Haven & London, 1992), 376.

<sup>315</sup> For a detailed analysis of these factors for Kent, Sweetinburgh, 'Role and place' unpublished paper, with specific reference to the Dover hospitals; Chapter 3, i, c.

<sup>316</sup> For example, neighbourliness may have been significant for both William Laurence of St Paul's parish whose only hospital bequests in 1506 were to the nearby hospital of St Lawrence and to each of 3 named sisters and the prioress; and Thomas Miller of Thanington (1521), though in this case his main gift was to a named sister at St James', the others at this local hospital receiving a smaller total amount; CKS: PRC 17/11/298; 17/14/179.

minority of testators in Kent perceived the value of including hospitals within their charitable strategies, and even though these institutions were able to offer a range of counter-gifts of value to the living and the dead, very few benefactors sought such provisions and instead appear to have predominantly directed their *post mortem* gift-exchanges towards the parish church.

### 1.viii. Summary

Having indicated the value of the regional approach in terms of the study of the medieval hospital, it seemed appropriate to provide a brief description of the chronology of Kent's hospitals which would form a framework for the subsequent sections within this chapter and for the whole thesis. The chronology was also useful as a way of indicating the importance of change and continuity in the history of the hospital, especially with regard to such factors as patronage, adaptability and the incidence of local support. These factors were further explored in the sixth section where the history of these houses was considered in terms of the religious and other changes that occurred during the sixteenth century and the implications in particular of national policies and local ideas and feelings. These two sections raised a number of ideas with respect to hospital development in Kent which may be summarised under the following points: geographical distribution, the importance of the local, the predominance of small houses for resident inmates. Kent's hospitals were almost all urban institutions (in or near towns) that were concentrated in the north and east of the county, either associated with the settlements which were close to the main road between London and Canterbury or at the Cinq Ports which ringed the east and south-east coast. Although foundation dates are often difficult to determine, there seems to have been two main periods: the twelfth and thirteenth centuries, and the late fifteenth and early sixteenth centuries, this second group comprising the small, short-duration almshouses. Founders and patrons were predominantly the ecclesiastical authorities (monastic houses or the archbishop/bishop) or leading townsmen (individually or collectively) which meant they had or had access to local knowledge and were apparently concerned (though this varied between patrons) for the local community, both inside and outside their hospital. This apparent placing of the hospital within the locality by the patron seems to have had implications in terms of the likelihood of local support, and even if financially the amounts received through gift-giving at the various hospitals were small, the symbolic links between the institution and the town might be extremely important. Furthermore, the connection between the hospital and town was in part a result of, and resulted from, the most common type of establishment found in Kent, the small house which accommodated local poor(er) or infirm persons on a long-term basis. This concentration on the inter-relationships based on local knowledge and responsibility may be contrasted with the royal hospitals of Dover and Ospringe where the concerns of the crown were related to national

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<sup>317</sup> Canterbury's two largest hospitals, St John's and St Nicholas' drew *post mortem* support from all the town's parishes except St Martin's in its eastern suburbs, as well as bequests (7 to St John's and 2 to St Nicholas') from a few rural parishioners in the area between Canterbury and Sandwich and four more from testators in the Rochester diocese (it seems highly likely that these hospitals also received testamentary gifts from other parishes in Canterbury's hinterland, but this has yet to be investigated).

policies and requirements. This inter-play between the crown and the town, the national and the local, and its impact on the local hospitals will be explored in detail in the Dover case study.

The next four sections followed a thematic approach (using Orme and Webster's headings of function, organisation, resources, inmates) as a way of providing comparable data in consideration of the national and the few regional studies, as well as producing a context for the rest of the thesis. For the section on function, the two most important were explored (worship, charity) through their impact on the lives of the hospital inmates and the expectations of the hospitals' patrons and benefactors. It was found that care for the soul of the benefactor and beneficiary at the hospital introduced a complex relationship between those inside and outside the hospital and that how this relationship developed was dependent on a range of factors which meant there were considerable differences between the hospitals and at certain hospitals over time. This was due to complex inter-related factors, including such things as the growth of the importance of purgatory, changes from implicit obligations within the gift-exchange to explicit demands, the role of the patron in the governance of the house and the revision of this process and relationship when necessary, ideas about the role of the poor in relation to the rich, changing social, economic and demographic conditions relating to such matters as inheritance, provision for the family and ways of achieving lasting acts of intercession and commemoration.

Although the provision of charity included a spiritual dimension, it was also seen as a means of providing temporal aid for a number of groups: the poor and/or infirm (both inside and outside the gate), the sick-poor, lepers, poor pilgrims and travellers, (poor) boys and men seeking schooling. Among the hospitals of Kent there were houses which catered for these categories of recipients, but for the sick-poor in particular their chance of gaining a bed in one of these institutions was minimal and the odds for the poor pilgrims were only slightly better. Certain houses seem to have provided a degree of out-relief in the form of daily pittances and/or alms at obits or other times of commemoration which may imply that different groups among the poor/infirm were aided because some of these methods of alms-giving employed a greater degree of selection. Basic schooling may have been available at a few hospitals, while some may have entered the hospital as a means of receiving further academic opportunities and the chance to join the priesthood through the sponsorship of the hospital, though the evidence for a university education remains circumstantial.

It was found that the most favoured recipients in Kent were those who became long-term inmates at the hospital: the lepers and the poor/infirm, but that this statement seemed to require qualification because some pre-1300 foundations appear to have expected inmates to pay entry fees, possibly throughout the history of the hospital. There seemed to be a number of important implications from this in terms of the history of charity, the language of charity, the idea of the hospital as a charitable institution and the



relationship between the benefactor and the beneficiary.<sup>318</sup> Consequently although the concept of the free hospital place may have remained a reality at certain institutions throughout the medieval period, the idea that patrons, and so benefactors, were selecting the poorer people from their locality rather than the poor (a situation which may also have applied to the lepers) from the thirteenth century may imply aid was not being given to those on the margins of society but to those who were of the town. This might be measured in financial terms but possibly in less tangible forms, like their good standing within the community thereby making them desirable recipients of this institutional charity. Thus through their donation of cash or goods to the hospital for their place they were changing the balance between themselves as recipients and the patron as benefactor whereupon the relationship between these exchange partners became more complex and less unequal.

Its position and the assets it had acquired through a range of exchanges, meant the hospital functioned as a complex household, so requiring it to act out a number of roles in order to sustain the other work of the house. Such roles were concerned with production, exchange and consumption and were enacted within the boundaries of the hospital, but also in the locality and region at such places as markets, courts, fairs and other places of contact between the hospital staff and those in the wider community.

The next section on organisation stressed the significance of the predominant types of patronage in Kent and the implications of the main characteristic of many of these patrons, their local presence and knowledge. Possibly as a result of this it was found that very few hospitals in Kent followed the Augustinian rule (the religious rule at St Lawrence's may owe more to its mother house of St Augustine's) and that the known ordinances appeared to reflect the individual circumstances of the hospital concerned rather than a universal set of rules. This meant that even though certain regulations were likely to be present in the ordinances, for example concerning goods held in common, the use of an oath and the provision of labour, their overall form seemed to imply that local knowledge, pragmatism and the experience of the patron were the determining factors. Moreover, the significance of the local appears to have influenced the role assigned to the master with respect to the degree of autonomy he enjoyed, the likelihood that mismanagement would be undetected in the medium and long-term and the type of person recruited for the mastership. Taking these points in turn: autonomy seems to have been severely restricted at some hospitals, although mismanagement did occur at a number of hospitals, it appears to have been most damaging at the royal hospital of St Mary at Ospringe and even though the mastership at St Thomas' in Canterbury and at the other archiepiscopal hospital in Maidstone was at times a sinecure and used for the preferment of the archbishops' relatives, the respective hospitals (and then the college at Maidstone) were apparently able to function, a situation which was not always possible nationwide.

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<sup>318</sup> Rubin, 'Imagining Medieval Hospitals', 16-18.

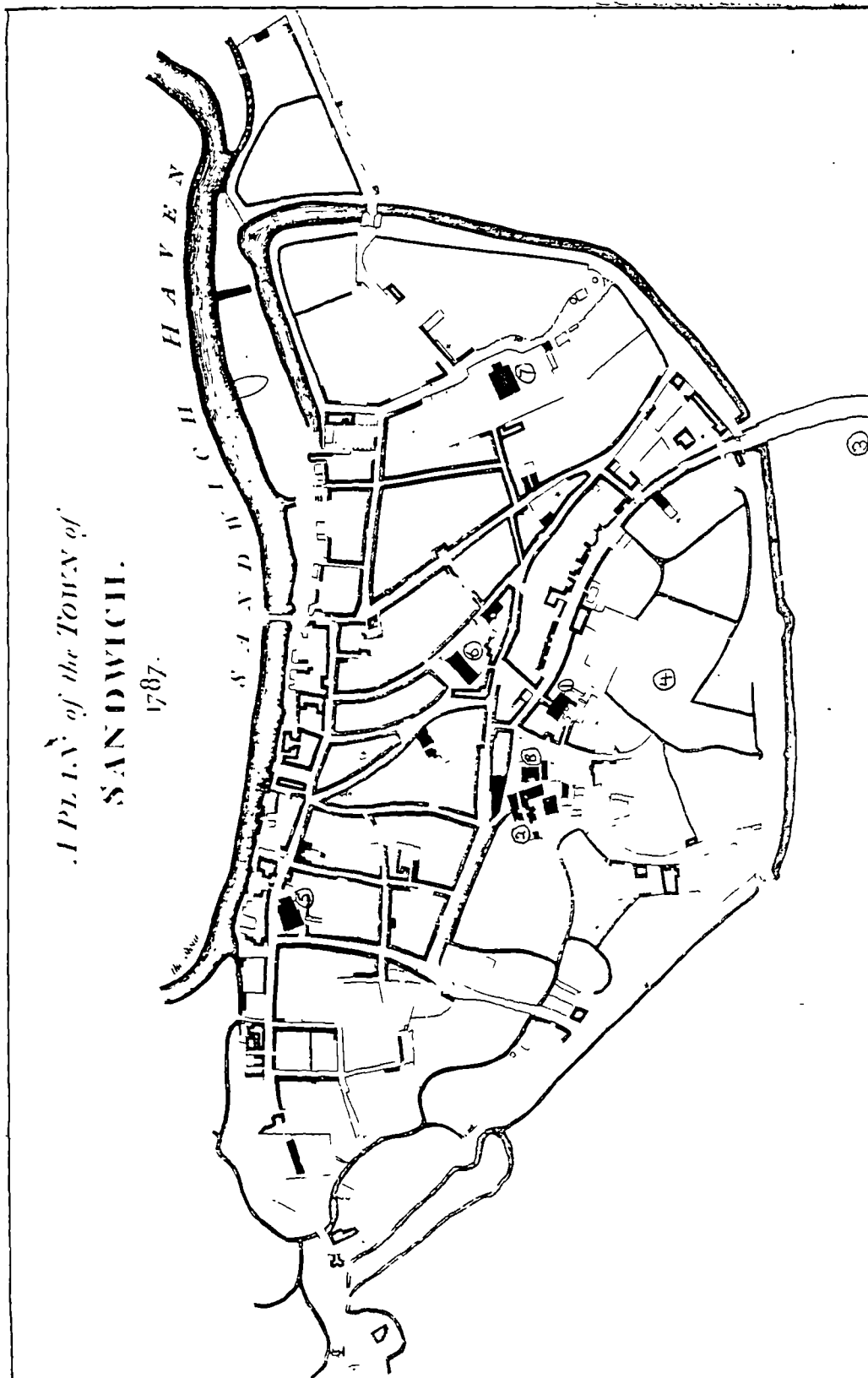
In consideration of the resources of Kent's hospitals it was noted that these were extremely diverse, but that there were very few wealthy houses, the wealthiest being the royal hospital at Dover. In addition it was observed that the type of endowment varied considerably, both in terms of the hospital site and buildings, and the capital and other assets provided. However unlike many of the founders of the late medieval small almshouses, most of these earlier founders were apparently concerned to produce a viable institution long-term which might be aided by their successors but also others from the locality, and occasionally the region, who is was hoped would perceive the spiritual and charitable value in providing the house with further gift-exchanges. Yet the ability to survive during the medieval period may have rested on the successful management of this initial endowment because even though certain hospitals seem to have been favoured through a succession of *in vitam* grants, other offerings and fees, it appears that many donors considered their gifts in terms of their symbolic value rather than as a substantial donation to the hospital's resources.

The brief assessment of the sources regarding the hospital inmates indicated that they were extremely variable and consequently that this had resulted in a very patchy picture of these inmates but that this was still proving valuable. The evidence, though drawn primarily from the Canterbury and the Sandwich hospitals, was used to explore ideas about the selection of these long-term inmates and their lives in the hospitals concerned. It was noted that although selection seemed to be principally based on the patron's assessment of the individual case, certain criteria appeared to be employed within the process and these were thought to be gender, wealth, reputation, status, age, health and domicile. Within these criteria there appeared to be a considerable degree of leeway for those selecting the inmates and that like any voluntary system ideas about choice regarding entry and residence at the hospital were negotiable between those seeking entry and those doing the selecting. This seemed especially applicable in terms of the size of the entry fee and how it was to be paid (the currency involved and the hospital's credit system), and that this was likely to continue to have implications for the entrant once they had entered the hospital.

The concept of labour in all forms (spiritual and temporal duties) on behalf of the institution was, therefore, a vital part of the ideology governing those hospitals which housed a resident community, whether they comprised a group of priest-brothers or a predominantly lay fraternity. This meant that even at those hospitals which had adopted a closed regime, certain inmates were required to leave the premises in order to oversee the hospital's assets or to represent it at the local courts, thereby providing a presence in the local community which contributed to the perception of the place of the hospital within the locality, and at times the region. Moreover, the hospital was not immune from the ideas regarding private/communal space and time which were becoming increasingly important in late medieval society. These seem to have had considerable implications for the residents with regard to their living-space and their activities, but were also significant in terms of the fundamental concept of the hospital as a charitable institution, where the community of the house collectively fulfilled their part of the exchange process with their benefactors, thus ensuring the common weal. This suggests that the changes

concerning Kent's medieval hospitals during the late Middle Ages and over the Reformation may provide a valuable means of examining provincial urban society at this critical time.

The seventh section was composed of three sub-sections comprising a brief description of the systems of exchange and reciprocity and their use with respect to an analysis of the medieval hospital; the application of these concepts in consideration of four model hospitals for the medieval period in Kent; and an assessment of the relative significance of the hospital at particular periods during the Middle Ages. It was thought that this method of combining system with process in order to investigate the charitable role of the hospital over the medieval period would provide a suitable outline which might be developed in detail through the two case-studies.



Map of Sandwich (Boys, *Sandwich*, 790a)

- |                               |                        |
|-------------------------------|------------------------|
| 1. St Thomas' hospital        | 5. St Mary's church    |
| 2. St John's hospital         | 6. St Peter's church   |
| 3. St Bartholomew's hospital  | 7. St Clement's church |
| 4. Carmelite friary (site of) | 8. Town Hall           |

## Chapter 2: Systems of exchange and reciprocity in medieval Sandwich

The format employed in the seventh section of the preceding chapter of combining system with process will be continued for the two case studies of Sandwich and Dover, as this will provide insights into the place of the hospital(s) within the town and its hinterland at specific points in its history, and will also illustrate the degree of continuity and change experienced by particular hospitals over the medieval period.<sup>1</sup> Sandwich was selected for this study because its four hospitals provide examples of three of the hospital models: the leper, the hospital for the poor/infirm and the almshouse; and because the two hospitals for the poor were under the patronage of the civic authorities throughout their history. As a small provincial town Sandwich seems to constitute a valuable counterpoint to the recent work on London, York, Norwich and Cambridge, and may provide a more representative picture of the place of the hospital in English urban society where the majority of provincial towns in 1377 had a population of under 3000.<sup>2</sup> Moreover, the quality of the archive material for two of the town's hospitals, and the town records themselves, have furnished considerable information about the hospital inmates and those outside who engaged in reciprocal exchanges with the various hospitals.

It is intended that through the use of the various chronological sections it will be possible to build up a picture of the increasingly diverse choices available to and used by individuals, groups and institutions (in terms of charitable giving) as they became involved in the systems of exchange and reciprocity at work within the locality. For Sandwich the chronological sections chosen incorporate this growth in diversity by selecting the first two on the basis of the foundation dates of two of the town's hospitals (the late thirteenth and the late fourteenth century), while the third (c. 1470 - c. 1530) corresponds with the development of new cults and fraternities in the town, as well as apparently more sophisticated and discriminatory attitudes towards groups within the poor by the leading citizens (individually and collectively). However, in part this reflects the type of sources available as well as their greater survival due to changing inheritance practices and the perceived responsibilities of the civic authorities. Two of the hospitals will, in addition, be investigated with regard to their roles within the town from their foundation to the late Tudor period as a means of assessing such ideas as adaptability, flexibility and survival in association with concepts like patronage, power, the maintenance of order, social control and the value placed on alms-giving by donors and recipients.

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<sup>1</sup> This format was employed for the unpublished paper and has been used in a summarised form in the preceding chapter; Sweetinburgh, 'Role and place' unpublished paper.

<sup>2</sup> Using Dyer's population figures for 1377 (based on the poll tax returns with a multiplier of 1.9): York was 13771, Norwich was 7509, Cambridge was 3614; 34 out of the 57 largest provincial towns had a population under 3000; Dyer, A., *Decline and Growth in English Towns 1400-1640* (Basingstoke, 1991), 72-74.

## 2.i. The place of the hospital in medieval Sandwich

Each of the three sub-sections will follow the same format, beginning with a brief description of Sandwich for the period to indicate the economic and social conditions as well the particular circumstances which may have contributed to the history of the hospital. The main part of the sub-section will comprise an examination of the various hospitals and their exchange partners who were involved in the systems of exchange and reciprocity found within the town to see how these systems functioned, and to see the particular implications they held for the partners concerned. It will also be necessary to investigate other areas of the spiritual economy in order to assess the relative frequency and value placed on all these systems of exchange and reciprocity by the different exchange parties, thereby providing ideas about choice and influence, and consequently the place of the hospital within this provincial society.

### 2.i.a. *The late thirteenth century*

For at least six hundred years the port of Sandwich had been an important entry point into mainland Britain and its defensive role also appears to have been recognised pre-Conquest, though its value to the crown in this area may not have brought the town tangible rewards until it became part of the Cinque Ports Federation through the charters of William I and his successors.<sup>3</sup> Its privileged status from early in its history may have fuelled the desire to gain further autonomy and the leading townsmen apparently sought to rid themselves of their two overlords: the crown and Christchurch priory.<sup>4</sup> Christchurch had been granted the profits of the port and haven generated from customs and the ferry to Stonar (the neighbouring town across the estuary which was claimed by St Augustine's abbey at Canterbury) in the tenth century, and the continuing value of this grant may be inferred from the dispute between the two monastic houses in the twelfth and thirteenth centuries as each sought to channel as much of the customs and profits as possible into their respective coffers.<sup>5</sup> For the town, and so Christchurch, the increasing

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<sup>3</sup> The first reference to its importance in the defence of the eastern coast occurs in Asser's *Life of Alfred* for 852, subsequently its role as a provider of ship service may have been instigated by Edward the Confessor, further developed by William I and his sons and culminating for this period in the first general charter for the Cinque Ports of 1260; *Life of King Alfred*, translated S. Keynes & M. Lapidge (Harmondsworth, 1983), 69; Murray, K., *Constitutional History of the Cinque Ports* (Manchester, 1935), 12, 14-15, 28-29. According to the Domesday entry for Sandwich, the town was a manor of Christchurch returning £70 and 40,000 herrings to the priory and to the king sea-services as at Dover; Gardiner, D., *Historic Haven: the Story of Sandwich* (Derby, 1954), 6.

<sup>4</sup> For example, during the exile of the Christchurch monks from 1207-1213 the king was increasingly employing the town as an embarkation port for his French campaigns, and even though the monks managed to retain their nominee, Sir Henry de Sandwich, as the portreeve, control of the town had effectively passed to the king who instructed the freemen (barons) of Sandwich to take control of the town's ship service under his authority; Gardiner, *Sandwich*, 14. The returning monks sought to regain control but the threat of invasion and the problems of internal revolt meant the Crown wished to preserve the town's loyalty, and this situation seems to have been recognised by Henry III in 1248 when he addressed his orders to the Mayor, Bailiffs and honest men; *CCR 1247-1251*, 106.

<sup>5</sup> Christchurch received the grant from king Eadgar and this was ratified by Cnut in 1023; Boys, *Sandwich*, 548-551. The dispute between the two monastic houses was settled in 1242 following a written agreement, but friction between the men of Sandwich and the abbot continued, especially after the men of Stonar placed the town under the authority of their neighbours at Sandwich; Gardiner, *Sandwich*, 8-11.

importance of trade, both in terms of the region and internationally, was presumably part of the economic expansion of the thirteenth century fuelled by the rising population, the growing demands of the urban merchant group, and aided by the expanding use of roads and rivers to connect the increasing number of markets and fairs.<sup>6</sup> However for Sandwich this period of growth of the town's economy seems to have slowed during the second half of the thirteenth century, at least in terms of trade passing through the town.<sup>7</sup> This assessment is based on the treasurers' accounts for Christchurch priory which show a fall in annual income from the port dues collected by their officials to a level lower than those of the early part of the century.<sup>8</sup> Although such figures are primarily concerned with trade and so do not reflect all the commercial activities of the townspeople, they may highlight the general trend which appears to have been a decline in the town's prosperity, possibly at a time of increasing population.<sup>9</sup> Wine and wool were probably the most important commodities passing through Sandwich, and both trades suffered at certain times during this period. The wine trade with Gascony was adversely affected by the increasing shipment of supplies to London and by 1292 there were fifty-four foreign wineships paying royal customs in London compared to eleven ships in Sandwich.<sup>10</sup> However, it is possible these figures fail to indicate the true level of trade because the barons of Sandwich were exempt from prisage (the custom due on wine) according to their custumal, and this privilege was accorded foreign merchants who were enfranchised by the town, a system similarly employed by London.<sup>11</sup> The importance of the wool trade to the town seems to have grown considerably over the century, and even though the town's merchants were competing with their counterparts in London for the Flanders trade, for certain families, like the Peny and Wybert families, the trade represented their primary income.<sup>12</sup> Yet the expectations of the traders and so the buoyancy of the market remained subject to political issues: like the suspension of the trade in 1274; and the financial demands of the crown, the "new aid" on wool, woolfells and hides introduced in the following year, which marked the beginning of increased royal taxation and the rising influence of

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<sup>6</sup> Bolton considers the importance of transport in the 13th century, while Britnell assesses the significance of markets and the rise in consumer demand; Bolton, J., *The Medieval English Economy, 1150-1500* (London, 1980), 150-152; Britnell, *English Society*, 86-88, 102-104, 125-126.

<sup>7</sup> A combination of local circumstances and the townsmen's involvement in the problems of Henry III's reign may in part account for this reduction in the trading sector of the town's economy. For example, the town's vulnerability to French attack was evident in the 1210s when Sandwich was sacked in 1216 and again in 1217 and though the town seems to have rapidly recovered following the defeat of the French and the subsequent truce, its position meant that both the town and its trade remained susceptible to attack from the French; Gardiner, *Sandwich*, 15-16, 21, 27-28.

<sup>8</sup> Butcher has argued that the growth of revenue to Christchurch from the Sandwich sources up until the 1250s may reflect an increase in the economic life of the town, though reservations need to be applied because the sources primarily reflect trading activity. Also it is possible that the priory's ability to collect customs dues was restricted by the royal officials which may suggest the overall level of trade was higher than the priory revenues indicate; Butcher, A., 'Sandwich in the thirteenth century', *Arch. Cant.*, xciii (1977), 28-30.

<sup>9</sup> *Ibid.*, 30-31.

<sup>10</sup> Gardiner, *Sandwich*, 81, 85.

<sup>11</sup> It is possible that the wine trade was of special importance to some merchants covered by the franchise which may mean the number of ships recorded in the customs accounts represent only a part of the total trade through Sandwich; *ibid.*, 84-85.

<sup>12</sup> *Ibid.*, 86. Although the Italians appear to have gained most from the end of the Flemish ascendancy in the wool trade c. 1270, some English merchants seem to have become more involved including men at Sandwich and between 1271-1274 nine townsmen there obtained licences to export wool. For the town this may represent a significant level of trade but to put it in perspective during the same period ninety six men of London obtained such licences; Lloyd, T., *The English Wool Trade in the Middle Ages* (Cambridge, 1977), 50-51, 55.

foreign merchants, the king's creditors, who acted as tax collectors there.<sup>13</sup> Thus the last quarter of the thirteenth century in Sandwich may have seen the expectations and ambitions of the leading merchant families checked by the rise in royal taxation.<sup>14</sup> For those further down the social scale, the combination of royal taxes and high prices for grain and livestock were presumably even more detrimental, and this may have resulted in an increasing differentiation between the leading citizens and the poorer social groups within the town.<sup>15</sup>

This apparent decline in the town's prosperity by the end of the century was influenced by and informed the continuing three-way dispute over jurisdiction in Sandwich between the mayor, the priory and crown. The political activities of the leading citizens as supporters of Simon de Montfort brought royal retribution in 1266, when Roger de Leyburne forcibly restored the royal mandate to Sandwich, and further disagreements between the townsmen and crown officers followed, the most serious incidents taking place in 1274, 1281 and 1300, when leading members of the town attempted to obstruct the execution of the king's writ.<sup>16</sup> The priory's part in these disputes continued to centre on its rights within the town and the appointment of its official, the portreeve, which was challenged by the mayor on the grounds that it was customary for this officer to be a freeman and jurat, and the priory had violated this convention.<sup>17</sup> For the new prior, Henry of Eastry, his predecessor's problems concerning redress for the wrongs inflicted on the priory's officials in the 1270s and the decline in income from the port may have seemed insufficient compensation for the effort involved.<sup>18</sup> Consequently his agreement with Edward I in 1290 in which he relinquished the priory's rights and privileges in the town in exchange for sixty librates of land may indicate his shrewd judgment, and left the mayor and his colleagues in dispute with the crown again as they tried to curb the expansion of royal authority there.<sup>19</sup> Thus at a time of continuing political conflict and reduced prosperity in Sandwich when the rising merchant families of the mid century were seeking to retain their limited autonomy within the town, there was an expansion in the number of institutional exchange partners due to the foundation of a second hospital for the poor, St

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<sup>13</sup> Gardiner, *Sandwich*, 87. Yet the town's role as one of the ports through which wool might be exported meant the trade remained an important part of the town's economy (the port was also used by merchants from Florence) and at least one Sandwich merchant was additionally exporting from a port in Sussex; Lloyd, *Wool Trade*, 70-71, 78, 80.

<sup>14</sup> Both Bolton and Britnell consider that household consumption (and expectations) of the crown, the nobility, churchmen and some merchants rose over the thirteenth century, a situation Bolton feels was adversely affected by the ambitious military policies of Edward I, while Britnell also points to the likelihood that agricultural expansion through technology and colonisation of land had reached its limits; Bolton, J., 'Inflation, Economics and Politics in Thirteenth-Century England', in P. Coss & S. Lloyd (eds.), *Thirteenth Century England IV*. Proceedings of the Newcastle upon Tyne conference 1991 (Woodbridge, 1991), 9-12; Britnell, *English Society*, 113, 126-128.

<sup>15</sup> Bolton believes that this period was characterised by "very great extremes of wealth within the towns"; Bolton, *English Economy*, 143. A possible example of this was Thomas Shelving's apparent bid to monopolise the wool trade through his home town of Sandwich in the late 1280s; Lloyd, *Wool Trade*, 71.

<sup>16</sup> Gardiner, *Sandwich*, 31-32, 34-35; Croft, 'Customals', 96-99.

<sup>17</sup> Gardiner, *Sandwich*, 36-37.

<sup>18</sup> Butcher, 'Sandwich', 30.

<sup>19</sup> Croft has argued that the quo warranto campaign of 1278 and the subsequent inquisitions into town liberties was an important development in the struggle between the men of Sandwich and the crown over the rights and privileges they enjoyed in their own town and that the writing of the custumal in 1301 should be seen as an integral part of this process; Croft, 'Customals', 100.



John's, the first, St Bartholomew's having been in existence for about a century (there was also a leper hospital outside the town walls) and the arrival of the Carmelite friars at Sandwich in c. 1268.

Before examining these new foundations, it seems appropriate to investigate the two hospitals already in existence, though the lack of documentary sources for the leper hospital means that little may be said concerning its early history. The leper house or 'Maldry' was situated about one and a quarter miles to the west of Sandwich at Eche End, at the end of the causeway which constituted the initial part of the road to Ash and Canterbury.<sup>20</sup> Its dedication to St Anthony may imply the hospital had a chapel, and presumably a burial ground at least by the early thirteenth century.<sup>21</sup> There are no known connections between the house and local religious institutions which may suggest it was founded by a member of the local knightly families, or possibly more likely, the townspeople of Sandwich.<sup>22</sup> Its presence away from the town seems to imply an early foundation (late 12th or early 13th), and the foundation of St Bartholomew's as a house for the poor and old of the town may suggest there was provision already for the leprous.<sup>23</sup> Its founders may have chosen the site for a number of reasons: first, the land may have been cheap because it was outside the town, close to the causeway and so possibly unhealthy and liable to flooding; and second, it may have been expected that travellers and pilgrims passing from Sandwich to Canterbury would provide alms, especially as they had just travelled along the causeway (less hazardous than Rochester bridge, but possibly still risky after heavy storms).<sup>24</sup> Local townspeople and other individuals from the area may have aided the place through the giving of casual alms, small grants or through wills, but the lack of any records of such gifts may indicate that the majority of the hospital's income was derived from begging at the gate, although there is a fifteenth century reference to the lepers begging in the churchyard of St Mary's parish church in the town.<sup>25</sup> Whether this practice was long-established is unknown; St Mary's was the nearest parish church to the hospital and there may have been an arrangement between the two institutions, possibly reflecting the parish church's initial foundation as a Saxon convent in the seventh century.<sup>26</sup> It was also the only parish church within Sandwich where there were no civic meetings which may have increased the marginalisation of the lepers and so resulted in the apparent total lack of collective aid on their behalf by the mayor and commonalty during the thirteenth

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<sup>20</sup> In 1474 George Langrege referred to the lazars at Eche; CKS: PRC 17/2/304. During the Roman period there was a ferry from Stonar to Eche End on the mainland; Gardiner, *Sandwich*, 2.

<sup>21</sup> Orme & Webster, *English Hospital*, 39; Sweetinburgh, 'Role and place' unpublished paper.

<sup>22</sup> From other studies elsewhere, Cullum considers that for Yorkshire, of those leper houses where the founder is known, noble foundations were the most important, monastic foundations were significant, but there was some evidence of collective action by the local community with respect to the leper hospitals at Guisborough and Scarborough; Cullum, P., 'Leperhouses', 40-42.

<sup>23</sup> According to Cullum in Yorkshire there seems to be a close correlation between the presence of a prosperous urban community pre 1200 and a leper hospital. Thus for Sandwich its urban status in Domesday may suggest an early foundation date for the leper hospital; *ibid.*, 46.

<sup>24</sup> *Ibid.*, 37-38.

<sup>25</sup> The will of Thomas Pynnok; CKS: PRC 17/6/70. Rawcliffe considers the Norwich leprosaria were heavily dependent on alms in cash and kind given by family and friends, doles from the almoner at Norwich priory, and possibly when these were insufficient, they begged in the market place; Rawcliffe, *Hospitals of Norwich*, 52. Geremek has evidence that the Paris beggars believed the areas around churches provided lucrative sites; Geremek, *Margins of Society*, 187-189.

<sup>26</sup> Tricker, R., *St Mary's Church, Sandwich, Kent* (London, 1985), 1.

century. The evidence seems to imply that this was a matter of choice rather than the inability of the commonalty to support the lepers because their appropriation of the patronage of St Bartholomew's hospital was apparently achieved without producing financial constraints on the civic purse, possibly implying that the civic authorities considered a hospital for the poor was more appropriate for their collective largesse.<sup>27</sup> As a consequence of this lack of civic patronage it might have been expected that the town authorities would not be in control of the selection of the lepers, and instead the selection might have been under the jurisdiction of the local parish clergy, especially from St Mary's.<sup>28</sup> However, in a desire to control the movement and presence of lepers in the town and its hinterland the civic officers may have been considered the most suitable authorities to select the inmates for St Anthony's, thereby attempting to minimise the risks of contagion locally.<sup>29</sup>

The history of St Bartholomew's hospital was strongly inter-linked with the history of the town because the legend surrounding its foundation seems to have been created by the townspeople from a combination of 'factual' and 'non-factual' elements, in order to establish this myth and the associated ritual which apparently formed a significant part of the civic ideology of Sandwich.<sup>30</sup> The town's appropriation and construction of the events surrounding the second foundation of this hospital in 1217 are most likely to have occurred at a time of crisis for the leading citizens, and the desire to remove any trace of royal involvement in the process and to place themselves, the mayor and the commonalty, at the centre of the gift-exchange suggests the timing was linked to the town's dispute with the king.<sup>31</sup> In order to understand the role of the hospital in the ideological struggle between the crown and the town it will be necessary to investigate the history of this foundation of St Bartholomew's by first examining the references to it made by people from outside the town, and then by the men of Sandwich. The first contemporary reference to it is in the poem *Histoire de Guillaume le Marechal* which states that after the decisive battle of Sandwich on August 24th, 1217, William Marshal ordered the extensive booty from the French ships to be divided among the sailors, the portsmen, and that part of the spoils were to be used to found a hospital in honour of St Bartholomew, who had given them the victory, for the care of God's poor; this was then carried out.<sup>32</sup> This narrative of the events seems to highlight certain points regarding national

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<sup>27</sup> Cullum has found evidence from York of civic authorities giving confiscated victuals to the local lepers, and she cites other examples from Chester and Carlisle where tolls or other dues were given by the authorities to these hospitals; Cullum, 'Leperhouses', 43-44.

<sup>28</sup> Prior to the fourteenth century diagnosis of leprosy was primarily in the hands of the clergy; such activities might be conducted on Sunday outside the parish church: Demaitre, L., 'The Description and Diagnosis of Leprosy by Fourteenth Century Physicians', *Bulletin of the History of Medicine*, 59 (1985), 343; Richards, *Medieval Leper*, 41, 43; Rawcliffe, *Hospitals of Norwich*, 39-40.

<sup>29</sup> Urban authorities often produced bye-laws in an attempt to keep lepers off their streets and out of their towns; Rawcliffe, *Hospitals of Norwich*, 40, 52.

<sup>30</sup> The hospital is thought to have been first founded in c. 1190 by Thomas de Crauthorne and his wife Bertine; Boys, *Sandwich*, 1.

<sup>31</sup> Martin in his essay on the English borough suggests that "a substantial practical problem - as with defence - was often the catalyst for the formation of urban government" and it seems likely this might equally apply to the creating of a civic ideology; Martin, G., 'The English Borough in the Thirteenth Century', in R. Holt & G. Rosser (eds.), *The Medieval Town 1200-1540* (London, 1990), 29.

<sup>32</sup> Cannon, 'Battle of Sandwich', 667 n.144, citing the editor's paraphrase *L' Histoire de Guillaume le Marechal*, ed. P. Meyer (1901), for the text, ii, lines 17501-68.

security, English kingship, and local ideas about civic autonomy and responsibility. This emphasis on the Marshal as instigator of the hospital may reflect his role as the overall commander of the English forces so providing him with the opportunity to fulfil his promise to recompense the portsmen for their previous hardship on behalf of the crown and, in addition, to stress the rightness of the English cause through the counter-gift to the almighty of a hospital for the poor.<sup>33</sup> The use of this reciprocal exchange by William, presumably in part on behalf of his young sovereign, was prompted by the generous actions of St Bartholomew on behalf of the English which necessitated an act of thanksgiving that would provide a lasting commemoration of the victory, thereby establishing in the eyes of the world Henry's divine right to the throne after the problems of his father's reign. It is possible William's piety may be associated with this charitable act because he sought to stress God's favour towards the English, and their humility and his own in seeking divine approval for their actions which was in contrast to the arrogance of the French dauphin, who was once again seeking to invade England against the expressed wishes of the papacy, and so by association, the almighty.<sup>34</sup> The dauphin's wrong-doing was compounded by his alliance with Eustace the monk, a man considered to have traitorously defected to the French side in 1212 and who was so reviled by the English that after his death in the battle his head was displayed on a lance around the country.<sup>35</sup> The magnitude of the victory and especially the defeat of Eustace, who was greatly feared by the portsmen, might have been considered sufficient justification for this act of gratitude, but it is possible that the elation of the portsmen was combined with fear because even though they had temporarily rid themselves of the threat of invasion, the prospect of a long royal minority and the continuing hostility of the French may have been seen as requiring a reciprocal gift which God could not ignore, thereby safeguarding their future as the inferior partners in this exchange process.

This narrative seems to have been reworked at some point during the thirteenth century, presumably by the leading townsmen who sought to construct the myth surrounding the events of 1217 by drawing on current historical, political, social and religious ideas to produce a new, coherent and meaningful narrative which became the locally accepted version. Unfortunately there are no known thirteenth century English accounts of the battle and the hospital foundation, which means the first containing this local 'knowledge' was the early fourteenth century chronicle, the *Polistorie de Jean de Canterbury*.<sup>36</sup> In this narrative the emphasis has switched from the marshal to the townsfolk by stressing the special importance of a series of items concerning the day of the battle and its aftermath: the role of the Sandwich townspeople in their request for divine intervention out of God's love for St Bartholomew,

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<sup>33</sup> Ibid., 656-658.

<sup>34</sup> Just before his death in 1219 William seems to have renounced the world to join the Knights Templar, and his will contains several large pious and charitable bequests to a number of religious houses, as well as to 100 poor people at his funeral; Painter, S., *William Marshal* (Oxford, 1966), 280-289. Cannon, 'Battle of Sandwich', 655 citing Roger of Wendover's *Chronica sive Flores Historiarum*, ed. H. Coxe, iii, 363-7.

<sup>35</sup> Several contemporary sources indicate that Eustace played a vital role in the French campaigns from 1212 until his death in 1217; Cannon, 'Battle of Sandwich', 654-655, 662-665; Burgess, G., *Two Medieval Outlaws: Eustace the Monk and Fouke FitzWaryn* (Cambridge, 1997), 32-39.

<sup>36</sup> Burgess notes that in addition to the Latin chronicles of Roger of Wendover and Matthew Paris which recount the activities of Eustace and the battle of Sandwich, there is the chronicle of Walter of Guisborough, probably early 14th century but maybe as early as 1270, and that this too does not mention the hospital; Burgess, *Two Outlaws*, 5.

whose day it was; the diabolical nature of Eustace the monk; the miraculous deliverance of the town through the slaying of Eustace by Stephen Crabbe, a portsman from Winchelsea, and then by the raising of a great tempest which caused the enemy ships to flounder; the significance of the commonalty there as the founders of the hospital and chapel, who after the battle, erected and maintained the establishment for the good of the townsfolk by housing the aged poor; and the desire to commemorate the town's deliverance on an annual basis.<sup>37</sup> Through the inclusion of this myth in the Christchurch monk's chronicle (c. 1315) it had become the property of a wider audience, but it seems the successful combination of these 'factual' and 'non-factual' elements had been initiated by the men of Sandwich at a much earlier date. The date might be expected to correspond to a time of political crisis within the town and though it may have been part of the town's response to the problems of Edward I's reign, it might have been constructed thirty years earlier when the portsmen were supporting Simon de Montfort against Henry III in their bid for greater autonomy and issues like good governance and collective responsibility were part of the debate.<sup>38</sup>

This supposition regarding the 1260s as the more likely time rests on the evidence of the town's custumal which was first drawn up in 1301 and included the custumal relating to St Bartholomew's hospital.<sup>39</sup> The custumal makes no reference to the battle of Sandwich nor to the part played by the commonalty in founding the hospital, and instead appears to imply that there were three founders or early patrons of the house because the three priest-brothers at St Bartholomew's were assigned to pray for them and this list did not include William Marshal.<sup>40</sup> The absence of any detail surrounding the events of 1217 might imply that in 1301 this was no longer the significant issue in terms of the initial gift-exchange between the commune and the saint, and that the on-going reciprocal exchange process which took place annually between the mayor and the hospital was now central to the civic ideology of the leading citizens.<sup>41</sup> Consequently John of Canterbury's retelling of the myth may have been drawing on older ideas (mid 13th century) which had been chiefly discarded by the town officers except for those elements relating to the annual St Bartholomew's day procession.<sup>42</sup> This may have been because the leading men of the town were seeking to construct their civic ideology with regard to shared ideas on authority, responsibility, power and their role as the moral guardians of the community. These men at the 'centre' of the town were not constructing this civic identity in isolation, but were acting and reacting to the identities of other institutions and groups both inside and outside the town, and so were defining the group's identity in opposition to 'Others' which produced a state of tension between those included and those excluded. This opposition to 'Others' might become evident through the ability of those who saw themselves as the

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<sup>37</sup> *Ibid.*, 6 n.5; Cannon, 'Battle of Sandwich', 668-669.

<sup>38</sup> Gardiner, *Sandwich*, 28-34.

<sup>39</sup> Croft has successfully argued that the late fourteenth century edition (the earliest extant copy) of the Sandwich custumal, including that for St Bartholomew's hospital, was predominantly copied from Adam Champneys' custumal of 1301; Croft, 'Custumals', 348.

<sup>40</sup> The 3 for whom the priests were to pray were Bertine de Crauthorne, William Bucharde and Sir Henry de Sandwich; CKS: Sa/LC 1, fol. 19v.

<sup>41</sup> The custumal of St Bartholomew's begins with a description of the procession; CKS: Sa/LC 1, fol. 15v.

‘included’ to engage in systems of exchange and reciprocity, which for the civic authorities and St Bartholomew’s hospital meant the annual procession whereby the mayor and jurats were able to signify their ability to discharge their duty of providing institutional care for members of the commonalty: the town’s poor.

The importance of the annual procession for the civic authorities may be assumed from its prominence: it is the first item within the St Bartholomew’s customal which is contained in the late fourteenth century town customal, being a copy of Adam Champneys’ book of 1301.<sup>43</sup> This document of 1301 appears to have been produced in response to Edward I’s earlier inquiry into the town’s liberties, the subsequent statement of the crown’s rights over the town in the 1290s (following the relinquishing of its privileges in the town by Christchurch priory in 1290), and the attack on the king’s justices in 1300 by the mayor and a group of leading citizens.<sup>44</sup> It may represent, therefore, the writing up of the social memory of the town as a means of establishing the rights and duties of the civic officers, the place of the town’s institutions, including the hospitals, and so provide precedents for future actions. The detailed description of the procession may have been included for similar reasons as a means of highlighting the continuing moral and spiritual relationship between the civic authorities, their ancestors and successors, and the town’s saint in his hospital.

Thus the procession, as a ritual associated with the mythical narrative surrounding the foundation of the hospital, might be seen as a way of making these ideas more accessible through the use of symbols, thereby providing a form of discourse between the various individuals and groups within the town. In consideration of the procession there seem to be two useful ideas concerning ritual which may aid an understanding of its significance for the townspeople of Sandwich. Firstly, I shall follow Coppet’s conclusion that there is a distinction between ritual and non-ritual which seems especially useful with regard to the communication of an ideology that is expressly concerned to differentiate between those who are to be included and the excluded.<sup>45</sup> By marking the ritual as a special time within the lives of the participants through the presentation of non-verbal dialogue in the form of symbols and the use of performance which is distinct in terms of time and space, the particular characteristic of ritual as act and statement appears to provide the opportunity to dramatise ideas at a time when those involved will be especially self conscious, and so produce a heightened response. Moreover, because the ritual is inseparable from the non-ritual, this response to the ideas contained within it will not remain confined within the ritual and instead will continue to be worked and reworked through everyday existence. The

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<sup>42</sup> He includes the building of the chapel and houses for the poor and elderly by the inhabitants of Sandwich and that there was to be an annual procession to the hospital in thanksgiving; Burgess, *Two Outlaws*, 6 n. 5.

<sup>43</sup> CKS: Sa/LC 1, fol. 15v.

<sup>44</sup> Croft, ‘Customals’, 89-100.

<sup>45</sup> Coppet, de D., ‘Introduction’, in D. de Coppet (ed.), *Understanding Rituals*. European Association of Social Anthropologists (London, 1992), 2-4. A useful essay from this collection in the context of this study is: Parkin, ‘Ritual’, 12-20. Thought provoking but probably less relevant to this example: Geertz, C., *The Interpretation of Cultures* (New York, 1973), 142-169.

procession, as a specific form of ritual, includes the use of both symbols and performance in time and space to stress a variety of 'messages' which relate to the ideals exemplified by the procession and for whom they have the most relevance. For example, these might include the use of special selection criteria for participants, so excluding those who were not freemen of the town from taking part and thus indicating the privileged status of certain individuals and those groups to which they belonged. Further differentiation (hierarchy and power) might be denoted through precedence, specific dress codes and the carrying of symbolic articles, though these in turn might be interpreted in relation to ideas about moral authority and duty, especially when used in conjunction with restricted access to particular spaces, the timing of certain events and the specific involvement of particular individuals or groups in the whole or at strategic points within the ritual. This sense of differentiation within the ritual space brings me to the second theoretical work, where Baumann seeks to extend the commonly held view based on Durkheim that "ritual is best understood as an act internal to the category or group that celebrates it or celebrates itself through it", and so explores the notion that rituals are performed by "competing constituencies", that they do not "celebrate the perpetuation of social values and self-knowledge" but rather "speak to aspirations towards cultural change", and that it is important to recognise the "frequency of outsider participation" thereby highlighting "how rituals can be 'addressed' to 'Others'."<sup>46</sup> For the purposes of this discussion it may be worthwhile to note that in addition to those directly concerned with the ritual there are likely to be five further categories implicated in the process, who collectively may be described as 'Others': bystanders, spectators as interested parties, the invited guest, 'witnesses' and the outside beneficiary.<sup>47</sup>

Before examining the procession in detail, it seems appropriate to describe it using the hospital's customal. It states that on the feast day of St Bartholomew, the mayor and commonalty, who regulate the affairs of the hospital, were to visit the hospital in solemn procession. The laity of Sandwich would lead the procession: some bearing musical instruments, others holding wax lights which had been provided out of the town's common chest, maybe a total of a hundred and forty people; and these lights were to be offered at the hospital's chapel for use there in the coming year. Further tapers might be provided by men from the local knightly families, like Sir Nicholas de Sandwich, who also offered them to the hospital authorities for use in the chapel. The clergy of Sandwich were to follow the laity, attired in their vestments, chanting hymns and carrying tapers. At the hospital, high mass was to be celebrated solemnly, the priest officiating being either the rector of St Peter's parish church or another appointed by the mayor; and further services were to take place until the octave, when the remaining tapers were deposited by the mayor and jurats in a box which was then locked. One of the jurats was appointed to hold the key for the year and to dispense the tapers as required by the hospital chaplains.<sup>48</sup>

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<sup>46</sup> Baumann, 'Ritual', 98-99.

<sup>47</sup> Ibid., 110-111.

<sup>48</sup> CKS: Sa/LC 1, fol. 15v.

For the civic authorities of Sandwich, one of the most powerful themes may have been the linking of church, civic governance and charity by starting the procession at St Peter's church and ending at their hospital, St Bartholomew's. The choice of St Peter's church as the starting point may have rested on a number of factors: like St Clement's, it was used for the election of the civic officers, in this case the jurats and minor town officials, and the town court was also held there. It was the most central of the town's parish churches, and the advowson was jointly held by the town and the abbot of St Augustine's, Canterbury, which may have meant the leading citizens felt that they had the right to appropriate and extend the use of the church to include this important civic ritual, which remained a spiritual rite of passage for the town.<sup>49</sup> Thus the mayor was departing from this sacred space in the centre of the town, a place of ecclesiastical jurisdiction but one where he had previously dispensed justice at the town court in his role as moral guardian of the town, to pass through and out of Sandwich to the hospital. The hospital's position outside the town walls placed it on the margins of this urban community, a location often chosen by founders during the early medieval period.<sup>50</sup> The nature of the relationship between St Bartholomew's and the town, both in terms of the legend of the first gift-exchange and the on-going process of reciprocity, required the civic authorities to bridge this gap between the centre and the margins, with the annual procession providing the symbolic link. Furthermore, the asymmetrical relationship between the mayor and jurats, and St Bartholomew's, highlighted the charitable function of the hospital and its subordinate role in the exchange process as the grateful receiver of civic generosity, an idea which was portrayed through the appropriation of the high mass at St Bartholomew's chapel. Here, the choice of the presiding priest was in the hands of the civic authorities either through their patronage of St Peter's, or if they so wished, their right to choose another priest from the town. Consequently all the elements of the procession were under the control of the mayor and jurats who were able to display their power in the town through patronage as moral guardians of the whole community, including the hospital; and by appealing to memory, both in the short-term by how the procession had been conducted in previous years, and in the distant past through the myth of its creation which was part of the sacred knowledge.

The process of the gift-exchange began in St Peter's with the provision of wax lights to be carried in the procession, and the choice by the mayor of the identity of the bearers. Presumably the mayor and jurats were selected, or selected themselves for this task, but this may have been a point of discourse within the ritual especially with respect to the demands and actions of the other town officers and members of the commonalty concerning precedence and hierarchy. The town clergy were also involved in the process of negotiation within the confines of the procession, and like the laity it seems probable that particular individuals and groups saw this sacred time in different ways. This suggests the importance of Baumann's idea about the "competing constituencies" who played out their roles in the procession in

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<sup>49</sup> Boys, *Sandwich*, 309, 431.

<sup>50</sup> Orme & Webster, *English Hospital*, 41-43. Although in this case, in addition to its position next to the road to Dover, there seems to have been a healing well on the site; Everitt, *Continuity*, 296.

accordance with the meanings and uses it held for them.<sup>51</sup> For men like Sir Nicholas de Sandwich who were members of the local knightly families and so might be considered to be of the 'Other', the presence or absence of the invited guest and/or 'witness' represented a further point of negotiation which might become more complex if they too offered tapers at the hospital, because the symbolism attached to their gift-giving to St Bartholomew's was different from that of the town's.<sup>52</sup> Sir Nicholas' offering may have been seen as confirming his family's continuing care for the hospital, an act of *noblesse oblige* which encompassed the whole town (including the civic authorities) both as guardians of the hospital and as gift-givers. Furthermore, the hospital's chapel was a sacred site for his family: his forebear, Sir Henry, as one of the three named founders, had apparently been buried there. The tomb with its stone effigy was close to the high altar which may have meant that Sir Nicholas also perceived his presence and gift as acts of intercession and commemoration for his ancestors, a process that might be repeated by his successors on his behalf at a future date.<sup>53</sup> Yet his presence as a member of the de Sandwich family might have invoked feelings of ambiguity among the leading citizens, because certain other family members had been or were crown officials. In particular, Ralph de Sandwich had been instrumental in the issuing of new ordinances for the city of London and had introduced other changes to its customs and courts, which was an unprecedented royal intrusion into that city's long-established urban franchises; and he had also been one of the king's justices ambushed by the leading men of Sandwich in 1300.<sup>54</sup> Thus during a period of tension between the crown and the town, probably coinciding with a fall in the town's prosperity due in part to royal policies and other factors outside the control of the townsmen, the mayor and jurats may have viewed Sir Nicholas' involvement in the ritual with a degree of ambivalence which required a measure of negotiation, so that they could see themselves and be seen by others as the controllers of the ritual and its symbols.

The roles of the mayor and jurats as providers and bearers of the wax tapers were enacted on behalf of the community, whereby their gift of the unlit tapers at the high altar of the hospital's chapel, possibly before the image of St Bartholomew, was seen as an offering of thanksgiving for the past. It was also seen as a submission of hope for the future from the mayor and commonalty to their saint in his hospital, who as a consequence of their humble demeanour would continue to guard the town. The presence of others within the procession, probably the minor town officers and the barons or freemen, may have been intended to signal to the townsfolk that even though the civic authorities were now the guardians of the hospital it remained an institution of the town. By extending the chance to participate, the senior officials sought to demonstrate the link with the first gift-exchange by the commonalty, though unlike that initial act the opportunity to take part was under their control through the use of the twin categories of inclusion

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<sup>51</sup> Baumann, 'Ritual', 98-99.

<sup>52</sup> Although the customal does not mention the presence of the bailiff, the crown's officer, it seems likely he would have been present, and as at Dover in relation to the ritual of the 'trending', may have been seen as a 'witness' in Baumann's terms; Chapter 3, i, b.

<sup>53</sup> CKS: Sa/LC 1, fol. 19v; Gardiner, *Sandwich*, 169. Boys states that Sir Nicholas was also buried in the hospital chapel; Boys, *Sandwich*, 107.

<sup>54</sup> Croft, 'Customals', 96, 99.



and exclusion intended to maintain the ritual's well-being. The leading citizens, therefore, may have perceived their actions as symbolising good government, in the sense that they were taking responsibility for the town's future as their ancestors had done throughout the past; which through the process of the town's social memory would be continued by their successors both in act (the annual procession) and in statement (the written record). By discharging their charitable (neighbourly) duty to their less fortunate brethren through this offering, the leading citizens were signifying the town's continuing concern for its members, a concern they had usurped from the crown through the construction of the St Bartholomew myth. As a result, the counter-gift of prayers by the hospital inmates and priest-brothers were conducted on behalf of the hospital's named founders and the civic authorities (the daily masses and the special masses associated with the procession). Furthermore, in their role of moral governors of the hospital, the mayor and jurats were also receiving the offering, and this act of guardianship was emphasised by their control over the storing of the tapers. The duality of their duties as supplicants and recipients is interesting, and seems to underline the power and control of the civic authorities in the town; and also that this was a special situation, possibly unique, being divinely sanctioned through the intercession of the town's saint.

The other new foundation of this period, St John's hospital, was similarly under the jurisdiction of the mayor and jurats, but the relationship between the civic authorities and the hospital as exchange partners was even more unbalanced because the hospital's initial endowment seems to have been far smaller than that for St Bartholomew's, and the circumstances of its foundation far less prestigious. The foundation charter has not survived, and even though the few early charters suggest the hospital's initial benefactors were leading townsmen, the mayor frequently named as the first witness, the house does not appear to have been well supported through the use of *in vitam* grants, and so may always have been heavily dependent on other sources of income.<sup>55</sup> Its role within the town seems to have been to aid the poor and the sick, a role St Bartholomew's was no longer fulfilling because the hospital authorities there were apparently expecting an entry fee of up to £10.<sup>56</sup> However even at St John's it may have been the poorer members of the town who gained entry because it also intended that the brothers and sisters should pay an entry fee, but there were beds at the hospital for the sick-poor who were only expected to remain there for a short time.<sup>57</sup> It is possible the foundation of St John's was in part a response to these changes at St Bartholomew's and the consequent loss of a haven for the town's poor, but it seems more likely the motives of its individual benefactors and the senior town officials were far more complex in terms of their spiritual and temporal duties and desires.

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<sup>55</sup> There are three extant charters dated pre-1300: in 1287/8 Thomas de Shelvinge, wool merchant, granted a release of payment in frankalmoin to the brothers, sisters and their successors at St John's of an annual rent of 2s 10d previously paid by them; in 1293/4 John de Ho granted in frankalmoin to the hospital an annual rent of 3d; and in 1296 John Long similarly granted a quitrent of 2 marks; CKS: Ch 10J T1.

<sup>56</sup> The entry fees at St Bartholomew's were set at 10 or 12 marks or £10 with some allowance for those of good character or who were freemen of the town by birthright; CKS: Sa/LC 1, fol. 18.

<sup>57</sup> The early fourteenth century addition states that the entry fee was 2 marks or 40s; CKS: Sa/LC 1, fol. 21v.

As moral guardians of the town, the mayor and jurats may have wished to display their credentials to a number of audiences, both inside and outside the town, and a tangible means of achieving this was the founding of a small hospital for which they would take responsibility. This responsibility might be articulated through the systems of exchange and reciprocity developed between the town and the hospital, so creating a relationship which had become established through the inclusion of the hospital's customal in the town book of 1301.<sup>58</sup> This sets out the roles of the town and the hospital: the two exchange partners thereby indicating the balance of power between them. The town (mayor and jurats) provided a number of gifts: good governance of the house and its inmates (by regularly visiting the house, selecting the master, brothers and sisters, overseeing the financial affairs of the house and the demeanour of those accommodated); board and lodging for the brothers and sisters (though the quality of this might vary depending on the financial circumstances of the hospital); the use of a standard bushel as a source of income from foreign traders in the town; permission to collect alms at the three parish churches each Sunday; permission to beg for fish from boats in the haven and bread from the leading townspeople and their neighbours at Christmas; permission to allow one of the brother to travel around the region soliciting alms; the provision of officially confiscated fish, meat and some of the bread which, according to the town's ordinances, had been illegally presented for sale; and impounded livestock (pigs found loose in the streets and poultry caught swimming in the Delf, the town's water supply).<sup>59</sup> In return the master was obliged to manage the finances by keeping proper accounts for the inspection of the mayor and jurats, as well as maintaining the hospital buildings and furnishings and the fair allocation of any collections to the inmates there. His responsibility to the mayor also covered the good governance of the hospital community, though this counter-gift to the civic authorities might, in addition, be seen as the master's gift to the brothers and sisters alongside his gift to them of his good management of the hospital's resources (including its income from alms and other sources). As a mark of their gratitude, the brothers and sisters were similarly obliged to offer the mayor and jurats a series of counter-gifts, thereby establishing the bonds between the two partners, even though the personnel involved might vary from year to year, and certainly over the long-term. The first gift was the entry fee (between 2 marks and 40s), thereafter the brother or sister freely gave their labour and their obedience as decreed by the hospital's ordinances, until death or their departure from St John's. These same gifts were also part of the reciprocal exchange system between the master and the brothers and sisters, and between individual inmates and the rest of the hospital community; an exchange process that was initiated at the admission of the new inmate through the giving of a certain sum to the assembled brothers and sisters, and the taking of an oath which symbolised the idea of the inter-locking systems of exchange and reciprocity of which the new inmate was now a part.

The presence of these public, corporate processes of gift-exchange, which bore a strong resemblance to Thompson's twelfth century form of reciprocity involving the leading citizens and their new hospital,

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<sup>58</sup> The first entry in the hospital's customal states that the governance of St John's was the responsibility of the mayor and jurats; CKS: Sa/LC 1, fol. 20.

may have meant that individuals from this social group considered their personal gift-exchange with the hospital to be different (the type characteristically found by Thompson for the 14th century).<sup>60</sup> Consequently, instead of gifts in pure and perpetual alms which had been a feature of the early grants to St Bartholomew's, the small number of late thirteenth century grants to both St Bartholomew's and St John's were characterised by the form: in frankalmoin.<sup>61</sup> This seems to suggest that from the beginning at St John's, the reciprocal exchange between individual donors and the hospital was characterised by more precise obligations placed on the recipient (prayers, masses), and that although the exchange process was enacted between living partners, the relationship would be maintained by the labour of the living for the dead. The change of emphasis within the charitable act appears to mark a shift from the idea of the individual donor's main concern being the well-being of his neighbour to considerations of his own salvation through the intercession of others. The good deed remained an act designed to be pleasing in the sight of God, a fulfilling of the seven acts of mercy, but the counter-gift expected had changed: instead of the recipient providing his response through his presence (his living in St John's in harmony with the community there as an expression of his gratitude) and his freely given prayers on behalf of the hospital's benefactors, his prayers were now an integral part of the exchange, and without their unconditional offering the donor would not have received his total expectations.

This form of the reciprocal exchange raises two questions: was the obligation honoured by the recipient in the short, medium or long-term and who, if anybody, monitored this; and if they did were they prepared to reclaim the gift if the terms were not being fulfilled?<sup>62</sup> With regard to the town's hospitals, this was presumably more complex than a similar gift to a monastic institution or hospital not under civic patronage, because the charitable act in this case was directed at members of the town's poor, those in Sandwich for whom the mayor and jurats (the leading citizens) had assumed responsibility; and it was these same men who were using this form of grant. As individuals, these donors were seeking the intercessory services of St John's, and collectively as governors of the hospital they had the power to provide such services (the provision of a chapel and staff). Moreover, as the dominant partners in their own gift-exchange with the hospital's community, they were well-placed to solicit such services from the inmates, who as members of the respectable poor of the town were under their patronage and care and so might expect civic protection for the community of the hospital. Two of the three deeds surviving for St John's from this period may illustrate this complexity with respect to the dual interest in the hospital by this group of donors because their gift-giving 'in frankalmoin' was, in addition, specifically directed towards the poor of the house and for a precise purpose, thereby suggesting they were well acquainted

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<sup>59</sup> Boys, *Sandwich*, 501, 544.

<sup>60</sup> Thompson, B., 'Monasteries' 108.

<sup>61</sup> For example, in 1269 Richard Belle granted in frankalmoin a yearly rent of 27d to the poor brothers and sisters of St Bartholomew's for his soul, those of his ancestors and successors; CKS: Sa/Ch 10B A1; Boys, *Sandwich*, 28.

<sup>62</sup> Of particular importance is the idea behind the statute of Provisors; Thompson, 'Monasteries', 111-112.

with the needs of the inmates which were not being met by their (collective, civic) gift-giving to St John's.<sup>63</sup>

The complexity of such systems of exchange and reciprocity might also become apparent following the renegotiation of the exchange process when other recipients became involved, thereby disrupting the relationship between the initial exchange partners. Although this example involved St Bartholomew's not St John's, it may highlight the potential problems concerning acts of reciprocity by the living for the dead. In 1271 the prior of Leeds and the master at St Bartholomew's hospital finally reached an agreement over the latter's claims to certain tithes associated with Woodnesborough parish, the advowson of the church there having become the property of the priory as a result of their gift-exchange with Ascelina de Wodenesbergh.<sup>64</sup> The tithes in question were from a number of holdings in the parish, including a fifteen acre holding called Ho, the tithes of which had been given to the hospital by Roger Haket, the current holder's deceased kinsman, for the love of God, for his soul and those of his ancestors.<sup>65</sup> As a result of the settlement, the master and brothers for themselves and their successors agreed to release forever to the priory and convent all their rights to the tithes, and in compensation the prior promised to deliver annually one seam of good barley during the octave of All Saints. If this was not done he agreed that the archdeacon of Canterbury might excommunicate those at Leeds without recourse to higher authority. For the prior, this consolidation of the house's resources as a means of generating income was beneficial in itself, and may also have added value to the patronage available through the advowson. Thus for an apparently small outlay the prior had enhanced the initial gift-exchange, though whether this meant he might have considered it was necessary to strengthen the relationship between the priory and Ascelina de Wodenesbergh (through the saying of further masses and/or other commemorate acts) is unknown. In contrast, the master at St Bartholomew's might be thought to have gained little from the bargain, except that he no longer had the task of collecting the tithes and instead received a guaranteed quantity of quality barley, and even though this may not have been especially detrimental to the long-term maintenance of the hospital, in consideration of Roger Haket's relationship with the hospital as its exchange partner, the agreement with Leeds may have been prejudicial. His successors, Sir Ralph Haket at the time of the settlement, may have felt that their kinsman's soul would no longer be aided with the same commitment by the hospital's community, and that their kinsman's wishes for his commemoration through his long-term relationship with St Bartholomew's had been ignored. Such actions by institutional exchange partners may have meant potential gift-givers had less confidence in the recipient's reliability to participate fully in these systems of reciprocity and exchange after the death of the donor, an aspect that was becoming increasingly important from this period; and as a result benefactors may have sought greater control through the use of

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<sup>63</sup> Thomas de Shelvinge's intended the released rent should be used to provide the brothers, sisters and the poor resorting to the hospital with straw, while John Long intended the quitrent should be used to provide the brothers and sisters with "olera et cetera potagai"; CKS: Sa/Ch 10J T1.

<sup>64</sup> Boys, *Sandwich*, 46; *VCH Kent*, ii, 162.

<sup>65</sup> The grant must pre-date February 1230 because it was confirmed by the archbishop of Canterbury at this time; Boys, *Sandwich*, 28; CKS: Sa/Ch 10B A1.

conditional clauses in their gift-exchanges with extra-parochial religious establishments. For the townspeople of Sandwich this seems to have meant the new friary because St John's and St Bartholomew's rarely appear to have been perceived as the provider of chantry-type facilities.<sup>66</sup> Alternatively, the wealthier townsfolk probably turned to their parish churches, but unfortunately there are no extant wills or other documentary sources from this period which *might suggest the frequency* of use of these services at the parish churches, and the buildings themselves produce few clues concerning commemoration of the leading townsfolk. Yet it seems likely that for most of the townspeople in Sandwich, the parish church remained the focal point of their spiritual gift-giving, probably both in terms of the involuntary and voluntary offerings they provided as a means of receiving the sacraments, and the hope of salvation.

The town contained three parish churches and St James' chapel in St Mary's parish which meant that the principal process of reciprocal exchange for the townspeople was the tithe system whereby the involuntary gift of tithes was intended to produce the counter-gift of the sacraments, so leading to salvation. The customary nature of this system resulted in local variation concerning what and by how much things were tithed, but it is likely that fish and agricultural produce might have been the dominant form of these offerings, although the urban nature of the Sandwich parishes may have meant personal tithes and those levied on rents were also important.<sup>67</sup> However, the process of the gift and counter-gift was more complex in certain parishes where the rector and incumbent were not the same man.<sup>68</sup> For example, the rectory of St Mary's in Sandwich was held by the archdeacons of Canterbury, who presumably claimed the great tithes, and so left their nominee, the vicar, to collect the small tithes (his stipend).<sup>69</sup> The vicar was involved in two processes of reciprocity, first with the archdeacon as patron of the benefice which may have required an initial gift on his part in order to secure the post, though this might be considered to constitute the sin of simony, and following his appointment, the spiritual and pastoral care of souls within the parish, the counter-gift similarly required by the parishioners as a consequence of their provision of the tithes.<sup>70</sup>

The rector at St Peter's was the incumbent, the advowson of which was held jointly by the mayor and St Augustine's, thereby providing them with a valuable appointment as patrons and a far greater degree of control than that available to most parishioners. This may have resulted in a good relationship between the priest and his parish at a time when the implementation of papal reforms was placing greater

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<sup>66</sup> Only William Bucharde, one of the first benefactors of St Bartholomew's, included the intention in his gift-giving that his gift should be used to sustain a chaplain at the hospital for the benefit of his soul and those he named; Boys, *Sandwich*, 22; CKS: Sa/Ch 10B A1.

<sup>67</sup> Swanson, *Church and Society*, 210-212. The vicar at St Clement's appears to have collected fish tithes from the haven; Boys, *Sandwich*, 279.

<sup>68</sup> Richardson, J., *The Local Historian's Encyclopaedia* (New Barnet, 1974), 67.

<sup>69</sup> Boys, *Sandwich*, 312.

<sup>70</sup> As part of the relationship between the vicar and his exchange partners, he was expected to be a priest at his appointment and to be resident in the parish, and in addition, pastoral care included aid to the poor of his parish; Swanson, *Church and Society*, 44-45.

emphasis on the role of the parish priest as the provider “of pastoral care and sacramental mediation, through which (and through which alone) folk could enjoy the promise of salvation, good health, good crops, neighbourly peace and justice”.<sup>71</sup> The theological centrality of the Eucharist provided the church, through the actions of its priests, with a vital counter-gift which was a necessary requirement for all Christians at least on an annual basis, and just before death. For this ultimate gift the laity were expected to fulfil their part of the relationship through the provision of involuntary and voluntary offerings which were in part designed to furnish the priest and his church with the correct accoutrements for “the recurrent miracle of resummoning of the incarnate historical body of Christ”.<sup>72</sup> Evidence for the local success of such reciprocal exchanges might be inferred from church building or refurbishment, the donation of ornaments and other items, and the declaration that all was well in the visitation records. Unfortunately for this period in Sandwich the churches themselves are the only surviving records of such exchanges, and these buildings have been subject to demolition, rebuilding and substantial alterations over the centuries. However, there is evidence of considerable reordering in the early thirteenth century at St Mary’s and at St Peter’s, following the French raids early in the century, which may imply a deep concern for their church by these parishioners, who either collectively or through their individual offerings sought to enhance the church as a setting for the Eucharist and other sacraments.<sup>73</sup> Such examples may justify a positive image of the importance of these reciprocal exchanges in the lives of the townspeople of Sandwich as the means whereby the spiritual economy was of value and valued by the majority of the exchange partners.

The last of the extra-parochial exchange partners within the spiritual economy was the Carmelite friary which was founded in the town in c. 1268. It is not clear why the Carmelites chose to settle in Sandwich, though there were already two friaries of this order in Kent, at Aylesford and Lossenham, and they may have been attracted by the region’s proximity to France where there were a larger number of Carmelite establishments. Presumably the most important factor was patronage: the friars required a site for their house and sufficient endowments to be able to sustain themselves. They appear to have received a small piece of marsh land to the south-west of the town and possibly a few quitrents at their foundation, but the name of the founder is not clear from the records.<sup>74</sup> Some sources consider that Henry Cowfield, an ‘Almain’, was the first benefactor, but his position as a foreigner in Sandwich may mean that the gift of the land for the site was in the hands of William Lord Clinton, who was subsequently constable of Dover castle and a member of the aristocracy.<sup>75</sup> A third benefactor during its early history may have been

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<sup>71</sup> Rubin, M., ‘What did the Eucharist mean to Thirteenth-Century Villagers?’, in P. Coss & S. Lloyd (eds.), *Thirteenth Century England IV*. Proceedings of the Newcastle upon Tyne conference 1991 (Woodbridge, 1991), 49.

<sup>72</sup> *Ibid.*, 50.

<sup>73</sup> Tricker, R., *St Peter’s Church, Sandwich, Kent* (London, 1994), 1, 4, 9. For example, at St Mary’s the provision of a recess for a banner-stave might indicate the probability of processions, and the possibility of parish gild(s), which may suggest the active participation of at least some of the parish in voluntary processes of gift-exchange; Tricker, *St Mary’s Church, Sandwich*, 1.

<sup>74</sup> Boys, *Sandwich*, 175.

<sup>75</sup> *VCH Kent*, ii, 204; Deighton, E., ‘The Carmelite Friary at Sandwich’, *Arch. Cant.*, cxiv (1994), 317. A few German merchants were involved in the wool trade and it is possible Henry may have been a frequent trader through the port of Sandwich; Lloyd, *Wool Trade*, 49.

Thomas de Crauthorne, whose ancestor had been the founder of St Bartholomew's hospital.<sup>76</sup> The last known patron from the thirteenth century also had links with St Bartholomew's because Sir John de Sandwich's father had been Sir Henry, one of the three named benefactors in the hospital's custumal, and he himself had witnessed one of the hospital's charters in 1269.<sup>77</sup> Like the other early donors, Sir John gave the friars a small gift, a plot of land adjoining their place, which may have been intended to be used for their subsistence.<sup>78</sup> These benefactors may have favoured the order because of its reputation for learning and private devotion, ideas that may have developed through personal knowledge of the order either in England or France possibly especially relevant to the experience of Henry Cowfield and Lord Clinton, while Thomas de Crauthorne and Sir John were more likely to have aided the Sandwich friars as a result of their personal contacts with this local institution. Support for the friars may also have been seen as part of the benefactor's good works and so pleasing to God, though presumably all the donors intended the friars should provide intercessory services on their behalf, while neighbourly concerns may have been prompted by the friars' hospitality for pilgrims and other poor travellers.

In addition to general motives relating to the gift-exchange based on the Christian ethos, these four patrons might be considered to represent four groups of exchange partner who might be sought after by the friars. Henry Cowfield seems to have been part of a growing number of merchants who saw Sandwich as a useful entry point into the English market, especially for those able to purchase the privileges of enfranchisement. For such men their personal contacts with the townspeople of Sandwich, the civic authorities and their officials, and the local clergy, as well as their fellow merchants trading there, may have resulted in an interest in the town which was not confined to their business activities, thereby producing a desire to provide Sandwich with a religious institution which was an asset to the town through its preaching and charitable ministry.

As a member of the aristocracy and officer of the crown, Lord Clinton may have been a frequent visitor to the the region, especially the ports of Dover and Sandwich.<sup>79</sup> Like many of his contemporaries, his actions as benefactor and patron were more likely to be directed towards the mendicant orders rather than the older monastic establishments, and this was possibly linked to issues of cost and changing fashions.<sup>80</sup> He may have supported the friars' choice of Sandwich, or even influenced their decision, based on his knowledge of the locality: the lack of any other religious institutions in the town and the mayor and commonalty's public patronage of St Bartholomew's hospital, which might indicate the likelihood of

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<sup>76</sup> Although speculation these two men may have had interests and contacts in common; Gardiner, *Sandwich*, 86.

<sup>77</sup> Boys, *Sandwich*, 29; CKS: Sa/Ch 10B A1.

<sup>78</sup> CPR 1272-1281, 404.

<sup>79</sup> According to the editor (Page), the benefactor may have been John de Clinton, not William; *VCH Kent*, ii, 204 n. 2.

<sup>80</sup> Golding, B., 'Burials and Benefactions: an Aspect of Monastic Patronage in Thirteenth Century England', in W. Ormrod (ed.), *England in the Thirteenth Century*. Proceedings of the 1984 Harlaxton Symposium (Woodbridge, 1986), 73; Holdsworth, C., 'Royal Cistercians: Beaulieu, her Daughters and Rewley', in P. Coss & S. Lloyd (eds.), *Thirteenth Century England IV*, Proceedings of the Newcastle upon Tyne conference, 1991 (Woodbridge, 1991), 139.

collective, possibly long-term, assistance for the house; a situation that was less likely in Dover where there were two royal/aristocratic foundations already, in St Martin's priory and the Maison Dieu. His aid for this new foundation may have formed part of his piety, his overall strategy relating to his good works in the pursuit of salvation, but was not sufficiently important to become his burial place.<sup>81</sup> However during life, he may have expected that the friars would provide him with hospitality whenever he passed through the town, a gift they appear to have extended to the king and his officials.<sup>82</sup>

Sir John's provision for the friars might exemplify the pious acts of the local knightly group who were generous to a number of religious and charitable institutions locally, and possibly regionally. Such families frequently continued to support those houses under their patronage for several generations, thereby extending the systems of reciprocity and exchange to produce a degree of regard between successive exchange partners on either side of the exchange. The gift-giving strategy used by members of the de Sandwich family appears to confirm the place of the thirteenth century as the watershed between the changing aspirations of benefactors from unspecified spiritual acts of obligation sought from the religious in the twelfth century gift-exchange to the defined act of the daily mass for the dead as the predominant form of the counter-gift by the fourteenth century.<sup>83</sup> For example, Sir John's own gift to the Carmelites seems to have been made without recourse to specific demands for his soul, though his grant to St Radigund's abbey does not include the phrase in pure and perpetual alms which may indicate this difference in perception.<sup>84</sup>

It is possible that the example of the beneficence of the local knightly family was more important for the townspeople than the pious actions of the aristocracy, especially by those who were thought to have had little direct interest in the locality. This reaction may have had a number of causes, including the idea that the endowment provided by the wealthy was considered sufficient, and that the patronage of the house may have been perceived to be under the control of 'outsiders' who were not concerned about the local links between the institution and the town. Consequently, Sir John's gift to the Carmelites may have been a useful addition to their holdings, but was also advantageous as a symbol of the relationship between Sandwich and the friars, a relationship that was taken up by the leading townsmen, for example the fourth named benefactor, Thomas Crauthorne. Even though he is less representative of the new, enterprising merchant group in the town, his kinsman's involvement in the expanding wool trade of Sandwich may imply that the family's prosperity was tied to the fortunes of the town and the small group of leading families most directly involved in trade and town affairs.<sup>85</sup> Thomas' gift-exchange with the

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<sup>81</sup> According to Boys, Lord Clinton was buried in St Mary's church, Sandwich, which seems to support Page's view [above n. 79]; Boys, *Sandwich*, 184.

<sup>82</sup> This may in part have resulted from the gift-exchange of Edward I with the Carmelites in Sandwich because he is known to have given them 5s for 1 day's food in 1300; *VCH Kent*, ii, 204; *CCR* 1413-1419, 368.

<sup>83</sup> Thompson, 'Monasteries', 107-109.

<sup>84</sup> Interestingly, his father appears to have used both strategies in his dealings with St Radigund's abbey and St Bartholomew's hospital, while his father-in-law, Hamo de Crevequer, used different exchange forms in his dealings with different religious houses and hospitals; Chapter 1, vii, c.

<sup>85</sup> His ancestor was named as one of the early benefactors of St Bartholomew's hospital in the late twelfth century.



friary, which seems to have taken place towards the end of the century, was presumably a pious, public act, directed towards his duty to God and considerations of his own salvation. The only known obligation he appears to have placed on the friars was burial in their church, but it seems likely he would have expected them to pray for him, possibly implying a move towards a more defined relationship with the friary that placed its emphasis on the link between the living and the dead. Consequently the focus for the process of reciprocity was the friary church, a place of burial, commemoration and intercession, in which the friars might also fulfil their obligations to the community (probably primarily the narrow community of the leading Sandwich families, rather than the townsfolk generally) through the giving of sermons and the counter-gift of confraternity.<sup>86</sup> This might indicate that the friary was of greatest importance to the leading townspeople, who were able to build a mutually beneficial relationship which may rarely have been extended to incorporate the poor, except occasionally in the form of hospitality for pilgrims and other poor travellers.

Further evidence of individual and civic gift-giving to the friars appears to follow the same pattern, the known benefactors of the early fourteenth century were also men from this socio-economic group, those actively involved in civic affairs who may have seen their support for the friary as an expression of their public and exclusive beneficence.<sup>87</sup> By so doing they were reinforcing the bonds between the civic authorities and the Carmelites which had become enshrined in the writing of the town's custom in 1301, where it was decreed that some of the underweight loaves confiscated by the 'common weigher' on market days should be given to the friars.<sup>88</sup> This suggests that certain townsmen, through their dual roles as leading business men and prominent civic officers, were able to develop the idea of their proprietary rights over this religious institution which had received the mark of royal approval.<sup>89</sup> This association between Sandwich and the friary where it was predominantly seen as an institution for commemoration and intercession may, in part, have been dependent on the type of exchange partner, the more exclusive group of individuals and families, primarily comprising the leading townsmen, and local knights. These men perceived the value of this institution in consideration of their duty to themselves, neighbourly considerations and civic responsibility for the poor being the province of the town hospitals, thereby allowing them to develop a relationship with this establishment which was a more fitting reflection of their identity. Thus in death as in life, the social status of those connected with the friary, that is, both the

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<sup>86</sup> Confraternity was a common feature of such houses, though there appears to be nothing in the little surviving documentation to suggest this occurred in Sandwich; Rosser, G., 'Communities of parish and guild in the late Middle Ages', in S. Wright (ed.), *Parish, Church and People: local studies in lay religion, 1350-1750* (London, 1988), 41-42.

<sup>87</sup> In 1306 Thomas de Shelvinge, the wool merchant, gave the friars a small piece of land in Woodnesborough which contained a spring and permission to make a conduit from his lands to their house; *CPR 1301-1307*, 440. John de Welles, Raymond de Sparre, John de Thaxstede, Thomas Gilet, John Botoun and William de Mounty gave them 2 acres of land in 1336; *CPR 1334-1338*, 230.

<sup>88</sup> Such bread seems to have been shared out between the friars, St John's and St Bartholomew's; Boys, *Sandwich*, 544.

<sup>89</sup> *VCH Kent*, ii, 204.

friars themselves and their benefactors, was considered to be equal, which meant that the friary was an appropriate space for these processes of reciprocity and exchange.<sup>90</sup>

### *2.1.b. The late fourteenth century*

The tensions within Sandwich society at this time appear to have their roots in the successive demographic crises from 1348 as well as the variable economic circumstances of the town which were dependent on the changing fortunes of war, and the uncertain trading conditions experienced during the fourteenth century. International trade was an important part of the Sandwich economy comprising a range of luxury items traded through complex networks of exchange involving various foreign nationals from the Italian city states, the Hanse towns, merchants from the Low Countries, several French provinces and the Iberian peninsula, and the London merchants.<sup>91</sup> Other goods might be shipped much shorter distances, like fish from Flanders, though this trade was hit by national foreign policies on an intermittent basis throughout the period, or agricultural products from the town's hinterland and beyond to supply the English army in France or the garrison at Calais.<sup>92</sup> For many of the leading merchants of Sandwich wool and wine were their staple commodities, and even though both trades suffered from royal interference and uncertainty at particular times, these men were able to maintain their businesses by engaging in the carrying trade.<sup>93</sup> Furthermore, assuming the conditions at Canterbury were similar to those at Sandwich, it seems rental values did not fall which suggests that the town was not suffering economic decline, at least in the short-term, and that it was continuing to attract migrants from the town's hinterland who were keen to take up properties made vacant following the years of high mortality there.<sup>94</sup>

The town appears to have suffered from the plague in 1348 and 1351 in particular, and the devastating effects seem to have prompted the mayor and jurats to provide themselves with legal powers to deal with

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<sup>90</sup> The friary was within the town, St Bartholomew's was outside the walls; the friary had a larger number of professional intercessors (15 friars rather than 3 priest-brothers), more burial space, more than 1 altar and a larger church (the friary church was 150 feet long by nearly 40 feet wide which meant it was longer than the parish church of St Peter), Deighton, 'Carmelite Friary', 318.

<sup>91</sup> Gardiner, *Sandwich*, 124-132.

<sup>92</sup> In addition to restrictions being placed on the trading of certain commodities by the crown, the mariners of Sandwich were involved in the various military expeditions overseas during the reigns of Edward II and Richard II; *ibid*, 116-124.

<sup>93</sup> Sandwich had been the wool port for Kent (Canterbury being the staple town) until 1368 when both were relocated to Queensborough thereby adversely affecting exports. However in 1377 the staple was moved to Sandwich and this aided the trade so that by the last decade of the century it had recovered slightly (Italian merchants exported wool through the port), while cloth exports by 1400 were considerably higher than they had been fifty years earlier (an average of 98 cloths exported per year in the 1350s to 279 per year in the 1400s; Lloyd, *Wool Trade*, 213, 255-256; Gardiner, *Sandwich*, 94-97; Croft, 'Customals', 136; Wallace, J., 'The Overseas Trade of Sandwich, 1400-1520', M.Phil. thesis, University of London (1974), 56.

<sup>94</sup> Using the treasurers' accounts from Christchurch priory (they survive for the years 1300-1337 and then from 1370) which include rents of property in a large number of the Canterbury parishes, Butcher has shown that the figures "of the 1370s and early 1380s give no sign of post-plague stagnation" thereby suggesting that Canterbury's experience "seems to have been one of resilience and even buoyancy" due to "rapid immigration, a redistribution of wealth and changed patterns of consumption" even though rates of mortality in the town had been high; Butcher, A., 'Rent and the Urban Economy: Oxford and Canterbury in the Later Middle Ages', *Southern History*, 1 (1979), 38-39, 42.

the guardianship of orphans and their property.<sup>95</sup> Presumably these reflected their concern for the children of their fellow citizens, but were also intended to retain a degree of control over the assets inherited by the children, especially if they too died prematurely. Thus in an attempt to avert the potentially de-stabilising effects of the dislocation of family and property (accumulated capital) within the town, the mayor was given the power to sequester two thirds of the goods and chattels of the deceased orphan which were then used “for the celebration of masses for the souls of the late owners, some for the use of the hospitals of St Bartholomew and St John, some for the lepers upon the wall by the road leading to Ech, some for the mending of highways, and some for other works of charity”.<sup>96</sup> The provision for masses to be celebrated may, in addition to general doctrinal considerations, indicate heightened feelings of uncertainty with respect to the survival of self, family friends and neighbours and the consequent desire to construct processes which would ensure the enactment of intercession and commemoration. In addition, this desire by the leading townsmen to maintain the town’s charitable functions (through their own hospitals, St Anthony’s hospital and the town’s infrastructure) may reflect ideas about the need to retain the good governance of Sandwich, the desire to try and recreate stability within the social structure at a time of probably large-scale immigration and possibly a greater difference in the levels of wealth experienced by the various individuals and families in the town.<sup>97</sup> Such ideas may have been of particular concern to those leading families (the Condys, Yoks and Ives), who had survived the early plague outbreaks and who had continued to hold positions of power in the town from the early fourteenth century until c.1380.<sup>98</sup> Such men in the three decades after 1348 were sons and/or nephews of those who had supported the town’s institutions earlier in the century through patronage and alms-giving as part of the town’s continuing responsibility for its members, which may have meant that these hospitals were seen as an important link with the past, and that their continuing presence in the town might be beneficial to Sandwich as havens for the poor, as places of intercession and commemoration, and as reminders of the town’s special relationship with St Bartholomew, who might *once again come to the town’s aid*.

The 1380s appear to mark the entrance of new men into the main civic offices, possibly reflecting the rapid social mobility of the surviving middling group in the town and the rise of a few of the migrant families who had successfully adapted to the urban environment, which may have had implications for the social structure of Sandwich and its rural hinterland.<sup>99</sup> The introduction of newcomers to the leading citizen group and the changing social, economic and political circumstances of the late fourteenth century

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<sup>95</sup> The civic authorities set up their legal powers through a combination of letters patent and the town ordinances; Croft, ‘Customals’, 131, 134; CPR 1345-1348, 453.

<sup>96</sup> Boys, *Sandwich*, 517.

<sup>97</sup> Butcher’s analysis of the situation in Canterbury at this time in terms of its changing social structure and the problems faced by the civic authorities in their desire to maintain order during periods of high grain prices (there were poor quality harvests in the region during the 1360s and early 1370s) and heavy royal taxation may be useful with respect to Sandwich; Butcher, A., ‘English Urban Society and the Revolt of 1381’, in R. Hilton & T. Aston (eds.), *The English Rising of 1381* (Cambridge, 1984), 86-87, 95-97, 100-101.

<sup>98</sup> It is possible that Sandwich, like Canterbury, suffered high mortality in the plague outbreak of 1374-5; *ibid.*, 98.

<sup>99</sup> For possible parallels in Canterbury and the surrounding region, though it appears that the men of Sandwich did not take part in the revolt of 1381; *ibid.*, 97-99, 110; Croft, ‘Customals’, 135.

may have led to the adoption of new ideas by those who had no familial connections with the town before the plague and who had made their fortune in this different environment. Even though it would be simplistic to consider that these two groups within the leading citizens could be categorised by the particular actions of two examples, the founders of the two chantries in the town at this period do appear to provide different approaches to this act of reciprocal exchange which might prove useful as a means of comparison. The men concerned were the Condys, John and William his son, whose family had been active in Sandwich throughout the fourteenth century, either as civic officers there or in the king's service; and Thomas Elys of Sandwich, whose family were from Otham, though he seems to have been a wealthy draper and merchant in the town until his death in 1391.<sup>100</sup>

The first William Condy known through his association with Sandwich was mayor there in 1310 and 1311, and his son John followed him in 1326 and 1338 before receiving royal favour as a result of his naval exploits at the battle of Sluys in 1340.<sup>101</sup> His elevation to the bailiwick of Sandwich was granted as a hereditary office and soon after his death in 1345 his son William took office, though initially he seems to have shared it with two other men, possibly because he had only just reached majority. After nine years in office he resigned in 1355 on very favourable terms, remaining active in the economic and political life of Sandwich until his death in 1368.<sup>102</sup> The first record of the Condy chantry is an entry in the letters patent dated 14 January 1344-5 of a licence for alienation in mortmain by the king's yeoman, John son of William Condy of Sandwich. He wished for a chaplain to celebrate mass daily in the parish church of St Mary, Sandwich, "for his good estate, for his soul when he is dead, and for the souls of the departed faithful", and this was to be funded by a rent of £4 in Sandwich.<sup>103</sup> The second is a note in the customal, probably written soon after 1368, the year William Condy son of John died, which describes the chantry "Habent maior et communitas cantariam Johannis County et Willielmi filii eiusdem Johannis in ecclesia beate Marie dicte ville; in qua cantaria si quis capellanus eiusdem cantarie fuerit missam matutinalem celebrabit".<sup>104</sup> The connection between St Mary's and William Condy was strengthened further by his and his wife's burial in the south aisle of the church, near the burial of Lord Clinton (probably one of the founders of the Carmelite friary).<sup>105</sup> Initially the chantry priest may have celebrated in the parish church, but Thomas Loverik, a fellow merchant and member of a prominent local family in the town, seems to have built a chapel adjacent to the parish church of St Mary's called the chapel of St Mary at the East Head in the late fourteenth century which would have provided a worthy

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<sup>100</sup> *Kent Chantries*, 263.

<sup>101</sup> *CPR* 1341-1343, 69; Croft, 'Customals', 122; Gardiner, *Sandwich*, 103-106.

<sup>102</sup> In 1363 he was appointed as controller of customs. *CPR* 1361-1364, 410.

<sup>103</sup> *CPR* 1343-1345, 378.

<sup>104</sup> Boys, *Sandwich*, 184; KKS: Sa/LC 1, fol. 115.

<sup>105</sup> Above, i, a.

site for his own commemoration and that of his contemporary in the town's civic administration, William Condy.<sup>106</sup>

The Condys appear to have been the first townsmen in Sandwich to endow a perpetual chantry at any of the town's parish churches, a form of long-term mortuary provision that remained rarely used in the town during the following century, probably because of the high costs. This makes their action and the possible motives behind it extremely interesting and may indicate the tensions and complexities of belief for those living at a particularly difficult period. Even though the reasons for his gift-giving were orthodox for this period, the importance of the belief in purgatory and the need to retain the process of commemoration, the subtle deviations from the usual forms may provide insights about the way the leading citizens viewed themselves and their town.<sup>107</sup> The timing of John Condy's petition for a licence of mortmain implies that he intended to set up his chantry before his death, thereby providing an *in vitam* grant to St Mary's church rather than the *post mortem* system of the will and testament that would be used by Thomas Elys and subsequent generations. In terms of the process of gift-exchange, this seems to imply a more personal relationship between the exchange partners. John knew the priest who was, and would be, providing for his well-being on both sides of the grave which suggests certain parallels with the earlier type of *in vitam* gift-giving to religious institutions. His faith that the recipient would honour the exchange may imply both a confidence in his choice of exchange partner and in the continuity of the town's institutions. Similarly, he appears to have believed that it was unnecessary to detail the masses to be performed, and instead left this to his priest who would, for a man of John Condy's wealth and status, do all that was necessary to ensure the masses were well-done. Consequently he refrained from using conditional clauses with respect to his grant, apparently preferring to leave the oversight of his chantry to his young son which seems to suggest his confidence in the continuity of his immediate family, a confidence that might have been severely shaken if he had lived for a further three years. However, by entrusting his soul's well-being to his son through the intermediary of the priest, he was providing William with the opportunity to extend the family patronage and allowing him the chance to become involved through his own gift-exchange, an option that William appears to have accepted.

It is possible that the Condy family dwelt in St Mary's parish, so John's choice of church reflected the family's position as parishioners, but it seems likely that there were other considerations for his use of the parish church which relate to his vision of the family and its place within the history of the town. Apart from the likelihood of personal links between the vicar and the family, John's connections in the parish presumably included the Loverik family who, like the Condys, had been members of the leading citizenry throughout the fourteenth century, and probably even earlier, and who were also benefactors of St Mary's. The siting of St Mary's church may have been influential because it was on the Strand,

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<sup>106</sup> The first 2 entries in the bede-roll for St Mary's, dated c. 1447, are the foundations of the chantry and of the chapel of East Head; CCAL: U3/11/6/5. Of the few extant town charters one is dated 36 Edward III which includes in the witness list after the mayor the names of William Condy and Thomas Loverik; CKS: Sa/TB 1.

<sup>107</sup> Duffy, *Stripping of Altars*, 328.

alongside the road from Canterbury, and so a prominent landmark within the heart of the shipping and trading area of the port, a fitting place of remembrance and commemoration for the man who had received royal recognition for his naval exploits as the saviour of the town. Furthermore, recent refurbishment of the church, especially its windows, may have produced a suitable environment for the new chantry, a place of beauty which would be enhanced by John's actions so that his good work might be particularly meritorious and his fulfilment of his duty to God would, in addition, reflect well on himself and his family. He may not have felt it was appropriate to set-up his chantry in either of the other two parish churches because of their association with the operation of civic government in the town. Although he had been mayor, his current office as bailiff meant he represented royal authority there, an authority that had been resented for many generations. His slightly ambiguous position *vis-a-vis* the civic authorities may have meant he sought to distance himself and his provision for commemoration into a space that was in a sense neutral, or not as closely identifiable with the battle for civic autonomy against the crown. His son's position as a servant of the crown for most of his adult life may have meant he was in agreement with John's decision regarding St Mary's for their chantry, and his endorsement of the choice seems to have resulted in his own burial there. The family's apparent alignment in death with the most ancient Christian site in the town, but not the site of civic administration, may suggest they wished to be seen as honorific descendants of the early townsmen who had served the crown against invaders before the question of self-government became a contentious issue. Thus, their close association with the town in death, as in life, was intended through the medium of the chantry to ensure intercession and commemoration, and to act as a bridge between the crown and the town, in the same way that they had done during most of their working lives.

William's involvement in the chantry may suggest a different approach compared to his father which may in part reflect the more uncertain circumstances of the later period. His apparent reluctance to entrust the management of the chantry to his kinsmen, though they may have been nephews rather than sons, might have been due to personal reasons but may imply he had lost faith in the survival of his family in the town. In such circumstances he seems to have turned to the civic authorities, men of his own social standing, his peers, who would be prepared to maintain his and his father's chantry as a measure of their regard for the Condry family. Moreover, he may have seen and known that his peers would have perceived that the maintenance of the family chantry might comprise one element in their (the leading townsmen's) strategy to present an image of continuity at a time of discontinuity, a strategy that may have found expression in the second writing up of the town's customal through the inclusion of named personnel from earlier in the century whose descendants were present among the civic officers in the 1360s and 1370s.<sup>18</sup> In addition to trying to create an idea of constancy, of which he and his family were and had been a part, William may have intended that his chantry should be considered the responsibility of the town, as in the past the Condrys had discharged their responsibility to the

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<sup>18</sup> Croft has suggested that the production of an edition of the customal at this time was the work of "an insecure oligarchy"; Croft, 'Customals', 135

townspeople of Sandwich. He may have envisaged, therefore, a three way partnership between the Condy family, the civic authorities and St Mary's church (the chantry priest) whereby the ongoing gift-exchange (the annual rents collected to pay the priest for which he provided the daily intercessory services and acts of commemoration) demonstrated the importance of reciprocity as a means of holding on to ideas concerning civic identity, the value of community and resistance to the 'Other': those groups both inside and outside the town who constituted or were thought to represent a threat to the *status quo* in Sandwich.<sup>109</sup>

The role that the mayor and jurats intended to play in the maintenance of the chantry is interesting and may imply they envisaged the chantry as an asset for the town. The idea that the chantry priest should celebrate the morrow mass seems to have originated with them, though it is possible William discussed the chantry with the mayor and senior jurats before his death. In this way they were providing the opportunity for the working townsmen to hear mass, presumably on a daily basis if they so wished, thereby aiding the spiritual lives of the productive members of the community, and especially those working at the port.<sup>11</sup> The mayor, through his concern for the provision of this sacrament for the lower social groups in the town, might be considered to have been discharging his civic responsibility, an act of charity that was of benefit to those outside the freedom and so a means of including those who were frequently publicly excluded (at civic elections and rituals like the St Bartholomew's day procession). Such an act in the late 1360s might be seen as a measure intended to deflect the tensions that may have developed over this period within the town between the various social groups with regard to matters like employment and taxation, whereby those in power sought to legitimise their position at a time when this too might have been considered to be under threat.<sup>111</sup>

In contrast, the chantry and associated hospital founded by Thomas Elys appears to demonstrate feelings of confidence in his and his peers' ability to govern the town and to ensure their survival as honoured men to future generations. Where William Condy may have looked to the past, his father and the men of the pre-1350 generation, Thomas seems to have considered his spiritual well-being should be the preserve of his contemporaries, younger men who would be active in town government in the decades after his death. His apparent faith in the future with regard to his family and his name may have been a reflection of his business life because his occupation of draper and merchant, at a time when cloth exports from the town were beginning to rise, may have provided him with the capital to invest in the town's hinterland, thereby providing stability in addition to his role as an entrepreneur in the town.<sup>112</sup> His position as one of the leading townsmen appears to have been recognised by his contemporaries, both inside and outside the

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<sup>109</sup> An interesting slant on this relationship would be that the town rented the courthall from the chantry priest so that the civic authorities and the chantry remained bound together until the Reformation. The town paying 10s rent per year, CKS. Sa/FAT 2 onwards.

<sup>110</sup> Duffy, *Stripping of Altars*, 99, 140.

<sup>111</sup> Butcher, 'Urban Society', 104-105.

<sup>112</sup> From the 1380s in particular the export of cloths through Sandwich grew considerably; Wallace, 'Overseas Trade', 56.

town, which provided him with the opportunity to marry his daughter Constance into the knightly Septvans family of Ash, who themselves were connected by marriage to the de Sandwich family.<sup>113</sup> Even though Thomas was active in the town government before the changes in personnel of the 1380s, his feoffees, presumably men who were his trusted friends and possibly business associates, were slightly younger.<sup>114</sup> Their immediate predecessors had apparently not held high office in Sandwich and so may have had considerably different feelings for the town compared to those of William Condy's generation.<sup>115</sup>

Unlike John Condy, Thomas was content to leave the setting up of his chantry to his feoffees *post mortem*, the instructions for it being included in his will and testament and this section of the document was later recorded in the town books.<sup>116</sup> He named four feoffees (Thomas Rollyng vicar of St Mary's, William Swan clerk, John Godard and Richard Benge) who were to endow his chantry from two messuages (possibly in the town), 216 acres of land and rents worth £4 from lands in several parishes in the hinterland of Sandwich, most of the land being in the manor of Eastray which was held by Christchurch priory.<sup>117</sup> This large endowment suggests that Thomas was extremely wealthy in comparison with his fellow townsmen in Sandwich, especially as he also founded a hospital and he had presumably already adequately provided for the survivors of his twelve sons and eleven daughters. His apparent desire to concentrate his wealth as land outside the town in later life was a policy frequently adopted by prosperous citizens from at least the early fourteenth century and was to continue throughout the late medieval period. Although this was one means of establishing or re-establishing the family in the countryside, it seems likely that certain Sandwich men had used this policy to avoid contributing their share towards the provision of coastal defences and the heavy financial burden of defending the town against the French continued throughout this period.<sup>118</sup> This is not to suggest that Thomas abdicated his civic responsibilities, as an individual he was prepared to lend Richard II £40 in the first year of his reign, because even though he seems to have been less active on the town's behalf during his working life compared to some of the less wealthy citizens, his priorities near death appear to have been his and his family's salvation and that he should be remembered as a civic benefactor.<sup>119</sup>

He seems to have employed three devices: his tomb, his chantry and his hospital to achieve his desires and though they might be considered parallel institutions, the thinking behind them appears to suggest

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<sup>113</sup> Constance married John Septvans the son of Sir William Septvans, whose mother was Ann, the daughter and heir of Sir Nicholas de Sandwich, an important benefactor to St Bartholomew's hospital in Sandwich (like his ancestor Sir Henry), Boys, *Sandwich*, 165.

<sup>114</sup> He was mayor in 1370 and 1382, and represented the town in Parliament in 1369 and 1377-8.

<sup>115</sup> John Godard was mayor in 1379, 1383, 1384-6, 1392, 1403-6 and an M.P. in 10, 18, 20 Richard II & 1, 3 Henry IV; Richard Benge was mayor in 1407-8 and M.P. in 20 Richard II; Boys, *Sandwich*, 166; Croft, 'Customals', 135.

<sup>116</sup> CKS. Sa/AC 1, fol. 88-89.

<sup>117</sup> *Kent Chantres*, 264 [CCAL: DCc/Chartae Antiquae E. 159].

<sup>118</sup> Croft has noted that according to the letters close of 1339 some men of Sandwich had left the town in order to avoid paying common charges and that the king had been informed of this by other Sandwich men; Croft, 'Customals', 129 [CCR 1337-1339, 237]. Butcher, 'Urban Society', 93.

<sup>119</sup> Boys, *Sandwich*, 165.



that together they were intended to fulfil all of the three-fold obligations. Through his use of St Peter's church he appears to have instigated a link between himself and the town government. By seeking to draw on memory and past events in the town's history like the St Bartholomew's day procession and Sandwich's saintly protector, he may also have employed ideas about continuity in terms of good government that were, and more importantly would be, applicable in the future. The physical presence of his tomb and his chantry in St Peter's church were permanent reminders of him and his family, and the fact that they occupied the same sacred space as the day to day workings of the town court meant the current civic officers were constantly aware of his presence among them in death, as he had been in life. Even though nothing today survives to conclusively identify his tomb, the most likely is the central tomb recess in the north aisle which is a table tomb with an elaborate stone-carved tracery wherein are included the arms of the Septvans family and the arms of the town.<sup>120</sup> Assuming this is Elys' tomb it provided a number of symbols which might have been intended to place him and his family within the social memory of the town. The absence of any effigies might suggest a lack of personal ostentation, he may not have considered it was necessary to place such an obvious reminder of himself there and that a more subtle use of tomb imagery would induce feelings and acts of commemoration and intercession from his fellow citizens and their successors. The extensive decoration of the stonework surrounding the tomb signalled his wealth and status, while its position in the recently rebuilt and extended north aisle may suggest it was sited close to the area where the town officers were elected and the town court was held and this point of contact with town government seems to have been reinforced by placing the Sandwich town arms above the tomb recess. Thus his tomb seems to have been intended to identify Thomas Elys as the wealthy draper, who was a leading baron of Sandwich and senior town officer. Yet it appears he expected his tomb to act as a bridge between this persona and that of Thomas, the head of a family whose wealth, good standing and marriage policies had placed them within the ranks of the local gentry. The shields, with their armorial bearings around his tomb, including those of his son-in-law's family, seem to imply that he wished his aspirations for his family and its name should be preserved for all time in stone in his parish church: he would remain there while his successors became part of the aspiring local gentry.<sup>121</sup> This suggests he had confidence in the survival of both his family and the town government (as an institution and named individuals within it), who would be involved in his commemoration forever, just as his three chantry priests would celebrate the intercessory masses for all time.

His apparent belief in the certainty of the execution of his proposals for his chantry may have been the result of his wealth and position, he was used to being obeyed, but it is likely that he was convinced of the rightfulness of his actions with respect to his duty to God and the needs of his salvation and that of his family. His concern to provide detailed instructions regarding the duties of the priests and how the chantry should be managed seem to preclude any deviation instigated by his feoffees or any other party

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<sup>120</sup> Tricker, *St Peter's*, 10, 13.

involved which may have been in response to the mayor's use of the Condy chantry chaplain to say the morrow mass (a form of interference to the original endowment that Thomas Elys was apparently not prepared to countenance).<sup>122</sup> Yet, even though the chantry chaplains were to play a very limited role in the church life of the parish, other activities were not to impair their ability to fulfil their obligations to Thomas and those he had named; and this meant they were only to attend divine service for the parish on Sundays and festivals and then solely during the chants and singing of psalms.<sup>123</sup> The instruction that one of the chaplains should provide schooling for the young of Sandwich does not appear to have been included in the original agreement, but such a provision seems appropriate because it suggests the idea of aspiration and forward-thinking which might be said to characterise Thomas' acts for remembrance.<sup>124</sup> By instituting this opportunity to gain a preliminary education for the young men of Sandwich he was both aiding the individual and the town because such men would be assets to Sandwich through their activities as traders, artisans and craftsmen, as members of the civic authorities or as members of the clergy, thereby producing living memorials of his service for the future benefit of the town.

It is possible that his hospital, dedicated to St Thomas of Canterbury for the maintenance of twelve poor people, should be seen in a similar way. This parallel institution was also founded *post mortem* and was to be governed by the same feoffees who organised his chantry, although in this case they were enfeoffed in a messuage and 132 acres of land in Woodnesborough. The lack of surviving ordinances for the house means that any assessment of the hospital rests on the sixteenth century testamentary material, an illustration of what appears to have been the original hospital building and the survival of the porch/gateway.<sup>125</sup> Possibly the most significant factors from this evidence are the absence of any indication that the hospital inmates were regularly involved in providing intercessory services for Thomas Elys, that there is no known link between the activities of the chantry priests and the hospital inmates, that the hospital did not have its own chapel but a common hall and that the arms of the town adorned the porch of the hospital. These factors seem to suggest that Thomas saw his two institutions as complementing each other, but separate, and that with regard to his hospital its foundation was principally a means of fulfilling his obligations to God and his neighbours. There is nothing to indicate he expected them to act as his bedesmen in association with the three chantry priests and instead they seem to have been seen and saw themselves as members of St Peter's parish, the parish where the hospital was situated.<sup>126</sup> This may suggest that he was not primarily concerned for his, or their, spiritual welfare to be enhanced through their devotional activities, but that his charitable act in aiding God's poor, the poor of

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<sup>121</sup> His son-in-law's family, the Septevans were well established in the neighbouring parish of Ash, the local church gaining considerably from their patronage, including the fine alabaster effigy of John de Septvans, died 1458.

<sup>122</sup> Boys, *Sandwich*, 185-186; CKS: Sa/AC 2, fol. 166v.

<sup>123</sup> He does not seem to have completely discounted neighbourly considerations in terms of his chaplains' duties.

<sup>124</sup> Boys, *Sandwich*, 186.

<sup>125</sup> It appears the hospital records were written up in 1450 when some had been found to be missing, but the authorities seem to have lost all trace of these by 1725 when they wrote new regulations; CKS: Sa/LC 9; *VCH Kent*, ii, 227.

<sup>126</sup> Unfortunately there are few surviving wills made by the brothers there but John Newman in 1540 intended that he should be buried in St Peter's churchyard beside his late wife (possibly also from St Thomas'), his 3 funeral days were to be celebrated at the same church; CKS: PRC 17/23/56.

his community, was important for its symbolism which was signalled through the provision of twelve places. As a leading townsman who had held the highest public office the town could bestow, he seems to have wished to express ideas about civic responsibility and good governance which included care for the poor and the maintenance of order, both being accomplished through the institutionalising of the poor. Consequently he may have expected that his hospital should have been seen as a new model for the community which was different from the town's other two hospitals where the chapel and its priests were an integral part of its function. His choice of leaving the governance of his hospital to his feoffees rather than the mayor might seem strange under such circumstances, especially as the placing of the town's coat of arms on the porch might appear to denote the hospital was a town institution, but may imply that even though the hospital was symbolically an institution of the town he wished it to remain under the control of those he had personally selected.

This patronage from beyond the grave appears to have been established by his conditional clauses dealing with the selection of the chantry priests, and it is likely similar provisions were in place with regard to the choice of the hospital inmates. At both establishments the selection of the recipients was controlled by the feoffees, who acted as intermediaries between the exchange partners, though once selected the recipient was bound by oath to the donor to faithfully discharge all the necessary duties.<sup>127</sup> The chantry priests were under the jurisdiction of Canterbury, but it seems probable that the responsibility for overseeing their provision of the counter-gift was in the hands of the feoffees, with the sanction of Canterbury, and the inmates were probably always under their control. The feoffees themselves had been selected by Thomas and he had employed his patronage to do so, thereby introducing the idea of a reciprocal exchange which meant that the feoffees were under an obligation to discharge their task as recipients in this process. Apart from their task as patrons *in absentia* with regard to the chantry priests and inmates, they were similarly engaged by Thomas to use their patronage for their own replication as feoffees to ensure the continuation of the intercessory and other gifts from the ultimate recipients in this three-way relationship. Although Thomas might have been expected to believe that his feoffees would faithfully discharge their duty as exchange partners, he appears to have envisaged that the process might break down and if this occurred the system of patronage was to pass to the mayor and jurats, while a failure on their part after a month would result in the abbot of St Augustine's, Canterbury, selecting the priests and if he similarly failed the task finally fell to the archdeacon of Canterbury.<sup>128</sup> These conditional clauses may imply that he was extremely cautious in respect of his soul which might be seen as justifiable in terms of the terrors of purgatory, or that he wished to cover all contingencies in the unlikely event that the civic authorities would prove unreliable, so requiring an ultimate patron, the ecclesiastical authorities, if all else failed. In this he was, therefore, looking to a wider set of potential exchange partners compared to John and William Condy, an indication possibly of his broader social

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<sup>127</sup> Boys, *Sandwich*, 185-186.

<sup>128</sup> *Ibid.*, 185.

networks, his greater wealth and his determination to provide fitting memorials for himself and his family through more complex systems of reciprocity and exchange.

Although the people of Sandwich appear to have suffered considerable hardship during the 1380s, it seems unlikely that this prompted the leading citizens to donate a few more pieces of land to St Bartholomew's in the early 1390s.<sup>129</sup> These grantors were sometimes joint land holders whose grants were made in fee without specified obligations, though they may have expected to be remembered in the prayers of the inmates and priest-brothers rather than relying exclusively on the value of the gift as a good work which was the recompense received by those who gave casual alms.<sup>130</sup> Such small gifts may suggest the donors saw them in terms of their symbolism (they were unlikely to significantly enhance the viability of the hospital), though their position, most were pieces of agricultural land in the vicinity of the hospital or abutting the hospital's holdings, may imply the donors expected that the inmates would work them on behalf of the hospital community, a situation that may not have been possible a few decades earlier because the hospital presumably had also been subject to high death rates.<sup>131</sup> Although to a large extent conjecture, it is possible that the request by John Gybon, a leading townsman, to Edward III to grant the profits of the ferry between Sandwich and Stonar to the brothers of St Bartholomew's was done in the knowledge that the house was in need of revenue to compensate for the community's inability to generate sufficient resources from the activities of its possibly reduced and/or debilitated inmates.<sup>132</sup> In addition to its value as means of providing income for the hospital, it may have been seen as a symbolic gift which was especially appropriate for a hospital where the provision of hospitality might be extended to aid those travelling in the neighbourhood, though in most cases the gift was linked to bridges rather than ferries. Even though the hospital might have suffered a high turnover of ferrymen, it was probably relatively easy to find replacements because the income for both the ferryman and St Bartholomew's was still good: in 1383 the ferryman, Robert Grymysby, agreed to pay the hospital twenty marks a year when to took a seven year lease of the ferry.<sup>133</sup> This grant may, therefore, have been particularly advantageous to St Bartholomew's at a time of difficulty, and for the mayor and jurats as patrons of the house, it may have had the double benefit that it provided for the town's hospital at no cost to themselves and transferred a further privilege from the crown to the town.

It is harder to make any assessment of the condition of St John's hospital during this period because its community was apparently much less self-sufficient (a few gardens in the town comprised its productive

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<sup>129</sup> It was reported to the king that "the town is so much weakened by divers plagues and other losses and grievous calamities that the inhabitants are not sufficient to defend it against assaults of the enemy"; *CCR* 1381-1385, 519. Interestingly prior to the 1390s one of the few benefactors of the hospital had been Thomas Elys who in 1382 had granted in fee almost 6 acres (in small plots) to the brothers and sisters: Boys, *Sandwich*, 44; *CKS*: Sa/Ch 10B A1.

<sup>130</sup> For example in 1391 Stephen Reyner and John Cardon granted in fee to the master, brothers and sisters 1/2 acre in Worthelle field and 1/2 acre in Hambreggebroke field; Boys, *Sandwich*, 48.

<sup>131</sup> Elsewhere hospital populations had suffered considerably, for example at Clyst Gabriel hospital near Exeter of the 2 chantry priests and 11 infirm priests, 9 died between the beginning of January and the end of March in 1349; Orme, 'Mortality', 201.

<sup>132</sup> *CPR* 1348-1350, 341.

land holdings), being heavily dependent on casual alms and the small rents it received from its few pieces of property in the town. However, like St Anthony's, it did survive and unlike the leper hospital there are a handful of references to its activities as an exchange partner at this time. Most of the grants which have survived indicate that it was predominantly the recipient, mainly of grants in fee to the master, brothers and sisters and either of the property itself or the rents attached. There are some discrepancies between Boys and the surviving deeds but the overall situation is of an institution receiving grants from a variety of townspeople, not exclusively men like Thomas Elys, and that the majority of the earlier grants (1 in 1347, 1 in 1349, 2 [3] in 1366) were rents whereas those in 1384 (2 or 3) were property.<sup>134</sup> Almost all the grants concerned holdings in St Peter's parish, especially property in the fish market, and these centrally-sited commercial assets might have been expected to be and remain valuable for St John's. However, there appear to be indications of some problems within the rented sector during the first decades after the first plague years, and at least one of the hospital's tenements had fallen down between 1354 (year received) and 1370 (it was renting out the land).<sup>135</sup> The hospital seems to have had problems finding tenants for its property in the early 1370s, though conditions may have improved by the mid 1380s when the hospital again entered the property market. Assuming that the grantor was in the dominant position, it seems that the use of the form of an indenture forever may imply that the master considered the return on the exchange was better than before and was unlikely to rise in the short and medium-term, an assessment that appears to have been accurate for the following decades into the early fifteenth century.<sup>136</sup> Yet even though the community of St John's may have seen their capital assets and sources of income increase only marginally over the period, by the end of the century the hospital was accommodating twelve permanent inmates, the number it had probably been founded for.<sup>137</sup> Thus St John's as the recipient of various gift-exchanges with individual townspeople, married couples and collectively (under the corporation) had received sufficient gifts to survive, and possibly return to its former size, thereby allowing the brothers and sisters to repay the obligations placed on them by the donors. The saying of prayers in the hospital's chapel for the souls of their benefactors, the care of the sick in the 'harbinger' at the back of the hospital, and their public and active roles in the town as the humble poor who were the living embodiment of civic charity and responsibility.

Religious houses were not immune from the ravages of the plague and it seems likely that the Carmelite friary might have been a smaller community in this period compared to the twenty-four friars there in

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<sup>133</sup> Boys, *Sandwich*, 45; CKS: Sa/Ch 10B A1.

<sup>134</sup> Boys, *Sandwich*, 132-133; CKS: Sa/Ch 10J T1.

<sup>135</sup> In 1354 Robert Warde and Johanna his wife granted in fee to St John's hospital a house and adjoining land in St Peter's parish and it appears that in 1370 the same land and a fallen house were providing the hospital with 19d per year; Boys, *Sandwich*, 133; CKS: Sa/Ch 10J T1.

<sup>136</sup> In 1385 the brothers and sisters granted forever by indenture to Walter Taylour and his heirs and assigns a tenement in the fish market at a yearly rent of 26s8d; in the first 2 decades of the 15th century they made a number of similar grants of which the annual rents ranged between 3s and 7s; Boys, *Sandwich*, 133; CKS: Sa/Ch 10J T1. Wallace, 'Overseas Trade', 61-62.

<sup>137</sup> Gardiner says the house initially accommodated 15 inmates but she does not cite the reference and the customal does not give a figure, also 12 was more common due to its biblical connections; Gardiner, *Sandwich*, 169. The first

1331.<sup>138</sup> There were, however, sufficient friars to continue the life of the house and, in addition, its fame seems to have drawn gifts from a wide range of sources. Unlike the hospitals (which were apparently dependent on local donors, probably in part a consequence of their reputation in the town and hinterland) the friary, through its place in the Carmelite order both in England and France, was known regionally and nationally.<sup>139</sup> Its reputation may have rested on the learning of its personnel, as well as its role as a place for royal hospitality, thereby providing benefactors with a worthy recipient and one which might also fulfil any intercessory services desired by the donor.<sup>140</sup> Although it is likely that it did receive some *in vitam* grants during this period, the two documented forms of reciprocal exchange are an indulgence and wills. In 1370 Thomas Brantingham, bishop of Exeter, offered a forty days' indulgence to those of his diocese who should devoutly visit the Carmelite church there "in which, as we have heard, a fair image of the blessed virgin and martyr Katherine is held in great veneration."<sup>141</sup> Such a gift might only have provided the friary with a small number of offerings, presumably by those from the south-west who were travelling east through England anyway, either on business or pilgrimage, and his subsequent offers of indulgences for those who visited specific hospitals in his diocese may have been more lucrative for the recipient institution.<sup>142</sup> Yet it does imply that the friary was well visited and that pilgrims were drawn to the place through their veneration for Our Lady and St Katherine, two cults which had always been important, but were receiving increased favour from this time, thereby providing the house with a valuable income that required relatively little outgo from its own resources (wax lights, maintenance of the images).<sup>143</sup>

In addition to casual alms given with or without inducements, the friary was probably the grateful recipient of an increasing number of testamentary bequests which may frequently have included requests for prayers on behalf of the donor's soul, other named persons and the departed faithful. Burial may also have been requested in its church by wealthy townsmen and members of the local gentry. Unfortunately, however, the only wills surviving for this period relating to people in Sandwich and its hinterland are the *Sede Vacante* wills principally recorded in the Christchurch priory registers.<sup>144</sup> These few and a very small number of others variously located appear to suggest that the friary's reputation was positively beneficial on a regional scale, and probably also nationally. For example, the king and members of the aristocracy may have stayed there before travelling abroad, thereby bringing it to the attention of the greatest in the land who might be prepared to support the house *post mortem*, especially if they had other links with the Carmelites, a situation that may explain John of Gaunt's bequest of 40s to the Sandwich

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surviving entry in the St John's register records 4 brothers and 3 sisters for 1397 and 7 brothers and 5 sisters in 1399, a now lost entry for 1391 listed 6 brothers and 6 sisters; CKS: Sa/Ch 10J A1; *Kent Chantries*, 275.

<sup>138</sup> Deighton, 'Carmelite Friary', 321.

<sup>139</sup> A Provincial Chapter was held in Sandwich in 1398; *ibid.*, 324.

<sup>140</sup> The order was known for its special schools; Lawrence, C., *The Friars* (London & New York, 1994), 134.

<sup>141</sup> *VCH Kent*, ii, 204, citing *Exeter Epis. Reg. Brantyngham*, i, 223.

<sup>142</sup> Orme & Webster, *English Hospital*, 188, 249, 252, 254, 258, 260, 263.

<sup>143</sup> Duffy, *Stripping of Altars*, 47, 171, 173-174.

<sup>144</sup> Almost all for this period in CCAL: DCC/Register G.

friars (he had had three Carmelite confessors).<sup>145</sup> Personal links might produce reciprocal exchanges on a regional as well as on a national scale, though in the case of William Vaus of Maidstone the extensive range of his bequests to religious houses and hospitals across east Kent in particular may imply the merit of individual institutions was not his primary concern, instead each was expected to pray for his soul and presumably any deficiencies at certain establishments might be rectified by the masses well-done elsewhere.<sup>146</sup> Due to the bias of the surviving wills, support for the friary seems to have been predominantly in the hands of the local gentry, men like John de Septvans of Ash who had connections with Sandwich through his marriage to Thomas Elys' daughter, and who sought commemoration at three friaries (the Sandwich friars, the Black friars and Grey friars of Canterbury), at St Augustine's abbey and by the nuns of St Sepulcre's in Canterbury.<sup>147</sup> Each of his recipient institutions received cash and frequently malt, but he only included personal bequests to individuals at St Sepulcre's and the Carmelite friary which may indicate he already had links with these institutions (St Sepulcre's held land in Sandwich), was personally acquainted with the religious there and considered them fitting establishments as exchange partners in his search for salvation.

For most of the townspeople, however, presumably their predominant exchange partner with respect to their pious/charitable gift-giving remained their parish church, or the fraternities there in. Although these processes of exchange will be explored in more detail in the next section due to the survival of testamentary materials for the later period, it may at this point be instructive to mention the fraternity of St Katherine at the chapel of St James in St Mary's parish church. This second focus of veneration for St Katherine in the town (see above at the friary) may suggest the success of her cult in Sandwich, possibly especially for the women of the town because of her association with childbirth and her perceived ability as a provider of good marriages for young women.<sup>148</sup> Moreover, her position as one of the major virgin saints meant she was considered to be a powerful intercessor, and possibly an exemplar, because of her sexual purity and devout piety displayed at times of extreme temptation and physical torment.<sup>149</sup> The fraternity, unlike some other later ones in the town was open to both sexes and the later reference to the sisterhood of St Katherine may imply that women were in the majority at that time, possibly reflecting the membership throughout its existence, though the only known wardens were men.<sup>150</sup> It is difficult to judge its importance either in terms of the size of the fraternity or its place within the life of the parish or town, but the one surviving reference to it for this period does suggest that St Katherine may have been perceived as a particularly strong advocate on behalf of women because the gift-exchange enacted by John Wynchelse senior appears to have been primarily undertaken on behalf of Matilda, his late wife, for whom the members were probably expected to pray as the most appropriate counter-gift, though he may

<sup>145</sup> Deighton, 'Carmelite Friary', 324.

<sup>146</sup> William Vaus in 1368 bequeathed 13s4d to the Carmelites of Sandwich, 20s to the same order at Aylesford and 6s8d to those at Lossenham; *Registrum Langham*, 352.

<sup>147</sup> CCAL: DCc/Register G, fol. 270.

<sup>148</sup> Lutton, 'Heterodox', 159 using ideas from the doctoral thesis of Katherine Lewis of the University of York.

<sup>149</sup> Duffy, *Stripping of Altars*, 171-179, 182.

<sup>150</sup> Deed recorded in the town book for 1537; CKS: Sa/AC 3, fol. 79.

have hoped that at a later date he too would be remembered by the fraternity.<sup>151</sup> This grant may represent a form of gift-exchange that would become more common in the fifteenth century with the growth of new cults and fraternities in the town as the townsfolk sought to redefine and express spiritual and temporal ideas concerning matters like salvation and civic identity.

#### *2.i.c. The late medieval period (c.1470 - c.1530)*

The most important feature of the town's history during this period was the decline in the economy which affected the social and religious life of Sandwich and had significant implications for the systems of exchange and reciprocity engaged in by the town's institutions and by individuals. In order to provide a context for these systems to be explored, it seems appropriate to highlight the main reasons for the town's declining fortunes and the major responses implemented by the townspeople. The problems experienced by the town at this time were in part due to national and regional factors, including royal foreign policy and the vulnerability of the town to French attack.<sup>152</sup> Furthermore, Edward IV's at times belligerent attitude towards France and her allies was a serious concern for the townsmen because of its impact on trade and Henry VIII's similar policy may have resulted in even greater difficulties as a consequence of his heavy tax demands. Local conditions were equally important and for Sandwich the primary problem was the silting of the haven and the consequent inability of large ships to enter the port.<sup>153</sup> The implications of this were most acute with respect to international trade and the town seems to have lost the Mediterranean trade to Southampton and London from about the beginning of Henry VII's reign, a situation that is reflected in the lower total tonnage entering the port and the lesser value of the goods carried during this period compared to the figures for the reigns of Henry VI and Edward IV.<sup>154</sup> This relocation of the trade from the Italian city states to other ports resulted in a lessening of interest in the port by foreign and London merchants and the departure from the town of a large proportion of these foreigners.<sup>155</sup> Such problems appear to have drawn two major responses from the town, firstly the trading economy seems to have been restructured and instead of the concentration on wine, wool, cloth and the luxury trade from Italy, the portsmen were involved in the shipping of luxury items from the Netherlands and the cross-Channel carrying trade, especially with the town and garrison of Calais, which provided

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<sup>151</sup> The grant was of a garden given in pure and perpetual alms for the emendation and sustenance of the fraternity: Boys, *Sandwich*, 187.

<sup>152</sup> In 1457 when the town was sacked and the mayor and several other senior officials were killed it caused considerable difficulties and the resulting devastation necessitated an increased programme of rebuilding and strengthening of the port's defences; Gardiner, *Sandwich*, 137-140.

<sup>153</sup> Wallace, 'Overseas Trade', 73-76, 441-445; Gardiner, *Sandwich*, 195-199.

<sup>154</sup> The position continued to deteriorate because in 1548 a petition to Somerset sought to stress the inability of 'middle-sized' ships to enter the haven and that they were instead forced to anchor in the Downs in order to tranship their cargoes to small lighters operating out of the port, thereby defrauding the crown of its rightful customs; Wallace, 'Overseas Trade', 7-99, 446-447.

<sup>155</sup> For example, the flourishing Geneose colony of the 1440s was greatly reduced by the late 1460s, and a similar group of Netherlanders seem to have dissipated about the same time, though a few individuals from northern France and the Low Countries continued to enter Sandwich as traders; Wallace, 'Overseas Trade', 352-365.



opportunities for the agricultural and fishing industries of Sandwich and its hinterland.<sup>156</sup> Secondly, the mayor and jurats adopted a policy of collective responsibility towards the maintenance of the haven by introducing a series of local taxes and the requirement that the town wards should provide labourers to work on the haven and the town's defences when necessary.<sup>157</sup> This decline in the local economy caused further problems for the town authorities as a collective and for individual members of the commonalty, thus by the early sixteenth century there had been a considerable fall in the commercial value of the town's properties due to the problem of rent arrears, or that the common property had decayed through a shortage of tenants and lack of repairs.<sup>158</sup> Consequently, at a time when the regular sources of town income were falling or under threat it was necessary for the mayor to raise further local taxes for the recovery of the haven and, in addition, for the defence measures previously cited, a situation that seems to have been resented and possibly resisted at certain times.<sup>159</sup> Yet most of those in authority appreciated the need to provide improved trading facilities and a better environment and that the only means of achieving this was the imposition of collective responsibility which might be established through fiscal measures and the compulsory labour of individual house holders.<sup>160</sup>

Although it might be an exaggeration to imply there was a flight from office at this time in Sandwich, there was an especially strong reluctance to take the office of treasurer from 1490 and this situation became increasingly serious.<sup>161</sup> Even though it had been agreed that the treasurers should be paid, the situation appears to have worsened by the beginning of Henry VIII's reign because others were also refusing to serve as jurats, and at times the problem of finding sufficient office holders became an annual

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<sup>156</sup> *Ibid.*, 92-94, 96, 103, 166. Moreover, the carrying trade to Calais included large numbers of livestock which required pasture before shipment and areas around the town were in heavy demand for grazing; Harvey, I., *Jack Cade's Rebellion of 1450* (Oxford, 1991), 13.

<sup>157</sup> This policy did meet with some success though some individuals and groups, for example the master and brothers at St Bartholomew's initially refused to pay their contribution towards repairing the wharf at Davygate in 1528 and the work on the haven was impeded by the marsh drainage policies of the major monastic houses in the neighbourhood, CKS: Sa/AC 3, fol. 10v; Gardiner, *Sandwich*, 195-201.

<sup>158</sup> For example, John a Lee, the farmer of the town crane, was in 1517 having difficulty raising the farm and he was only able to continue because he had other forms of income; CKS: Sa/AC 2, fol. 249. Nor at times were the authorities able to intervene successfully on behalf of their lessee: in 1509, four years after the authorities had passed an ordinance requiring all seamen to have their corn ground at the common watermill, the lessee returned the town's watermill to the corporation because he was losing money, CKS: Sa/AC 2, fol. 141v, 172.

<sup>159</sup> Even before the attack of 1457 the mayor had experienced problems collecting local taxes having been in danger from "riouttes" men in 1454; CKS: Sa/AC 1, fol. 96v, 105-105v, Gardiner, *Sandwich*, 139-140, 142-143. For the more prosperous citizens diversification into the rural economy of the town's hinterland may have lessened the demands of local taxation and increased the opportunity to avoid civic responsibility, for example in the local tax imposed by the common council in 1471 one of the wealthiest men was the merchant and shipmaster, William Kenet (taxed 20s, the 2nd highest level) who also held considerable property in the hundred of Eastry (taxed 8s in the 1/15 and 1/10 of that hundred in 8 Edward IV); CKS: Sa/AC 1, fol. 199; PRO E179/230/200b.

<sup>160</sup> In 1497 a channel was constructed at the Butchery to carry off soiled water and in the following year a special washing place was constructed in connection with the town's water supply; CKS: Sa/Fat 11, 12. In 1513 the mayor and jurats decreed that all should repair the street in front of their house because the roads were so badly decayed, those who refused would be fined 10s; CKS: Sa/AC 2, fol. 207.

<sup>161</sup> For example in 1500 both candidates sought exemption, William Morgan because he was intending to go on pilgrimage to St James of Compostella and Thomas Bigge because he was impotent and aged; CKS: Sa/AC 2, fol. 75. Yet by this time the mayor had introduced harsh penalties for those refusing to take office and in 1493 William Cutburgh had been barred from selling his bread and beer and then committed to the town prison for refusing to be treasurer, he had agreed to take office after 4 months; CKS: Sa/AC 2, fol. 25, 28.

event in the civic calendar, such men being fined and not allowed to trade until they relented.<sup>162</sup> Yet, even though the financial obligations and the time required to conduct town business continued to be a cause for concern among the leading citizens, especially for those frequently in office and/or multiple office holders, the power afforded such men and the opportunities for such matters as patronage may have provided a more than sufficient recompense. One of the areas of patronage available to the mayor and senior jurats was their right to select the common council. This second tier of government was intended to devolve responsibility and to a limited extent power to a section of the commonalty as a means of trying to encourage feelings of inclusion and identity with the civic authorities.<sup>163</sup> However the selection of the common council rested in the hands of a very small number of men and the problems associated with factions within the town government became more evident, especially at times of difficulty and crisis.<sup>164</sup> It did provide opportunities for a broadening of the groups able to *gain minor office, including* the sons and other kin of existing jurats, men from the 'middling sort' who were able to link their interests to particular leading townsmen, and probably relatively prosperous migrants who had joined the town's freemen as part of their policy of *establishing themselves in the town before seeking higher office.*<sup>165</sup> Yet, even though the expanded civic body still represented under 10% of the townsmen (the tax list of 1513 lists 453 males for the town: the mayor, jurats and common council; and men including servants from 6 of the 8 wards), the interests of some council members were occasionally at variance with the higher ruling group and disputes concerning such issues as fiscal policy, maintenance of order and restrictive practices were more numerous during the latter part of this period. This tension between those few members of the middle ranks who had gained advancement and some of the leading citizens might also be associated with the influx of new men and new ideas into the town and its government which were perceived by some to be a threat to the established order. Although these new political, religious and social ideas were not confined to the rising townsmen, they seem to have been more frequently and vocally advocated by them, thereby bringing them even further into the public arena of the town courts.<sup>166</sup>

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<sup>162</sup> For example in 1511 Thomas Aldy, Robert Nasby, John Somer and John Worme were chosen as jurats, they did not attend the election and so lost their privileges as freemen, only John Somer seems to have yielded to the pressure and agreed to serve; CKS: Sa/AC 2, fol. 192-192v.

<sup>163</sup> Initially in 1454-5 they were chosen by a system intended to select "the best men" of the 3 parishes and though this allowed a degree of delegation for the mayor and jurats it also provided the opportunity for dissent, a situation the senior town officers sought to alleviate by reducing the number of counsellors from 70 to 36 in 1464-5 and by taking further control of the selection procedure; Gardiner, *Sandwich*, 146-147.

<sup>164</sup> National rivalries were mirrored in the town government and when Warwick's and the Lancastrian supporters were defeated following the collapse of Fauconberg's rebellion, the town suffered the loss of its privileges under Edward; Gardiner, *Sandwich*, 147-148.

<sup>165</sup> In the dispute during the 1520s between the bailiff, Sir Edward Ringeley and certain members of the town government, Henry Bolle the leader of the town party was actively supported by Vincent Engham who owed his advancement as a jurat to Bolle's patronage; *ibid.*, 153.

<sup>166</sup> For example Thomas Holy, who was an advocate of Protestant ideas by the 1540s and probably earlier, was in dispute with the vicar of St Mary's over the paying of tithes on the farm of the town crane. He refused to attend the town court and swore 'evil words' against the mayor and jurats which resulted in his imprisonment in the town stocks till he acknowledge the fault; CKS: Sa/AC 2, fol. 371-371v.

One area of concern for the civic authorities which is of particular relevance to this study was their attitudes and provisions with respect to the poorer townfolk, both those of long residence in the town and recent migrants, and the poor who might also be classed as residents or itinerants. Such provisions will be discussed later in this sub-section and at present the main point to be noted is that this period appears to be characterised by an increasing harshness in the treatment of the poor by those in authority. This in part may have been the result of the worsening economic conditions for the town generally, the growing number of migrants, especially those from outside the region who were frequently unable to sustain themselves there, and the apparent greater polarisation within Sandwich society which produced an increased state of tension between the different social groups as the gap between the wealthier citizens and the poor became more noticeable.<sup>167</sup> However local factors reinforced and were reinforced by national circumstances and ideas, like the early Tudor legislation with respect to vagrancy, and it is against this background of changing national, regional and local conditions that the processes of reciprocal exchange in Sandwich will be explored.<sup>168</sup>

Although the survival of testamentary evidence from this period will allow an assessment of the likelihood of *post mortem* gift-exchange, this needs to be seen as only one of the systems of reciprocal exchange and that a range of *in vitam* gift-exchanges continued to provide the various exchange partners with the opportunity to develop new and existing relationships. At this point it may be useful to list the exchange partners who may be traced through the documents because it is important to suggest the limitations of this evidence and that the gift-exchanges of many of the townspeople cannot be recovered from the extant sources. The four hospitals were available as exchange partners for at least part of this period, and in addition to the institutions it will be necessary to consider the various groups of inmates within them who were involved in particular exchanges as individuals and as a community. The other institutional partners included the Carmelites, the parochial institutions of the town's parish churches and their clergy, the sub-parochial institutions of the various fraternities, chantries and the Jesus mass at St Mary's, the extra-parochial institutions (other than those listed above), especially those outside the town, the civic authorities who might be further sub-divided into the mayor and jurats, the common council, and particular town officers, the poor who may also require additional categorisation, the leading families who provided a large majority of the testators and who as a consequence may be considered as a group in addition to the actions of certain individuals, and particular groups of testators from outside the town:

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<sup>167</sup> Migrants to the town might find themselves before the mayor on petty charges, like Jamy Reade from Scotland, who in 1513 was banished from the town for wading and fishing in the town dyke late at night; CKS: Sa/AC 2, fol. 192-192v. Others were able to eke out a living as day labourers or on piece work, and even though there were only 14 paupers (4 others had been crossed out, probably dead) listed in the 1513 tax list, it seems likely some of the 248 assessed at the lowest level of 4d were, had been or would be among the epidemic and episodic poor during their residence in the town; BL: Add. MS. 33511; Henderson, *Piety and Charity*, 246. Four indicators of the presence of wealthy townsmen: the employment of 4 or 5 servants in a household (Master Webbe had 8); in the 1513 tax assessment 28 men had goods of £40 or more, and of these 8 were holders of at least £100 in goods; the town books record the status of gentleman with respect to several leading citizens and this 'advancement' of the leading townsmen of the early 16th century compared to their counterparts in the 15th may be most noticeable by the amount of rural property these later men had accumulated, thereby allowing them to become members of the local gentry while still retaining their business interests in Sandwich.

those from the town's hinterland (mainly yeoman, a few members of the lesser gentry and some townspeople from the 'limbs' of Deal, Walmer and Fordwich), which for the purposes of this study might be considered to encompass a ten mile radius around the town, the townsfolk from the other three Cinq Ports in Kent, and also those from Canterbury. In an attempt to examine with the minimum of repetition the diversity of reciprocal exchange systems and their implications for both exchange partners I shall start with the hospital of St Anthony and consider the processes of exchange and reciprocity, and the hospital's exchange partners. This will be followed by completing the same process for St John's, the poor, the other hospitals and the other exchange partners listed above (the extra-parochial partners outside the town are omitted due to constraints on space) so that gradually the web of inter-connections between the various parties will be revealed which should highlight the complexity of these systems and their inter-dependence.

It is possible that St Anthony's hospital was involved with a range of exchange partners as the recipient of gifts of casual alms, either from individuals (the local townspeople, those from the neighbouring parishes and passers-by) or institutions (possibly the local parish churches and the civic authorities), but there is no extant archival evidence for this type of gift-exchange except for the reference to the lepers begging in St Mary's churchyard.<sup>169</sup> However, an examination of the testamentary materials may reveal the processes of *post mortem* gift-exchange and the degree of support given to this institution, though the bias of the sources means that such indicators will only involve a tiny proportion of the population of Sandwich. During the first half of this period, possibly almost until its disappearance, the 'Maldry' seems to have received bequests from between a fifth and a quarter of the testators of Sandwich (37 bequests in 167 wills) which is far lower than seems to have been the case in some northern towns but was higher than the level of such gifts received by the leper hospitals at the other Cinq Ports.<sup>170</sup> Although it seems likely such gifts were seen as symbolic rather than a valuable aid, the considerable reduction in gift-giving to the hospital by the testators of Sandwich after 1500 (there was one further bequest from a Sandwich benefactor in 1506), may imply that there was a balance between the number of gifts and the survival of the hospital.<sup>171</sup> Thus while benefactors, both *in vitam* and *post mortem*, gave gifts to the

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<sup>168</sup> Slack, *Poverty*, 115, 118.

<sup>169</sup> Thomas Pynnok in 1494 wished to be buried in St Mary's churchyard "where the lepers beg"; CKS: PRC 17/6/70. This chance reference does, however, indicate a number of exchange partners: the parish priest and parishioners for allowing the lepers to beg there, the civic authorities for sanctioning this allowance within the liberty of the town and those who gave alms to the lepers, thereby making it a worthwhile reciprocal exchange process for those at the 'Maldry'.

<sup>170</sup> Of these hospitals St Bartholomew's at Dover is known to have received one testamentary bequest during the period, the leper hospital at Hythe appears to have disappeared by this time and the hospital of St Stephen and St Thomas at Romney was barely surviving as a chantry, before being incorporated into Magdalen college, Oxford, in 1481, though there seems to have been a leper colony at Lydd until the 1480s; Chapter 3, i, c; Butcher, 'St Stephen and St Thomas', 23-24; *Royal Commission on Historic Manuscripts*, 5th Report & Appendix, 527. Trying to find comparable data for other towns outside Kent, especially small towns, is difficult but it appears 40% of the testators of 15th century Scarborough gave to the lepers; Cullum, 'Hospitals in Yorkshire', 293. The figure for Norwich seems closer to Sandwich because just over a 1/3 of testators between 1440-1489 gave to at least one of the sick-houses at the gates, the old leper hospitals; Tanner, *Norwich*, 223.

<sup>171</sup> In 1506 William Brok bequeathed 10s to be given to the 'Maldry' following the death of his widow; CKS: PRC 17/9/311.

'Maldry' it survived, (most leper hospitals were small having few capital assets and so were predominantly reliant on a frequent flow of gifts and it seems likely St Anthony's was of this kind), but once this flow began to dry up the hospital's viability fell, further reducing the likelihood of support, and the decline became terminal (any fall in inmate numbers was presumably also critical). This likely primary reliance on gift-exchange seems to suggest that the hospital's viability was very sensitive to changes in patterns of gift-giving and the apparently relatively low level of support it enjoyed at the best of times may have meant that it quickly reached the critical threshold relating to its survival as an institution, a position which appears to have occurred towards the end of the first decade of the sixteenth century.<sup>172</sup> Its chances of survival were also hindered by the lack of functional diversity, it seems to have remained a hospital for the leprous with some provision for the infirm. This inability to develop reciprocal exchanges in terms of a chantry or similar religious counter-gifts restricted the availability of reciprocal acts open to the inmates and so the benefactors.<sup>173</sup> Consequently in the more stringent economic circumstances of the early sixteenth century the willingness of the leading citizens to engage in gift-giving with the 'Maldry' appears to have fallen, possibly in part a reflection of the limited counter-gifts, but also through the decline of the institution (as both cause and effect), thereby making it a less attractive alternative for potential inmates, which in turn reduced its value to the leading citizens as a place of containment for the lepers, and to a lesser extent the infirm.<sup>174</sup>

During the late fifteenth century these benefactors apparently targeted their giving towards different groups within the inmates rather than to the hospital, and even though the term *lazar* may have been applied to them all, the lepers seem to have been more favoured. This might imply their predominance at St Anthony's or possibly that their benefactors considered aiding such unfortunate people was especially meritorious and that as a consequence their prayers were particularly valuable.<sup>175</sup> Yet few donors (4) explicitly stipulated their desire for the provision of prayers on their behalf by the recipients, and of those who did, half sought the prayers of the lepers, while one nominated the poor and the other seems to have expected all to pray for his soul, thereby suggesting that in addition to the merits of the deed, such reciprocal acts were seen as an integral part of the exchange process to be overseen by their executors and/or family.<sup>176</sup> Furthermore, the size and type of the gift (relatively small sums varying between 4d and 6s8d, the primacy of 12d and the predominance of cash) seems to suggest symbolic considerations on the part of the gift-givers, who may have intended to highlight the nature of the relationship and its value to

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<sup>172</sup> The last extant record occurs for 1508; CKS: PRC 32/9/80.

<sup>173</sup> The dedication to St Anthony may imply the presence of a small chapel for the hospital and possibly a churchyard, but their use seems to have been confined to the inmates.

<sup>174</sup> It is difficult to suggest why the wealthier citizens were apparently prepared to ignore the 'Maldry' at a time when there still seem to have been lepers in the region, though the likely decay of the hospital may have meant the inmates preferred to take their chances outside the hospital especially as the isolation of the leprous may have been less rigorously enforced by this period; *Kentish Visitations*, 115; Richards, *Medieval Leper*, 40-41; Rawcliffe, *Hospitals of Norwich*, 52-53.

<sup>175</sup> Aiding the leprous had its beginnings in the Bible and the more recent saintly churchmen and various queens had provided important examples of the merits of such deeds; Clay, *Medieval Hospitals*, 49-51; Rawcliffe, *Hospitals of Norwich*, 43-44.

both parties.<sup>177</sup> Thus by demonstrating the possibility of a place for the hospital community within the wider community of the town and region, they were acknowledging that this marginal group (spiritually and physically) could be assigned a role which, through the process of exchange and reciprocity, might be seen as a symbolic reintegration of the recipients into society.<sup>178</sup> Similarly the two clusters of bequests in the periods 1473-5 and 1483-5 may not necessarily reflect times of particular difficulty for the hospital, but possibly a greater awareness of the place due to changing social and religious perceptions locally and the influence of local clerics or other prominent citizens.<sup>179</sup> This may also have implications for a consideration of the relationship between the recipient hospital and the network of donors who knew of the gifts given by their friends and neighbours (*in vitam* or *post mortem*) which meant they were, in a sense, party to the relationship and so linked to a continuing process of exchange and reciprocity, though they as individuals were only responsible for one act of gift-giving. For example John Lynch only gave one bequest to the 'Maldry': 2s to the lazars in his will dated 1487, but he had been active in at least two other gift-exchanges with the hospital: as executor for a fellow parishioner at St Clement's, Thomas Mundys, when two years earlier Thomas bequeathed 3s4d to the 'Maldry' ; and in the same year as the overseer of his friend Lawrence Condy's will which contained a bequest of 12d to the lepers at Eche.<sup>180</sup>

There is evidence for one other category of exchange partner: those resident in the town's hinterland and some east Kent towns whose wealth marked them as the leading members of their parish. This group might be considered to have been the counterparts of the leading townspeople of Sandwich and even though they were drawn from a wide range of different types of community: the city of Canterbury to the tiny hamlet of Ham, it seems appropriate to classify them as a single type of exchange partner with respect to the hospitals and other institutions of Sandwich. The fragmentary nature of the evidence makes it difficult to ascertain any common characteristics of these benefactors of St Anthony's but it appears that most had connections with the town or were resident in neighbouring parishes or other Cinq Ports,

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<sup>176</sup> Thomas Janyn and George Langrege sought the prayers of the leprous, Johanna Ruston the prayers of the poor and Nicholas Haryngton hoped for prayers from all the inmates; CKS: 17/2/112; 17/2/304; 17/2/194; 17/6/43.

<sup>177</sup> The only exceptions being six ewes in 1471 from Thomas Janyn, 50 billets of wood to be given on New Year's eve for twenty years, beginning in 1500, from the will of Margaret Graunt and almost 30 ells of cloth for the making of sheets (probably four) in 1498, the bequest of Sir John Harre (Elyn Rogers of Dartford gave 7.5 ells of cloth for the making of a pair of sheets for the Dartford almshouse; CKS: DRb/Pwr 11/108); CKS: PRC 17/2/112; 17/7/181; 17/7/33.

<sup>178</sup> The shift from acts by individual donors towards the idea of a cumulative and collective response by the leading townspeople (the testators who might be considered to be and/or representative of the civic authorities), for the benefit of the hospital community in terms of aid and reintegration, may have interesting parallels in other towns. For example in Bury St Edmunds the members of the Candlemas gild (the town government in waiting) were in 1519 granted 2 crofts for the sustenance of the town's lepers living in a hospital outside the Rysbygate. The gild was given the opportunity to engage in a charitable exchange with the lepers which allowed one of them to farm the crofts and allowed the lepers at the hospital to remain there where they might provide acts of reciprocity, their prayers for the first donor, Thomas Eden, and also for the gild members; Suffolk Record Office: H1/5/19. This reference kindly supplied by Mark Merry who is studying the town for his doctorate.

<sup>179</sup> In the first period there were 8 bequests from Sandwich testators and 7 bequests in the second.

<sup>180</sup> John Lynche, CKS: PRC 32/3/137; Thomas Mundys, CKS: PRC 32/3/59; Lawrence Cundy, CKS: PRC 17/4/46. Only Margaret Graunt seems to have developed her own long-term relationship: the provision of firewood annually at New Year for twenty years which presumably provided her with the intercessory services of the community at the 'Maldry' through their annual commemoration of her generosity, possibly a fitting complement to her similar forms of charitable exchange with the Carmelite friars and St Thomas' hospital; CKS: PRC 17/7/181.

thereby suggesting the significance of local knowledge and maybe even personal connections with members of the hospital community.<sup>181</sup> It is possible to trace connections between a group of donors from Deal in the early sixteenth century, thereby implying the importance of family and friends in the choices made with respect to an individual's charitable strategy at this vital time, though there is no indication why their support was directed towards an apparently declining leper hospital.<sup>182</sup> Yet it is possible that the perceived special merits of aiding the leprous as a charitable action, thus displaying the benefactor's concern for this particularly unfortunate group, continued to be recognised and so may, for example, have influenced Edward Mynot of Canterbury to include within his wide-ranging charitable strategy bequests of 6s8d to each leper house in Kent from the sale of his principal tenement after the death of his widow.<sup>183</sup>

There are some similarities concerning the processes of exchange and reciprocity between the 'Maldry' and St John's, the other hospital at Sandwich which accommodated the poor, and with regard to this hospital it may also be possible to examine a wider range of exchange processes and the house's relationship with the various exchange partners. Possibly the most important relationship for the hospital was with the individual brothers and sisters there and the two parties appear to have been engaged in three major reciprocal exchanges: entry, residence, leaving (predominantly at death). The town's customal details the process of exchange between the entrant and the rest of the community at St John's and this has been examined in the sub-section on the late thirteenth century, but it may be useful to highlight certain differences between the earlier period and the late Middle Ages which may reflect the changing conditions by this period. The level of entry fee had altered, producing a range of fees during this period of between 3s4d and 5s4d, though the majority of entrants paid 6s8d and the so called 'brother and sister pence', while the under-lying trend was a reduction in the sum paid.<sup>184</sup> Even at their highest these fees were far less than those paid at the monastic houses or some hospitals but this was in

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<sup>181</sup> Of the *post mortem* donors from Canterbury: John Swan elder may previously have been resident in Sandwich, he appears to have had kin there and still held property in the town; William Stephen, the rector of St Mildred's, Canterbury, seems to have had connections with Woodnesborough, a neighbouring parish to Sandwich; John Frennyngham held property in several parishes close to Sandwich; CKS: PRC 17/7/148; 17/3/158; 17/2/406. Donors from the town's hinterland: John Malyn of Worth [1473], William Baker of St Laurence parish, Thanet, Thomas Carpenter of Ash, John Hamond of Minster in Thanet; CKS: PRC 32/2/262, 17/4/7, 33/1/95, 17/7/142. Richard Lambisfelde of Hythe included the Sandwich leper house among the 4 to receive 6s8d; CKS: PRC 32/3/185.

<sup>182</sup> The 4 benefactors were John Bodar, Alice his widow, Richard Mois and Thomas Baker. One of Thomas Baker's executors was a man of moderate wealth in Sandwich. One of John Bodar's 2 executors was John Baker, possibly Thomas' brother and a witness of Thomas' will 7 years later, and both John and Thomas Baker agreed to act for Richard Mois, as executor and overseer respectively. Also between them John and Alice were engaged in *post mortem* gift-exchanges with 3 establishments in Sandwich: the leper house, St John's hospital and the friary; and the other 2 men similarly gave bequests to the 'Maldry' and the Carmelites; CKS: PRC 32/5/70; 32/6/5; 32/6/25; 32/9/80.

<sup>183</sup> CKS: PRC 17/5/67.

<sup>184</sup> Furthermore, as well as a reduction in the sum paid there seems to have been a credit system whereby entrants paid their fees in instalments, the terms varying though 4 was common, like Thomas Hathe who in October 1512 agreed to pay 20d at each of the next feast days: Christmas, annunciation of Our Lady, nativity of St John the Baptist, Michaelmas; CKS: Sa/Ch 10J A1, entry dated 8/10/1512. However, although rarely used (the register suggests 3 were given during the early 15th century and none later), the mayor might at his discretion provide a free cordody to those who had given good service to the town or were of good standing, for example in 1429 John Sacry alias Pipar was admitted on these terms for his good services; CKS: Sa/Ch 10J A1 entry dated 1/12/1429.

part because the entrance fee was only the first stage in the relationship between the inmate and the hospital.<sup>185</sup> It is difficult to calculate the value to the hospital of such fees in relation to its other sources of income, but at certain times the payments received may have been a useful contribution especially during difficult periods or when the corrody was paid in kind to counter a particular shortfall or urgent need, though it may also have been a means of overcoming a lack of cash in circulation.<sup>186</sup>

Having entered the hospital the inmate became involved in the second reciprocal exchange with the hospital when he/she donated his/her labour to St John's for the well-being of the community, and by extension themselves. This exchange had been enshrined in the town's custumal, probably from at least the early fourteenth century which may imply that the willingness of the inmates to perform tasks on behalf of the hospital was seen as an essential prerequisite to entry whatever the fee charged.<sup>187</sup> There seem to have been four categories of work undertaken by the inmates as part of their exchange for which they received the counter-gifts of board and lodging and a share of the alms collected in the *pixide*, possibly kept in the hospital's chapel or at the gate. The devotional obligations expected of the inmates were (re)stated during this period which may suggest that such matters had become more lax or were now seen as more important because they provided a means of enhancing the hospital's reputation as well as providing St John's with a reciprocal gift which might be offered to other exchange partners outside.<sup>188</sup> The other work category that was probably undertaken by all or most of the inmates was the provision of food from the hospital's small number of gardens, while in addition the sisters were allotted tasks in the 'harbinger' and the brothers collected alms. Both tasks were important with respect to the gift-exchanges engaged in by St John's because the ability and willingness to administer well to the poor at the 'harbinger' was a significant aspect of the hospital's reputation as a charitable institution and the effectiveness of the brothers at alms-gathering presumably affected the viability of the hospital and the level of sustenance enjoyed by the hospital's community

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<sup>185</sup> At Holy Innocents hospital, Lincoln, 2 corrodies were sold for £17 6s8d in 1316; Orme & Webster, *English Hospital*, 132. At Eastbridge hospital, Canterbury, the master sold a corrody in 1358 for £75 in cash; *Lit. Cant.* (Rolls Series), II, 372. Rawcliffe considers those who paid 10 marks (which was against the statutes) to enter St Paul's hospital, Norwich, may have been less willing to perform menial nursing tasks; Rawcliffe, *Hospitals of Norwich*, 74-75

<sup>186</sup> For example, it seems likely that St John's sustained considerable damage in the French raid of 1457 apparently necessitating explicit demands for building materials from corrodians from 1461-1463, while in the following year John Grey was expected to provide for the "dawbyng and latthyng" of the new building on behalf of his wife's corrody and for his own place he was to donate six weeks work on its construction; CKS: Sa/Ch 10J A1, entries dated 25/10/1464, 28/11/1464.

<sup>187</sup> This relationship appears to have been expected to continue throughout the inmate's time at the hospital because William Winton, who had been resident at St John's for 2 years in 1501, was at that time unable to fulfil his obligations due to "his grete dibilitie and sekenesse of bodie" and was consequently required to resign his place; CKS Sa/Ch 10J A1, entry dated 31/3 1501

<sup>188</sup> This ordinance stated that all should attend the chapel daily and say two psalters of Our Lady, one before dinner and one after, presumably in conjunction with prayers for the hospital's benefactors, and that those failing to attend risked losing their place at the hospital. However, the dating is not clear because the rule is recorded in the town custumal book, out of sequence and stated to have been made when John Westclyve was mayor (the first known mayor by that name was in 1465, but the more likely candidate was his son/nephew who was mayor in the early 16th century on a number of occasions; CKS: Sa/LC 2, fol. 70v; Boys, *Sandwich*, 574.



The third part of the system of exchange and reciprocity between the inmate and the hospital may have occurred when he/she died at the hospital because even though the custumal does not record what should be done with the inmate's possessions it might be expected that at least a percentage would be claimed by the master for the good of the community. The omission of any reference to the inmates' possessions may suggest that the authorities considered that the relative poverty of the brothers and sisters meant they would have had little to leave because their wealthier counterparts at St Bartholomew's were expected to supply that hospital with their goods at death.<sup>189</sup> Unfortunately the lack of testamentary materials means it is difficult to ascertain the likelihood of this type of exchange. Of the three known testators from the hospital's inmates two left the residue of their goods to their respective executors to use for the good of their souls, their lands being inherited by family members or sold for the provision of commemorative services at their home parish and St Peter's Sandwich, while in 1516 Sir John Wylkens, the clerk at St John's, sought burial in the hospital's chapel and the provision of services for his soul there from the sale of his lands.<sup>190</sup>

However, the bonds between the hospital and the inmates constructed through these various reciprocal exchanges were not always successful and the early sixteenth century appears to have witnessed a breakdown of the relationship between certain inmates and the hospital. *This seems to have led to a period of readjustment between the parties concerned at a time when the wider community of Sandwich were adapting to the changing economic and social conditions described earlier.* The first indication of this seems to have been the unwillingness or inability of the inmates to pay for their place even within the flexible credit system, a situation that was in evidence by the last decade of the fifteenth century but was to become more common during the following three decades. Although such non or late payment was presumably a strain on the hospital's finances, it seems to have been insufficient for the bond between St John's and the inmate concerned to be broken unless the second reciprocal exchange between them was also at risk. Thus it was the failure of John Bell to fulfil his twin obligations to St John's by neither paying his fees nor providing his labour (he refused to be resident at the hospital), which resulted in his dismissal in 1520.<sup>191</sup> The dependency of the hospital community on the labour of its inmates appears to have meant that it was this second type of exchange that was the most critical and the failure of a few inmates to honour their commitments by residing outside St John's, thereby breaking the reciprocal relationship, was seen as sufficient grounds for their resignation or dismissal.<sup>192</sup> Yet, even though the majority of the brothers and sisters were apparently satisfied with their reciprocal exchange with the hospital, there were occasions when the hospital, in the form of the master, was unable to deliver the full

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<sup>189</sup> Boys, *Sandwich*, 20.

<sup>190</sup> The 2 brothers were Geoffrey Berde and John Mekyn; CKS: PRC 17/3/407; 32/3/89. Sir John Wylkens; PRO: Prob 11/18/26.

<sup>191</sup> CKS: Sa/Ch 10J A1, entry dated 20/11/1520.

<sup>192</sup> The inmates involved were John Carnabe in 1524, John Daniell in 1523, Alexander Tropham in 1524, William Brade in 1529, John Jasper in 1532, and Petronilla Boys in 1523. She had been absent at the election of a new sister in 1514 and as a result her 6d from the 'sister pence' had been confiscated for repairs to the hospital and her allowance was stopped until she agreed "to do as the others do": CKS: Sa/Ch 10J A1, entries dated 30/9/1523, 10/3/1523, 28/1/1524, 7/1/1529, 2/11/1532, 21/3/1523, 14/11/1514.

counter-gifts which produced a degree of discontentment within the hospital community.<sup>193</sup> Such a situation required a renegotiation of the exchange process between the hospital and the house's community and this appears to have been achieved on most occasions by changing the balance of gifts between the two parties, so that even if all concerned were not satisfied it may have been considered a better alternative than life outside St John's.<sup>194</sup>

For most of this period the civic authorities appear to have conducted their reciprocal exchange with St John's in a similar way to that described for the late thirteenth century: by upholding the rights of the brothers to beg for alms in the town and surrounding region for the sustenance of the house, but on occasions this seems to have been extended through the giving of set tasks to the brothers for the good of the town.<sup>195</sup> Similarly the mayor and senior jurats discharged their obligations to the hospital's community by visiting the place to ascertain the conduct of the inmates, the financial state of the hospital, and to check that the hospital's goods, especially those for the 'harbinger' were sufficient. Through these gifts of maintenance and order, the town officers were fulfilling their part of the exchange and they expected the brothers and sisters to reciprocate by working for the hospital community and the wider community of the town through their provision for the poor and sick-poor, and their prayers for the civic authorities, the hospital's benefactors. Moreover, this relationship might be extended to encompass the gift of patronage to the poorer members of the town when they sought admittance to become brothers and sisters because it seems likely that they would have petitioned the mayor and jurats at the time of a vacancy. Similarly poor kinsmen of these leading townsmen may have sought to become brothers there which might have been perceived as placing special obligations on them to pray for their personal benefactor, possibly equivalent to having one's own bedesman.<sup>196</sup>

During the 1520s the civic authorities appear to have introduced changes to their relationship with the community of St John's when they decreed that the beggars in the town should reside in the 'harbinger' while they remained in the town.<sup>197</sup> This use of one of the town's charitable institutions as a place of containment, and to a certain extent confinement seems to have been an extension of the town government's earlier policy concerning the residence of the prostitutes of Sandwich in the town's brothel

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<sup>193</sup> For example in 1514 the previous master, John Dove, seems to have been censured by the brothers and sisters for his rule and that he owed the hospital 10s, while his successor appears to have had similar problems as he was reluctant to produce his annual accounts on 2 occasions; CKS: Sa/Ch 10J A1, entries dated 14/2/1514, 13/8/1515, 3/11 1517.

<sup>194</sup> Such a situation occurred in 1511 when the allowances could not be paid and it was agreed that all who still owed for their place should be discharged the debt. In the following year 2 pairs of sheets were missing and it was agreed that the community should replace 1 pair and brother Overey the other; CKS: Sa/Ch 10J A1, entries dated 1/3/1511, 12/7/1512.

<sup>195</sup> The town seems to have paid St John's 6s8d each year which may represent rent for the hospital's property in the town and in 1490 3 brothers were paid for labouring on behalf of the town; CKS: Sa/Fat 9. It is possible that as at Dover the brothers were paid to clean the market place, but the only reference to this is dated 1615; Boys, *Sandwich*, 144.

<sup>196</sup> In 1469 Thomas Burton entered St John's when Nicholas Burton was one of the senior jurats who accompanied the mayor on his visitation; CKS: Sa/Ch 10J A1, entry dated 3/3/1469.

called the ‘Galye’.<sup>198</sup> By containing the beggars in the ‘harbinge’ the mayor and jurats may have believed they were discharging their duty towards the commonalty, who were their first priority because this apparently more advantageous use of the town’s hospital might be expected to allow them to maintain order within the town. Some among the community at St John’s may have considered this new obligation placed on them within the reciprocal exchange was inappropriate, though the hospital’s position as the subordinate exchange partner with the civic authorities meant it had little choice in the matter. Yet it did represent a significant alteration to the relationship between the poor and the community of St John’s where the traditional process of exchange and reciprocity had been based on the ‘economy of regard’ where the poor entered as volunteers who in return for shelter, nursing and possibly burial, may have provided their exchange partners with their presence at the hospital, their gratitude, their prayers in the hospital’s chapel and their belongings if they died in the ‘harbinge’.<sup>199</sup> Unfortunately it is difficult to assess from the available evidence whether there was any opposition within the hospital to these changes but it is possible that Robert Cok’s vocal disagreements with various masters and several mayors were related to such issues.<sup>200</sup> However, for the town government this measure seems to have represented one of a number of controls and actions undertaken by them with regard to law and order and was presumably seen as providing a more relevant use for that section of the hospital during the difficult times of the early sixteenth century.

St John’s seems to have continued receiving the three types of gift: casual alms, *in vitam* grants and testamentary bequests, but the evidence for the first two is extremely scarce. Casual alms may have been donated at the hospital or collected by the brothers in the town and from the surrounding countryside, and this money collected in the *pixide* seems to have been shared out among the inmates at the mayoral visitations during the early part of this period. The hospital also occasionally gained other gifts in kind, like the eighteen coverlets and a sheet given by a man from London in 1476, but such additions were sufficiently rare that they were recorded in the hospital’s register.<sup>201</sup> *In vitam* grants were minimal by this period, and of the two received in the 1450s, one was of an annual rent of 12d from Robert Mayhewe and Simon Leycester, and the second comprised a small piece of land to the south of the town from John

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<sup>197</sup> Their ordinance of 1524 was partly in response to national legislation with which they seem to have been in total agreement; CKS: Sa/AC 2, fol. 326.

<sup>198</sup> The brothel had been set up in 1473; CKS: Sa/AC 1, fol. 217v.

<sup>199</sup> In 1490 the sick and the poor were accommodated at the back of the house in three rooms: the ‘chambre of harber for strange womene’, the ‘gentilmenes chambre’ and the ‘long harbur chambre’ which between them provided 9 beds and a range of bedding, and in 1560 they had found a further bed; CKS: Sa/Ch 10J A1, entry dated 28/3/1490. Although it is likely these people had few belongings, the clothes of a labourer who died at Dover in 1540 were appraised at 6s10d; BL: Egerton MS. 2093, fol. 175v. Though commenting on late medieval Paris where the poor may have entered a particular hospital for a short period before returning to make a living from begging in the city, Geremek considers that the problems encountered by these institutions with respect to the poor were not that these people refused such shelter but that too many of the poor who were capable of work or begging sought admittance; Geremek, *Margins of Society*, 179.

<sup>200</sup> His disagreements were sufficiently serious that he was warned about his attitude and conduct a year after entering the hospital, 5 years later he was again in trouble when he was fined in the town court for calling the mayor “a traitor and maintainer of thieves”, and in 1532 he was finally dismissed for his many infringements against the hospital and its mayoral governors; CKS: Sa/Ch 10J A1, entries dated 20/2/1520, 5/2/1521, 3/12/1532; Sa/AC 2, fol. 360.

Stokys.<sup>202</sup> Evidence of testamentary bequests to the hospital is more extensive, though variable, with the greatest number being provided by the townspeople during the late fifteenth century. From 1470 to 1500 there were twenty-eight bequests to the hospital from 167 wills, and this relatively low level of support for the most conspicuous of the town's charitable institutions (1 in 6 testators) dropped even further during the early sixteenth century: the hospital was to receive 10s worth of sheets on the death of William Brok's widow and 12d from John Botler in the same year (1506); and in the 1520s St John's received two bequests of 3s4d, one in 1525 and the other three years later.<sup>203</sup> Support of this kind by testators from outside the town was also severely limited, being confined to John Swan the elder of Canterbury, a former Sandwich resident, and Alice Bodar of Deal, who had also left a gift to the leper hospital.<sup>204</sup> This apparently almost total lack of interest in St John's from those outside the town, even from the parishes bordering Sandwich, may suggest that the hospital was seen exclusively as belonging to the town and so outside the ambit of those dwelling in the countryside. Yet, there were a few inmates at St John's from the town's hinterland whose relatives and friends might have been expected to leave bequests to the house for the welfare of the brothers and sisters, but the apparent absence of such gifts may reflect the lack of testamentary evidence for the families concerned as well as problems of identification.<sup>205</sup>

It seems possible the relative infrequency of bequests at the beginning of this period and their almost complete disappearance during the early sixteenth century may reflect the idea that the hospital was considered the primary responsibility of the civic authorities and/or that its needs were otherwise met from the gifts of casual alms it received from the townspeople. One possible exception to this might be those benefactors who had had close dealings with the hospital, men like the mayor and senior jurats or those with neighbours or kin there, who were probably more aware of any particular difficulties it was experiencing and/or had been officially responsible for it in life.<sup>206</sup> However, most benefactors appear to have provided a gift symbolising their charitable concerns for the hospital rather than one closely targeted to the house's needs. This symbolism may have functioned on two levels: the act of giving and the gift itself which allowed the donor to signal his regard for St John's as a worthy charitable institution, its customary place within the scheme adopted by the town authorities for the well-being of the town's poorer members, and its role within the benefactor's own charitable strategy which presumably included the provision of prayers for the donor's soul as well as displaying his considerations for the poor as an act of mercy. Like the doles distributed at funerals, the symbolism of numbers seems to have been important and at St John's 12d was the most common gift, while others seem to have given standard amounts

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<sup>201</sup> CKS: Sa/Ch 10J A1.

<sup>202</sup> Boys, *Sandwich*, 134; CKS: Sa/Ch 10J T1.

<sup>203</sup> William Brok, CKS: PRC 17/9/311; John Boteler, CKS: PRC 17/10/227; John Sympson (1525) bequeathed 3s 4d, CKS: PRC 17/16/257; William Baldock (1528) gave 3s 4d to the brothers and sisters, PRO: Prob 11/24/3.

<sup>204</sup> John Swan elder (1498), CKS: PRC 17/7/148; Alice Bodar (1500), CKS: PRC 32/6/5.

<sup>205</sup> For this period: John Cowper of Staple entered in 1457, Avice Gyles came from Harbledown in 1467 and Peter Tyme of St Nicholas in Thanet entered in 1474, his widow, Johanna, in 1484; CKS: Sa/Ch 10J A1.

<sup>206</sup> It is difficult to find evidence of this but it is possible John Botelere's bequest in 1453 of 20s for repairs to the hospital may denote his frequent contacts with the place as an official visitor in the previous 8 years and the special problems of the house about the time of his will-making because the entry fees of 3 entrants at that same time were also to be used for repairs; CKS: PRC 32/1/61; Sa/Ch 10J A1, entries dated 15/6/1452, 22/6/1452, 9/2/1453.

ranging between 4d and 20s, 3s4d and 6s8d being fairly common.<sup>207</sup> Most bequests were directed towards the hospital, or less frequently towards the 'harbinge' or for the brothers and sisters, while the apparent absence of bequests to named inmates, a feature which might have been expected in the small town of Sandwich (there were examples of this in the Canterbury wills for this period) either through personal contacts or in respect of those known to be of a worthy disposition, may suggest that the donor was principally concerned with the symbolic value of his gift and the provision of reciprocal acts from the town's institution. Possibly linked to this idea that the benefactors were signalling their charitable intentions through their giving to the institution and that this was understood by their family, friends and neighbours, was the infrequency with which they explicitly requested prayers from the recipients. Such actions may have been considered unnecessary and that through their role of provider within the context of the seven acts of mercy their names should join the expanding roll of benefactors for whom the brothers and sisters prayed daily in the hospital's chapel.<sup>208</sup>

Consequently St John's may be seen as one of a number of institutions available to the leading townspeople, who having fulfilled their spiritual and temporal obligations to their family and friends, had sufficient resources to expand their charitable exchanges. Choice was a luxury primarily available to those without family commitments or those enjoying considerable wealth which greatly restricted the likelihood of such gift-giving. This group of possible benefactors for the hospital was also influenced by a number of factors relating to the hospital and the town, for example attitudes towards the poor, the provision of institutional care and the desirability of aiding certain specific groups, so further limiting the number of these gift-exchanges. Moreover, the attitudes and ideas of family, friends and neighbours, who might be characterised as the good and worthy men of the town, may have produced the clustering of bequests to St John's as people of like minds or those seeking guidance about their pursuit for salvation considered the value of engaging in a gift-exchange with the hospital. At this point it may be valuable to illustrate how such influences may have occurred and how these may have developed into long-term relationships between St John's and the donors. Simon Ruddock's own gift and his role as his friend's executor have already been mentioned and there were others associated with John Botclerc who may have seen their activities in a similar way. John Botclerc's feoffees, Robert Mayhewe and Simon Leycester, had already granted an annual rent to the hospital in 1451, and Robert Mayhewe (possibly his son/nephew and namesake) remembered St John's in his own will of 1487 when he bequeathed 3s4d to the brothers and sisters.<sup>209</sup> Simon's will is not extant but that of his widow in 1473 included a gift of 3s4d for repairs at the hospital and it seems likely his influence may have been important in this case.<sup>210</sup> Thus within this small group there were a series of reciprocal exchanges from 1451 to 1487 which may have

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<sup>207</sup> Although at times 12d may have produced 1d doles for the brothers and sisters, the size of the community varied between 11 and 15 inmates.

<sup>208</sup> The 2 who sought prayers were John Kenet in 1466 and Thomas Colman in 1494; CKS: PRC 17/1/341; 17/6/90.

<sup>209</sup> Robert Mayhewe alias Dyer, CKS: PRC 32/3/164; it is possible this Robert was the heir of Robert Dyer recorded in the 8 Edward IV tax assessment for the Eastry Hundred; PRO: E179/230/200b. The older Robert had been a civic officer from the late 1430s and had represented the town at the parliament of 31 Henry IV; CKS: Sa/AC 1, fol. 38, 90v.

provided a sustained relationship between them and St John's. However, as at the 'Maldry' one testator preferred to establish his own long-term relationship with the hospital *post mortem*, Nicholas Burton, a merchant and leading member of the town government, bequeathed two gifts to St John's: a number of pieces of bedding, presumably especially useful to the 'harbinger', and an annual rent of 2s forever from his tenement in the high street which may imply he was concerned for the long-term future of the town's charitable institution when he could no longer be responsible for it in person.<sup>211</sup> Civic responsibility as an expression of civic identity and the exclusive quality of the associated rituals and organisations linking the leading citizens as a social group may have been an important idea for Nicholas Burton. He may have considered his gift-giving was demonstrating this relationship of the civic/individual to the hospital, and it is possible his similar support for the altar of St George in his parish church of St Clement illustrates these same ideas because the fraternity of St George was identified with the leading members of the civic authorities by the townspeople.

The lack of such bequests in the early sixteenth century may imply that for this period the leading citizens employed other exchange partners in their search for salvation, which may represent one of a number of reduced sources of income for the inmates. The primary significance of this may have been as an indicator of attitudes towards St John's by a minority of the leading townspeople because the civic authorities appear to have continued discharging their responsibility for the hospital, a situation that may have become more important when they modified its use in the 1520s. However, it is interesting in terms of the reinforcement of the marginal place of the hospital as an exchange partner for the leading citizens *post mortem* and it is unfortunate that the records do not indicate whether this was also the case *in vitam*. Although it might be considered that the worsening economic conditions within the town for these decades may have further restricted the ability of the leading townspeople to engage in such charitable gift-exchanges, the extant testaments suggest these people had sufficient resources and that instead they made choices in favour of other exchange partners in the town, predominantly those within the parochial and sub-parochial categories.

St John's also conducted gift-exchanges with two parish churches: St Peter's allowed the poor from the 'harbinger' to be buried in its churchyard, the hospital paying the necessary fees to provide a Christian burial unless the pauper concerned had some possessions which might then be claimed by St John's towards his burial.<sup>212</sup> The exchange with St Mary's was enacted through the hiring of one of the brothers to carry the cross at the many processions conducted by the priest and parishioners.<sup>213</sup> Labour was also the means used in the exchanges with St Bartholomew's hospital, like the aid given by a brother from St John's in 1525 for the bridge repairs being undertaken by St Bartholomew's and William Baldock, a

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<sup>210</sup> Agnes Leycester, CKS: PRC 17/2/305.

<sup>211</sup> Nicholas Burton, CKS: PRC 32/3/368.

<sup>212</sup> Boys, *Sandwich*, 131. The 2nd entry in the St Peter's parish register records the burial of 2 poor men from St John's, CCAL: U3/12/1/1.

brother there, bequeathed 3s4d to the brothers and sisters at St John's in 1528.<sup>214</sup> Although such exchanges provided little in the form of tangible advantages to St John's, these acts did display the hospital's concern for the spiritual and temporal good of the townspeople and those they cared for in the 'harbinger', as well as raising the profile of the house as a worthy institution for the receiving of donations from individuals and institutions.

Before considering the other two hospitals in the town, it might be advantageous to examine the reciprocal exchanges conducted with the poor who lived outside St John's and the 'Maldry'. As a category of exchange partner the poor did not consist of an homogeneous group and their diversity was recognised by their benefactors who targeted certain sub-groups and discriminated against others. In Sandwich possibly the most important exchange partner for the poor was the town government, who through a combination of the town's own ordinances and national legislation attempted to maintain order in the town for the well-being of its townspeople. In broad terms this policy appears to have rested on two main ideas: aid for the poor who were of the town and the removal of the foreign poor when they posed a threat to the town. To achieve these objectives the Sandwich authorities instigated a series of measures to aid the three types of poor people identified by Henderson and applied other measures to those they considered were of the idle poor or vagabonds.<sup>215</sup> The principal system of reciprocal exchange with the town's poor used by the civic authorities was to control the price, supply and standards of basic commodities like wheat, malt, meat and tallow for candles in an attempt to avoid shortages and the possibility of civil unrest. By targeting those living in the town who might be able to buy such commodities and discriminating against those who were passing through or who stayed for a short period, the mayor and jurats were attempting to regulate the numbers to be aided and to increase the likelihood of the poor's counter-gifts: their willingness to remain law-abiding, including the paying of local taxes if their own circumstances improved, their willingness to labour on behalf of the town, for example digging the haven, and, possibly less important in this instance but underpinning the whole fabric of reciprocity, their willingness to pray for the town officers.<sup>216</sup>

This two pronged system of seeking to aid the poor of the town and to discriminate against outsiders seems to have been applied through a number of measures throughout this period, though the emphasis in broad terms appears to have changed from aid to discrimination. During the late fifteenth century a number of craft guilds were founded which included among their ordinances clauses relating to the care of

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<sup>213</sup> During most of his residency at the hospital brother Thomas Hatche annually received 4d for bearing the cross when required, the exchange continuing until at least 1547; CCAL: U3/11/5/1, 198.

<sup>214</sup> CKS. Sa/Ch 10B F1; PRO: Prob 11 24/3.

<sup>215</sup> The 3 forms used by Henderson are endemic (elderly and chronically sick), epidemic (those suddenly forced below the subsistence level by severe dearth or epidemic disease), episodic (life-cycle poverty); Henderson, *Piety and Charity*, 246.

<sup>216</sup> It is not clear whether Thomas Fode, the common bedesman, was the special recipient of civic charity; CKS: AC 1, fol. 185. However there may be a parallel in Bury St Edmunds where several leading members of the town each bequeathed a russet cloak to a named pauper (John Barre) in the early 16th century. This information supplied by Mark Merry.

poorer members of the profession and the implementation of protectionist policies.<sup>217</sup> Although containing a degree of confinement and coercion within its scheme, the civic authorities' foundation of the town brothel may have been intended to regulate this profession and those involved, thereby allowing the four prostitutes of the 'Galve' to work under the town's authority.<sup>218</sup> Those who sought to operate outside this system were frequently banished by the town officers for a number of years, a punishment that was also used against those convicted of being petty criminals or vagabonds as part of the official policy of ridding the town of 'undesirables'.<sup>219</sup> The civic authorities appear to have used a similar policy with regard to the beggars in the early sixteenth century, those willing to stay in the 'harbinger' of St John's received accommodation and presumably food, being allowed to beg under the authority and control of the town until they left Sandwich, those who were not prepared to abide by this system were to be punished, including banishment from the town.<sup>22</sup>

A large majority of the leading citizens continued to use the same policy *post mortem* towards the poor as they had adopted collectively as members of the civic authorities, and they may have been similarly reticent about the giving of casual alms *in vitam*. Unfortunately the only surviving evidence relates to testamentary gift-exchanges with the poor by this minority of the Sandwich townspeople; but this may, like that for the two hospitals previously examined, provide insights into the processes of reciprocal exchange between these exchange partners. However, these figures might represent the minimum because testators may not have considered it necessary to specify funeral doles to the poor, though it is difficult to judge from the available evidence whether funerals in east Kent customarily included such provisions.<sup>221</sup> This seems to suggest that it might be valid to consider the specific bequests to the anonymous poor as a defined category of charitable exchange, even though this will fail to identify named members of the town who may predominantly have fallen within the class of the episodic poor:

<sup>217</sup> The barber-surgeons and wax-chandlers were the first to form craft guilds in 1482, and 10 years later the tailors, shoemakers, weavers and shearmen did the same; CKS: Sa/AC 1, fol. 280, 284v; Sa/AX 2, fol. 34v. The town government sought to reduce the trading activities of foreigners through a combination of restrictions, higher taxes and positive discrimination on behalf of the townsmen; CKS: Sa/AC 1, fol. 100, 113v, 179, 220v, 249; Sa/AC 2, fol. 7v, 37v, 42, 115, 157v; Wallace, 'Overseas Trade', 365-371. By the 1520s these ideas seem to have been considered insufficient to attract apprentices, desirable poorer men, to stay in the town after completing their apprenticeship and the authorities introduced an ordinance whereby such men might gain the freedom by paying 20d at any time during their last year of apprenticeship; CKS: Sa/AC 2, fol. 358.

<sup>218</sup> This process of reciprocity provided certain prostitutes with accommodation, a food allowance and the town's protection for which they, as the subordinate exchange partners, were to offer their compliance within the system and at least part of their earnings; CKS: Sa/AC 1, fol. 217v; Sa/AC 2, fol. 35-35v.

<sup>219</sup> The incidence of trouble-makers in the town books, including women indicted as whores, was first recorded in 1465 and the first recorded vagabond in 1483; CKS: Sa/AC 1, fol. 130, 292v. This policy towards the poor, especially migrants, was still in force at the end of the period, in 1535-6 nine people are listed in the town book as having been banished from the town that year for various petty offences, including Robert Gowght and Henry Sicket (Welshmen) who were convicted of being "valiaunte" beggars; CKS: Sa/AC 3, fol. 74. For the position nationally; see Slack, *Poverty*, 54, 114, 118, McIntosh, 'Local responses', 211-212, 224.

<sup>22</sup> The mayor and jurats stipulated in 1523 that the townspeople "harboure no maner of beggars" in their houses and that the beggars should resort to St John's on pain of punishment by the authorities; and 3 months later the civic authorities agreed that the mayor should examine all those believed to be vagabonds, those considered to "live evilly and will not fall to labour" were to be expelled from Sandwich; CKS: Sa/AC 2, fol. 326, 328.

<sup>221</sup> The only useful evidence for this concerns a testament from a man in Sellynge who included the provision that at his month's mind he wished to have 3 masses, plus bread, ale and pasteys "as custom of the parish hath been in times past"; CKS: PRC 17/14/282.



those seen as suffering from 'life-cycle poverty', for example young couples with a large family, the aged, sick or unemployed heads of households, and will not include those assigning the residue of their estate for acts of mercy, charity or piety (which may in some cases have included the poor). The unnamed poor were apparently a low priority among the testators of Sandwich, even for those with considerable assets or few familial responsibilities. During the period 1470-1500 there were seventeen bequests to the poor (10% of testators), while for the first three decades of the sixteenth century there were twenty-three such bequests which represents only a marginally greater percentage of the testators (14%).<sup>222</sup>

The growing emphasis in the early sixteenth century on providing details regarding the three funeral days where a maximum sum was to be given to the poor rather than the use of temporary chantries, including specific bequests to the poor, may imply the executors were expected to take greater responsibility for the distribution of these alms. For some benefactors this method may have been intended to maximise the number of grateful recipients, whose prayers would be of benefit to the newly departed soul.<sup>223</sup> In addition, this might suggest the use of standard sums was increasingly considered sufficient provision and/or that testators might also wish to highlight the symbolic value of their gift-giving through such factors as the number of recipients, the type of recipients, the form of the gift, and how, when and where it was to be distributed.<sup>224</sup> With regard to timing some donors favoured the anniversary of their death for their obits, others appear to have sought to stress the act of redemption through the use of Fridays, Lent, about Easter time or one of the feast days of St John the Baptist.<sup>225</sup> The accumulation of prayers by the poor, their act of reciprocity for their benefactor, might also be achieved over time through the bequests for obits which included provisions for the poor, and where these were to continue for several years the

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<sup>222</sup> The figures from a study of the Wealden parish of Tenterden seem to suggest a similar level of gift-giving to the poor between 1449 and 1535 36 testators from a total of 261 (14%) made specific bequests (not including reversionary gifts) to the poor, Lutton, 'Heterodox', 175. Studies from outside the county indicate a wide range of charitable giving, those for Bury St Edmunds appearing to resemble Sandwich: the percentage of testators making such bequests was slightly higher at 15% for the period 1450-1500, but for the previous 50 years it had been slightly lower (9%) and for the period 1350-1400 it had been of a similar order (12%). Figures for Bury provided by Mark Merry. In contrast giving to the poor was apparently much more common among the testators of York and Hull but the assessment seems to have included the residue of the will which alters the figures considerably, Cullum, P., 'His Name was Charite', 184-187; Heath, P., 'Urban Piety in the Later Middle Ages: the Evidence of Hull Wills', in R. Dobson (ed.), *The Church, Politics and Patronage in the Fifteenth Century* (Gloucester, 1984), 224.

<sup>223</sup> For example, assuming that 1d doles were the standard unit of charity to the poor at the 3 funeral days, Nicholas Burton was expecting or hoping for 480 paupers at each of this 3 days which he might have considered was a reasonable number to pray for his soul, especially as he was also expecting a large number of masses on the same days and further intercessory services at his chantry of St Clement's, his parish church, by Thomas Bland, chaplain, as well as the likelihood of prayers from other recipients of his charity: the brothers and sisters at St John's and those at the 'Maldry'; CKS: PRC 32/3/368.

<sup>224</sup> For example, in 1476 Henry Lunys, a draper, bequeathed 13 gowns to 13 poor men and 6s8d each to 10 poor maids for remembrance; CKS: PRC 17/1/312. An item which combined practical usage and symbolism was the lamb, and John Baxtre donated 30 to be distributed by his executors between 30 poor children. This valuable resource for the recipient was also a reminder of the role of Christ as the saviour of the sinner through the symbol of the Agnes Dei; CKS: PRC 17/9/34.

<sup>225</sup> John Appleton in 1528 appears to have concentrated all his gift-giving to the poor into his bequest of 4 bushels of wheat and 6 of malt (bread and ale) to be distributed on the feast days of St John the Baptist in the year following his death; CKS: PRC 17/18/277.

considerable turnover of recipients may have been seen as particularly beneficial for the donor's soul.<sup>226</sup> Thus through such actions these benefactors were intending to display their charity as an example to their neighbours and friends, as well as to God and the poor, who as a result might be moved to pray for the deceased at this important time and on subsequent occasions primed by the sight of his poor beneficiaries and other displays intended to aid remembrance, and so commemoration and intercession.

Although these bequests to the chosen poor by the testator's executors may indicate a degree of local knowledge of the poor, it does not seem to suggest any sort of intimacy between the benefactor, his intermediary, and the recipient and instead appears to have been constructed in terms of social and economic difference between the two parties, a situation that appears to mirror that found for the hospitals and their benefactors.<sup>227</sup> However, Nicholas Haryngton's bequest appears to bridge this gap between the benefactor and beneficiary through the actions of his widow as the custodian and overseer of the use of the gift.<sup>228</sup> His gift was a bed and bedding which were to be kept for the exclusive use of poor women in childbirth from the three parishes of Sandwich, under the care of his wife as the midwife, and after her death it was to be passed from midwife to midwife for the same use, with the proviso that the beneficiaries should pray for his soul. In this way he was providing a very practical gift to a large number of recipients who would be closely linked to his widow through her actions and his gift at a particularly important time in their lives (possibly on more than one occasion), thereby highlighting his concern for his neighbour which was both immediate and personal.<sup>229</sup>

Although personal connections do not seem to have been a significant part of the reciprocal exchange process with respect to the benefactor and beneficiary for either the two hospitals examined so far or the poor, such connections may have been important between the benefactors.<sup>230</sup> The concept of mutual ideas

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<sup>226</sup> This arrangement concerning the provision of counter-gifts by the poor seems to have been so well known that donors rarely specified the obligation, one of the few exceptions being Agnes Taylor (1528) who intended the poor of Benenden to pray for her immediately post mortem, for which she left them 1 quarter of malt; CKS: PRC 17/18 261. Furthermore, the type of bequest and the timing may have enhanced the gift for the poor recipients and Margaret Graunt's intended donation of firewood to the poor at New Year's Eve for 20 years (St Anthony's and St Thomas' also received firewood) may have been particularly well received; CKS: PRC 17/7/181.

<sup>227</sup> Thus possible differentiation between 'the poor' and poor or poorer people who were known locally by name and belonged to the same household, street or neighbourhood as their benefactor may have some validity with regard to attitudes towards such people in Sandwich by those engaged in charitable gift-exchange. See Mollat on the shift from adjective to noun of the word 'poor'; Mollat, M., *The Poor in the Middle Ages: an essay in social history* (London, 1986), 1-11, 295-300. The poor were very rarely named in the Sandwich wills, Elizabeth Engeham was extremely unusual because she named some of the poor young women who were to receive a contribution towards their dowry; CKS: PRC 17/21/21.

<sup>228</sup> Nicholas Haryngton (will dated 1494); CKS: PRC 17/6/43.

<sup>229</sup> The apparently special nature of his gift may be emphasised by an example from Canterbury: Dorothy Laurence made a bequest of 3 sheets and 2 pillows with coats for the use of women in childbirth which was to remain in the custody of St Andrew's church, Canterbury, from whence they were presumably allocated as necessary by the churchwardens, possibly under the guidance of the local midwife, thereby keeping such persons at a distance from her family but this should not have impeded their ability as grateful recipients to offer prayers on her behalf; 'Churchwardens' Accounts of the Parish of St Andrew, Canterbury AD 1524-1557', ed. C. Cotton, *Arch. Cant.*, xxxiv (1920), 7.

<sup>230</sup> For the likelihood of personal connections and influence between the hospital and the benefactor see St Mary's hospital, Dover in the early 16th century; Chapter 3, i, c.

and the likelihood of influence between members of this small minority of the townspeople seems to suggest the possibility of links between particular clergy and their parishioners, or the influence of a leading townsman on his friends and peer group.<sup>231</sup> This might lead to a clustering of bequests to a particular institution or category of recipient, but also may have had long-term effects on the patterns of gift-exchange through the influence of the older generation on the younger. Consequently it may be worth exploring the probability of such influence through an investigation of the links between the testators of Sandwich who engaged in gift-exchanges with the poor and the two hospitals for the poor: St Anthony's and St John's. In order to achieve a comprehensive examination of the networks among this group it would be necessary to chart all the known contacts from a wide variety of sources, a method that might be applicable for the late sixteenth century but not for late fifteenth century Sandwich. Yet by confining this investigation to the connections found in the wills, it is still possible to build-up a series of linkages which may illustrate paths of influence. Because of the limitations of space one example will be used concerning Sir John Harre, though it would have been equally possible to illustrate a larger network based on John Archer, who until his death in 1490 had been a merchant and frequent member of the town government.

The network centred on Sir John Harre involved three parishioners at *St Mary's* where Sir John was a chaplain, possibly at the Condy chantry where he also celebrated the Jesus mass each week. Sir John's own charitable strategy appears to have centred on the two hospitals, he intended his gifts should be for the poor and lepers there, though he seems to have shown little interest in the poor outside these institutions.<sup>232</sup> In 1491, seven years earlier, he had been a witness for John Fullar who similarly indicated an interest in the 'Maldry', though the infirm not the lepers, and his concern for the poor was further articulated through his bequest of thirteen pairs of hose to thirteen poor men.<sup>233</sup> Two years later Sir John was again called upon to witness a will, this time it belonged to Richard Herndell who may have been poorer than many of his contemporary will-makers, and possibly as a consequence, his charity was confined to one hundred faggots of the second sort which were to be distributed among the poor.<sup>234</sup> The last man of this group, Alexander Pytard, a merchant of the Staple, appointed Sir John as one of his executors in 1492, and it seems likely that Sir John was either influential, or that Alexander's wishes mirrored his own, because Alexander supported both hospitals.<sup>235</sup> He also made a reversionary bequest for the provision of dowries to enable poor women to marry, an idea that Sir John did not follow, but Alexander was prepared to aid a religious belief that was extremely important to the priest and he gave the Jesus mass 12s over four years, with a possible further £10 if his heirs failed and his property was sold. This example appears to indicate the likelihood of shared ideas regarding charitable gift-giving among testators who were neighbours, friends, business associates, or with their local priest, and though

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<sup>231</sup> The importance of such influence by these 2 types of person has been noted by Davies; Davies, 'Religious Sensibility', 120.

<sup>232</sup> CKS: PRC 17/7/33.

<sup>233</sup> CKS: PRC 17/5/344.

<sup>234</sup> CKS: PRC 17/5/381.

<sup>235</sup> St John's hospital was to receive 20d and the 'Maldry' 12d; CKS: PRC 17/5/379.

the time scale may be fairly extensive in some cases, it may still suggest possible connections between people that retained a meaning for the participants, especially when their shared partner in the reciprocal exchange was a long-term charitable institution. However, a type of relationship that might have been expected to yield similar ideas about charity: the family, rarely appears to have influenced giving, possibly due in part to a lack of wives/widows' wills and the low survival rate of wills from more than one generation of a particular family.<sup>236</sup>

Testators from the town's hinterland appear to have been equally reticent about specifically aiding the unnamed poor, though the apparently more generous people of Thanet may suggest the importance of local conditions and attitudes, as well as the influence of particular families and/or certain clergy, especially in the smaller parishes.<sup>237</sup> The naming of poor people was slightly more frequent in these rural parishes which may imply a greater awareness of the local poor and the possibility of personal contacts through *in vitam* gift-giving, either as churchwardens/village office holders or as individuals, though in one case such connections crossed the parish boundary which may indicate a more complex relationship between the benefactor and recipient.<sup>238</sup> However, most testators seem to have been prepared to allow their executors to distribute these gifts to the poor without further instructions as to the identity of the recipients, such local men being expected to know the most needy in the area. This seems to suggest that the spiritual value of the deed was primarily the deed itself and that the ideas relating to symbolism discussed for the testators of Sandwich were equally applicable for their rural counterparts.<sup>239</sup>

There is little surviving evidence to indicate whether the poor were recipients of gift-exchanges on a parochial, sub-parochial or extra-parochial (the Carmelites, St Bartholomew's, St Thomas') level in Sandwich, but the few scraps seem to indicate few such relationships. The churchwardens' accounts only survive from St Mary's parish church and the only gifts to the poor listed in them are linked to particular

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<sup>236</sup> However, there were two identified exceptions to this situation: the wills of John and Margaret Graunt. He bequeathed 2s4d to the leprous at the 'Maldry' and she, a year later, intended that the leper house should receive fifty billets per year for twenty years on New Year's Eve; and the support given to St John's hospital by the Mayhewes has already been described; CKS: PRC 32/4/78, 87; 17/7/181.

<sup>237</sup> In the late 15th century almost one person in four from Thanet gave specific alms to the poor (84 benefactors from 364 testators) which compares with no such bequests from the 40 Eastry testators and 1 in 66 at Ash (2 neighbouring parishes of Sandwich). For the early 16th century the people of Eastry apparently continued to ignore the poor as *post mortem* exchange partners (1 bequest in 32 wills), though a contrary influence might also have been seen in certain parishes: 9 of the 28 testators of St Nicholas at Wade gave bequests to the poor of whom a third were members of the locally prominent Everard family.

<sup>238</sup> In 1519 John Pynnok of Sholden bequeathed a leather coat to "William my bedeman of Sandwich". There were members of the Pynnok family in Sandwich at this time and it seems likely that John knew William through his connections with the town. How this relationship had begun or developed is unknown, though presumably after his patron's death he was to continue his acts of commemoration and intercession, being reminded of his benefactor's favour by the coat he might wear which marked him as a client of this leading Sandwich family; CKS: PRC 17/12/110.

<sup>239</sup> For example from the early 16th century: John Everard of St Nicholas at Wade expected his executors to provide he most needy with bread, ale and white herring every Lent for 10 years; CKS: PRC 32/15/165. John Mense of Deal stipulated that at each of his three funeral days his executors should distribute a quarter of wheat as bread at the door of Deal church; CKS: PRC 32/12/33.

obits, and even then the sums are meagre.<sup>240</sup> It is possible that the various parish fraternities were involved in gift-giving to their members who were in distress following illness, accident or other unforeseen circumstances, but the fraternity accounts are not extant.<sup>241</sup> However, although slightly later (the 1540s), there were two testamentary references to the brotherhood of the poor in St Peter's church, the two men involved were friends and both appear to have been interested in the new religious ideas.<sup>242</sup> Their active participation may suggest that the brotherhood was conceived as a self-help group which was primarily concerned with the temporal welfare of its membership, rather than the intercessory counter-gifts accorded benefactors under the orthodox systems of fraternity. The gild seems to have been a recent development in Sandwich and may have taken its inspiration from earlier foundations of this name, though the membership may have adapted these to embody their own beliefs and the perceived needs of the community.<sup>243</sup> Turning to the extra-parochial institutions: the Carmelites may have given alms to the poor but they may also have been in competition for the alms donated by the townspeople. A few members of the hospital community at St Bartholomew's (4, possibly 3 more within gifts of alms, from 25 wills pre 1540) are known to have made *post mortem* bequests to the poor, both in the town of Sandwich and other parishes, possibly their natal parish, or one where they had family or business connections.<sup>244</sup> Unfortunately the scanty testamentary records from St Thomas' makes any assessment difficult, but both surviving testaments include provisions for the poor.<sup>245</sup> St Bartholomew's hospital

<sup>24</sup> For example John Archer intended in 1490 that 4s should be spent annually on his obit, he appears to have left the details to his executors and the vicar who seem to have distributed between 2.5d and nothing to the poor each year; CKS: PRC 32/3/268; CCAL: U3/11/5/1, 191, 198. The chantry certificates of 1548 indicate that the poor were not aided at the chantries, the only reference to the relief of the poor being from an obit at St Peter's church; *Kent Chantries*, 249-270; *Kent Obit and Lamp Rents*, ed. A. Hussey, Kent Records, xiv (1936), 103.

<sup>241</sup> Henry Pyham in 1497 seems to have used both parochial and sub-parochial institutions: he endowed the mass of St George with a tenement of which 5s of the rent was for the parish clerk to teach the children pricksong, to accompany the mass, but if he failed in his duties the money passed to the gild wardens; CKS: PRC 17/6/291. William Wattes, a baker in Sandwich, aided a sub-parochial self-help group at the neighbouring village of Ickham: the St Thomas 'gyvale'; CKS: PRC 17/1/93.

<sup>242</sup> In Cranmer's investigation of heretics in Kent in 1543 William Norres and Thomas Holy were indicted for pulling down images in St Clement's church and William was also active against papist clergy. He was listed as a witness on 2 occasions: that the curate of Sholden had set up 4 saints' images again and that Thomas Bleane of Mongeham had stopped the priest and churchwardens there from taking down the images; *L & P*, xviii, pt. 2, 299, 311. Thomas Dikdall (1545), CKS: PRC 17/25/76; William Norres (1546), CKS: PRC 17/24/241. Sir Edmund Grene, the current incumbent at St Peter's, was known to hold similar views.

<sup>243</sup> The 'poor men's gild' at St Augustine's church, Norwich, was founded to sustain the parish church; similar foundations elsewhere seem to have helped the poor pay their parochial dues rather than aid the poor *per se*; Duffy, *Stripping of Altars*, 145-146.

<sup>244</sup> For those like William Paytwyn, a brother at St Bartholomew's, who intended that the poor should receive alms at his 3 funeral days, it seems likely that such doles might be conducted at the hospital's chapel or the gate of the hospital. This almost immediate act of gift-giving *post mortem* might be expected to focus attention on the recently deceased brother or sister as a charitable member of the town who had displayed neighbourly considerations in respect of their good deeds and was therefore worthy of commemoration and the prayers of the recipients and bystanders; CKS: PRC 32/15/185. In contrast Simon Bertyn, also of St Bartholomew's, linked his doles to the poor with his long-term obit (the lifetime of the inheritor) which was to take place at the parish church near to his land holding (possibly family lands), but not the church of his burial. This seems to suggest immediacy was not the prime consideration, but that he wished that his and his family's commemoration should endure for at least a generation and that the prayers of the grateful recipients might, through their accumulation over the years, provide a valuable addition to the intercessory acts of the professionals at the obit itself; CKS: PRC 32/15/127.

<sup>245</sup> John Harrison's will of 1538 included two bequests to the poor: 20 poor maids were to each receive 6s8d for their marriages and the poor were to receive firewood for three years after his year's mind which suggests that they were probably local and possibly known to their benefactor. Even though he presumably expected them to pray for him, his primary consideration may have been the merit of the deed as a charitable act on behalf of his poorer neighbours because the billets were to be distributed as his executors thought necessary rather than on his obit day or any other

appears to have employed poor people very occasionally, and such actions might denote a desire to aid worthy, though impoverished or elderly, members of the town which may have enhanced the hospital's own reputation as a charitable institution.<sup>246</sup>

The processes of exchange and reciprocity conducted between St Bartholomew's hospital and the individual brothers and sisters started with the entry fee and oath-taking, and like their counterparts at St John's, entrants at the hospital rarely appear to have provided the full sum at entry but instead paid in instalments under the hospital's credit system, possibly because the fees had been raised to a maximum of £19 by this period, a considerable sum for those who were of moderate wealth in the town.<sup>247</sup> However the fee might be waived for those who had served the town, and though this facility was rarely used Walter Payntour, the town clerk, was one of these beneficiaries when he entered the hospital in 1490.<sup>248</sup> This higher fee may reflect the demand for places at the hospital from certain groups within the town, including some of the elderly townspeople of Sandwich who due to their familial circumstances may have considered the place offered them a favourable alternative to remaining in their own household (suitable accommodation and a guaranteed food allowance).<sup>249</sup> Such considerations were not confined to the people of Sandwich because the hospital appears to have accommodated people from a catchment area that extended as far as Maidstone, while John Baker of Folkestone in 1464 intended his widow should be admitted to the hospital.<sup>250</sup> In addition, the inmates do not appear to have had to donate all their assets to the hospital which seems to have allowed them to keep some at the hospital as well as retaining the family household outside. This situation was contrary to the ordinances in the hospital's customal but seems to have been accepted by the late medieval period, being especially useful for the elderly who might pass their house and/or business interests to their wife and adult children.<sup>251</sup> For the hospital the higher fee may have been useful rather than essential because of its considerable capital assets for a small institution and because the second reciprocal exchange between the inmate and the hospital, his/her labour was of greater value, particularly if the person concerned could offer special skills. The value placed on the labour of the inmates seems to have been recognised by the authorities because the masters' accounts detail individual payments to the inmates for work done on behalf of the house which

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special day in the liturgical calendar, CKS: PRC 17/21/205. Interestingly his fellow brother, John Newman in 1540, was one of the few to differentiate the poor, his executors were to distribute doles to the 'good' poor only, CKS: PRC 17/23/56.

<sup>246</sup> For example old Alice seems to have been given small sums for helping at the hospital; CKS: Sa/Ch 10B F2.

<sup>247</sup> As at St John's, this sum seems to have been negotiable and William Gybbe in 1527 bequeathed £10 to his daughter, probably seen as equivalent to her dowry, to enter St Bartholomew's or some other 'honest' hospital, a possible alternative to marriage assuming she could find a suitable place for that entry fee; CKS: PRC 32/14/210.

<sup>248</sup> CKS: Sa/AC 2, fol. 8v.

<sup>249</sup> For some the hospital may have been an alternative to a maintenance agreement, like that devised by William Cartwright in 1524 for his wife who was to be sustained by Alice Ussher in exchange for certain goods; CKS: PRC 17/16/156.

<sup>250</sup> He instructed his executors to provide adequate goods for the best sort of corrody; CKS: PRC 17/1/164.

<sup>251</sup> The advantages gained by the elderly entrant from such agreements appear to have certain similarities to those achieved by the elderly through the use of manorial maintenance agreements; Smith, R., 'The manorial court and the elderly tenant in late medieval England', in M. Pelling & R. Smith (eds.), *Life, Death and the Elderly* (London & New York, 1991), 53-57.

was in addition to board and lodging.<sup>252</sup> However, there seems to have been a greater emphasis placed on the spiritual life of the hospital during this period, which may reflect a desire by the authorities to employ the lay community of St Bartholomew's in a similar way to the type [4a] almshouse, especially as the priest-brothers had been reduced to two for financial reasons.<sup>253</sup> The type of work undertaken varied between inmates and with respect to the amount of time devoted to the affairs of the hospital, thereby allowing some the opportunity to engage in business activities on their own behalf, as well as more communal activities.<sup>254</sup> For the majority of the inmates this freedom to pursue other interests was a welcome part of their exchange with the hospital and may also have been advantageous for hospital authorities.<sup>255</sup> There was one notable exception because William Baldock's commercial dealings and other activities seem to have brought him into conflict with the other inmates, a situation that also concerned the civic authorities and underlined the dangers of allowing the interests of the individual to override those of the community.<sup>256</sup>

Again, like their counterparts at St John's the inmates were involved in a third reciprocal exchange with the hospital: at death. Although there are only a few surviving wills from the inmates at St Bartholomew's they do provide an indication of the variety of *post mortem* gift-exchanges used by the inmates, the first being burial in the hospital's chapel or burial ground, a desire that may imply that the inmates wished to remain part of the hospital community, to be prayed for and remembered at a place where they had at least spent the last years of their life. Like the testators of Sandwich most of this group included details about provisions for their funeral days in the hospital's chapel.<sup>257</sup> For those like John Snode, who stipulated where they wished to be buried in the chapel, their bequests to the high altar, and to the church and its furnishings may have been seen as a means of achieving this reciprocal exchange.<sup>258</sup> Yet, like all bequests to the church where this was not explicitly stated, it is likely the gift was seen primarily as a good work, as a means of indicating regard for the church, its priests and congregation: and in the case of the hospital chapel a regard for their fellow inmates which meant the donor wished to remain one of the community. This was a powerful reminder of the fellowship of the dead with the

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<sup>252</sup> For example in 1525 brother Bukke was paid 4d for his food and drink when he went ploughing and sister Carles was paid 3s for maintaining William Old for 16 days while he was working at the hospital; CKS: Sa/Ch 10B F1.

<sup>253</sup> The ordinance requiring the brothers and sisters to attend the daily service in the hospital's chapel, the saying of two psalters of Our Lady at set times and the saying of prayers for the benefactors and patrons of the house seems to have been introduced at a time when the oath taken by the entrant was also changed to incorporate this obligation to pray for the founder and to attend divine service, CKS. Sa/LC 2, fol. 70v; Clay, *Medieval Hospitals*, 160.

<sup>254</sup> The evidence for this diversity of employment and the communal drinking at the 'Pelican' on special occasions or in their own rooms primarily comes from the 16th century masters' accounts, the first extant account being 1525. But the chronology of this apparent increase in the inmates' free time is difficult to ascertain though such changes might have been expected earlier; CKS Sa/Ch 10B F1.

<sup>255</sup> For the sisters the farming of a single cow appears to have been the extent of their business activities whereas some of the brothers were engaged in trading and money lending. For example, Thomas Rigton traded in cereals and livestock, lent money and rented out farm implements and livestock. CKS PRC 17 26 314.

<sup>256</sup> William Baldock seems to have made complaints against the hospital at a commission in 1526 which brought him into dispute with the master and several of the brothers, he had previously been before the town courts with regard to his own trading activities; CKS: Sa/AC 2, fol. 279v, 363.

<sup>257</sup> William Paytwyn in 1532 intended that 6s8d should be spent on a dirge, masses and alms at his burial in the chapel, and that 5s should be spent at each of his other 2 funeral days, CKS: PRC 32/15/185.

<sup>258</sup> He wished to be buried before the Trinity altar, CKS PRC 17/21 40.

living, and that the living should aid the dead as the dead were aiding them, thereby allowing these chains of gift-giving and reciprocity to form a continuum forever. Most of the testators from St Bartholomew's directed their gift-giving in this way towards the chapel, rather than for their fellows in remembrance generally.<sup>259</sup> This may imply they wished their commemoration to be concentrated on the chapel, possibly during the daily services when the inmates were supposed to attend or maybe within a 'mortelage list' as at the Maison Dieu in Dover.<sup>260</sup>

Apart from the funeral, few of the inmates sought the intercessory services of the hospital's priest-brothers, though gift-exchanges with their fellow brothers and sisters were slightly more common, like the seven kerchiefs that Jane Aschowe intended for the seven women at the hospital, presumably to be kept in remembrance.<sup>261</sup> A more explicit desire for remembrance characterised William Gyblott's gift of 5s to be used on bread, pottage and other victuals on behalf of the community, thereby recollecting the communal meals at which William had been a participant, including the special meals at the major church festivals and their patron's day.<sup>262</sup> If this sum was used to provide extra foodstuffs above their weekly rations, it might have been a significant addition and so extremely welcome to the inmates, and like the brothers at the Maison Dieu with their cakes, may have produced a considerable incentive to pray for their departed benefactor and fellow brother.<sup>263</sup>

The individual inmates, through their spiritual labour in the form of daily prayers on behalf of the hospital's benefactors, were fulfilling their reciprocal exchange with these donors; and by the same acts and their other daily labour they were undertaking their duty towards the mayor and jurats, who were acting as both collective donors to the brothers and sisters, and as patrons of the hospital. This interdependent system of exchange might be illustrated using the communal drinking on a Sunday night. Each of the brothers and sisters gave the master a farthing every Sunday from the 1d they had received from him and using this sum he supplied them, as individuals and as the community of the hospital, with a jug of ale which they drank together sitting in the hall, thereby promoting brotherly affection, and at the same time constituting an act of subordination to the master who required them to attend.<sup>264</sup> By so doing the brothers and sisters were engaging in a series of gift-exchanges with the master and the hospital, and with

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<sup>259</sup> Like the three bequests for the gilding of the image of St Bartholomew or gifts of wax for the various lights there. For example, in 1523 Robert Marten bequeathed 5s 8d for the gilding of St Bartholomew; CKS: PRC 17/16/1.

<sup>260</sup> Chapter 3, i, c.

<sup>261</sup> Prayers for a set sum or for a specified length of time were sought by Robert Hardyng, William Gyblott and William Wodechurch; CKS: PRC 32/4/111; 32/2/326; 32/4/117. In addition to Jane Aschowe, John Brownynge and William Baldock bequeathed 4d and 12d to each inmate respectively, while Robert Ferrar's intention that his executor might organise the copying of 2 books of surgery if he so wished was presumably on behalf of the hospital's community; Jane Aschowe, CKS: PRC 32/14/119; John Brownynge, CKS: PRC 32/2/336; William Baldock, PRO: Prob 11/24/3; Robert Ferrar, CKS: PRC 17/21/106.

<sup>262</sup> CKS: PRC 32/2/326. Similarly William Wodechurch bequeathed 10s to worship in his memory; CKS: PRC 32/4/117.

<sup>263</sup> In the provisions for his obit, Gyles Love intended that the master and brother should have 2s to spend on cakes for their dinner annually on the appointed day; CKS: PRC 32/12/172. His will and testament have provided a useful case-study for the analysis of late medieval piety and charity using the concepts of exchange and reciprocity; Chapter 1, vii, a; Sweetinburgh, 'Role and place' unpublished paper.



their benefactors, the civic authorities, who might be considered to be symbolically responsible for the 1d each received, and who through their role as governors were responsible for the discipline of the place with the assistance of the master. This hierarchy with the mayor at the top and the inmate at the bottom was demonstrated through the patronage system, though it appears that the common assembly tried at various times to reduce the influence of the mayor.<sup>265</sup> However this gain of patronage and power by the larger group was short-lived, and even though the apparent financial abuse of power by individual mayors found in the early fifteenth century does not seem to have remained an issue, the patronage system remained the province of the few leading townsmen which may have allowed some to buy their way into the hospital.<sup>266</sup> This smaller selection panel may have been especially advantageous for the elderly townsmen, who had served on the common council or been minor office holders in the town, and their widows who might have expected preferential support in their application to join St Bartholomew's hospital.<sup>267</sup>

Furthermore, civic gift-exchange continued to be conducted annually with St Bartholomew's on the saint's day, and this symbolic gift of the tapers after the procession may have been considered a sufficient and fitting remembrance of the place of the hospital in the town and its history, though on occasion the town officers were prepared to sanction further expenditure on behalf of this ritual: in 1490 the town accounts include the entry, paid 10d for the painting of "Stace monkes hedde", possibly a puppet or something similar to be displayed during the procession.<sup>268</sup> The hospital, as recipient in such reciprocal exchanges, might be expected to offer a number of counter-gifts, these being to a large extent controlled by the mayor as patron: these seem to have included a feast after the procession and high mass on St Bartholomew's day; the entry fees which might be used on behalf of the town; the fact that the hospital might contribute sums towards the town defences; that on special occasions the assets of a deceased brother might be taken for the town's use; and the fact that the master was expected to provide good

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<sup>24</sup> Boys, *Sandwich*, 19

<sup>25</sup> In 1467 the common assembly gained control of the election procedure from the mayor and jurats, and they also stipulated that the current brothers were not to be present at the selection: CKS: Sa/AC 1, fol. 170v. According to Boys the king also became involved in the provision of corrodies: about 1480 "a person admitted into the hospital by letters patent from the king upon paying 10 marks"; Boys, *Sandwich*, 22.

<sup>266</sup> The issue in 1435 had been the mayor's actions in selling corrodies, though the imposition of a large fine appears to have halted the practice and the mayor and jurats had regained control of the selection by 1481; CKS: Sa/AC 1, fol. 26v, 264. In the following year (1482), an ordinance was passed forbidding any brother at any of the 3 hospitals from holding office in the town which is especially interesting because the town clerk, John Searle, had been given a corrody at St Bartholomew's in 1449 for "his good service and future labour", presumably his continuing service as town clerk; CKS: Sa/AC 1, fol. 280, 76v.

<sup>267</sup> For example Thomas Doddyn was granted the freedom in 1530, he was active in the commercial life of the town for almost 20 year and also served on the common council before entering the hospital in 1547; CKS: Sa/AC 3, fol. 195.

<sup>268</sup> For the year 1489-90 the town accounts record the following items of expenditure relating to St Bartholomew's: Stace the monk's head, 7.5 lbs wax for the tapers, transport of the organs to the hospital chapel from the friary, making a total of 8s 5d; CKS: Sa/FAt 9. Also when the town brick works was farmed out in 1489, the rent included a thousand bricks to the hospital; CKS: Sa/AC 2, fol. 2v.

governance of the hospital, while the priest brothers were to continue their intercessory services for the increasing list of benefactors.<sup>269</sup>

The level of official support enjoyed by St Bartholomew's and its considerable capital assets may have meant that the townspeople considered it was unnecessary for them as individuals to aid the hospital, especially the leading citizens who were financially best able to do so but who were also most aware of the town's collective contribution towards the place. This appears to have been the case because the hospital received very few testamentary bequests, and it seems likely that casual alms-giving by the townspeople would have been equally limited.<sup>270</sup> Those in the town's hinterland, the other Cinq Ports and Canterbury appear to have shared this view, which may suggest that the town's role in the maintenance of its hospital was an important factor in this lack of interest from outside.<sup>271</sup> In addition these Sandwich citizens may have believed that the prayers of the inmates, including the services of the priest-brothers were already directed on their behalf as members of the civic authorities and that it was more efficacious for them to seek further acts of commemoration and intercession at their own parish church rather than at the hospital. Similarly few from outside the hospital appear to have sought burial there, one of the very few exceptions being Thomas Davy who wished to be buried at St Bartholomew's chapel.<sup>272</sup> There is nothing in his will to connect him with the hospital, but there was a Thomas Davy in the hospital in 1514 which may be the same man, or less likely his kinsman, because there are a few examples of men resigning their corrody to return to their household outside, although he appears to be the only one who wished to re-enter the hospital community at death. Katherine Best's desire to be buried beside her husband, a former brother, may suggest she intended to join the hospital community in death even if she had not done so during life.<sup>273</sup> However, the records are unclear because she may have been a sister there after her husband's death in c.1520 or, like some of the other wives, she may have spent large amounts of her time working at the hospital but not officially residing there (the mayor and jurats had decreed that joint corrodies were no longer allowed), possibly then entering the place in her own right as she apparently held nothing except a garden in the town.<sup>274</sup> In relation to this, it is possible that St Bartholomew's was still considered to be associated with the de Sandwich family which meant most townspeople wished to be buried in their own parish church or churchyard, or occasionally at the friary.

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<sup>269</sup> CKS: Sa/AC 1, fol. 184v, 287. Though the case of William Baldock may have been unusual, the town officers seem to have been concerned to establish their legal position before using his assets (after his death) towards buying the bailiwick from the crown; CKS: Sa/Fat 29; Sa/AC 3, fol. 98v.

<sup>270</sup> John Kenet in his will of 1466 bequeathed a new stone cross: CKS: PRC 17/1/341. In 1475 John Coly bequeathed 6s 8d, he was the only testator known to have provided bequests to all 4 hospitals; CKS: PRC 17/2/428.

<sup>271</sup> The only exception was William Kendall of Canterbury, who intended the Carmelite friary should receive 20s (his son was a friar there), and possibly through the same connection, that St Bartholomew's should receive 2 painted cloths for its high altar; CKS: PRC 17/10/90.

<sup>272</sup> He intended that his funeral should be conducted at St Peter's church, but that further services on the day after his burial, at his month's mind and year's mind, should take place at the hospital, and he left 30 tons of stone for repairing the road in front of the hospital gate; CKS: PRC 17/21/127.

<sup>273</sup> CKS: PRC 17/16/38.

<sup>274</sup> CKS: Sa/AC 1, fol. 257. Another married couple sought to be together in death at the hospital, though only Alice is known to have resided there, possibly after her husband's death; William Jacob (1485), CKS: PRC 32/3/44; Alice Jacob (1495), PRC 32/4/116.

The hospital was involved in reciprocal exchanges with three parish churches, the principal obligation being the paying of tithes to both the vicar of St Clement's and the vicar at Worth, and other less formal charges like entertaining "the procession of Worth", a customary obligation when those of Worth parish 'beat the bounds' and which in 1525 cost the hospital 8½d.<sup>275</sup> In recompense for his celebrating of the high mass on St Bartholomew's day, and possibly for further services to the octave, the hospital paid the priest at St Peter's 16d, though it is not clear whether the civic authorities and the parish clergy of St Peter's were present at the feast held in the hospital on the saint's day.<sup>276</sup> The hospital was also engaged in reciprocal exchanges with its own clergy, the two priest-brothers, who were to provide the sacraments as appropriate for the rest of the hospital's community with respect to the liturgical year; the community reciprocated through their provision of special offerings at Easter and on the feast of St Bartholomew.<sup>277</sup> As previously stated a large majority of the inmates who made wills intended that the hospital priests should conduct their funeral services and a small number within this group sought further intercessory services on their behalf at the hospital. In their desire to seek commemoration among their family and friends a few inmates intended that such services should be celebrated by the incumbent in their family parish or where they had business/land holdings, though others may have seen such services as a means of 'returning' to the place of their ancestors, thereby allowing them to reform links with the past which were equally important for the future, their own and their family's commemoration.<sup>278</sup>

There are no indications in the early fragmentary masters' accounts of the hospital conducting reciprocal exchanges with the Carmelites, but the testamentary evidence does reveal the presence of *post mortem* exchanges between a small number of the inmates and the friary. These exchanges predominantly relate to the intercessory services of the friars who seem to have been preferred to either the hospital's priests or the parish clergy of Eastry, and two of the four intended that the friars should celebrate for the deceased's soul outside the friary: the hospital chapel on behalf of William Baldock and at Eastry for Jane Aschowe, though she sought further services at their own church.<sup>279</sup> This apparent confidence in the friars as mediators is interesting, though for Jane this may rest on her personal connections with the prior, he was

<sup>275</sup> In 1525 Sir John at Worth received 20d and the vicar at St Clement's for tithe of lambs 15s; CKS: Sa/Ch 10B F1.

<sup>276</sup> For example, 10s was spent on the civic officers when Richard Andrew joined the hospital; CKS: Sa/Ch 10B F1.

<sup>277</sup> In 1525 Sir Harry was paid 2s1d for the bread and wine, 4d for watching the sepulchre and 8d was paid for the St James taper, the hospital community made offerings of 16d on both occasions; CKS: Sa/Ch 10B F1.

<sup>278</sup> For example John Colyer held lands and a tenement in Doddington and Lenham, he bequeathed 40d each to the churches in these 2 parishes and sought an obit at Lenham for 10 years at 6s8d per year for his soul, those of his parents and friends; CKS: PRC 17/6/74. Jane Aschowe sought burial in the chancel at Eastry parish church where her funeral services were to be conducted, she bequeathed 2 kerchiefs to the high altar and a gold ring to Our Lady of Eastry; CKS: PRC 32/14/119.

<sup>279</sup> William intended that if he died near Sandwich he should be buried at the hospital, that the friars should receive 20s for being at his burial and 6s8d for celebrating the masses; PRO: Prob 11/24/3. Jane intended that the prior should celebrate for her soul for a year at Eastry and for a 2nd year at the friary church; CKS: PRC 32/14/119. The other 2 were John Colyer who intended the friars should celebrate the requiem mass for him in their own church, each friar-priest receiving 12d, the others there 6d each; William Wodechurch bequeathed 20s to the friars to pray for his soul; CKS: PRC 17/6/74, 32/4/117. Although prayers were not explicit sought by Alice Jacob, it seems likely this was understood when her executors handed the prior 20s and her large brass pot; CKS: PRC 32/4/116.

one of her few named beneficiaries and her executor, while William's long-running disputes with the master and some of the brothers may have meant he preferred outside intercessors.<sup>280</sup>

The dearth of hospital records relating to St Thomas' makes any assessment of the systems of exchange and reciprocity it was engaged in extremely difficult. In terms of those enacted between the brothers and sisters and the hospital they were probably similar to the other hospitals: at entry, the inmate's residence, and at death; but, there is for example, little indication of the size of the entry fee or how it was paid.<sup>281</sup> Although it might be expected that the inmates would work on behalf of the hospital community this may have been confined to maintaining the house itself, because the hospital appears to have rented out its agricultural holdings rather than directly farming them, the policy at St Bartholomew's. The allowances may still have been paid in kind which may suggest that communal eating was practised in the hall, an activity that required a series of exchanges between the individual inmates, and between them and the hospital. This seems to imply a much less structured system of reciprocal exchange which may have appealed to the elderly residents of Sandwich, especially those who were of moderate means who might otherwise have applied to join St Bartholomew's.<sup>282</sup>

At death, the third point at which the process was enacted, the inmates may have provided the hospital with gifts, possibly as part of the initial exchange but more probably by this time as a separate system which allowed the deceased inmate to strengthen his relationship with his fellows. Unfortunately the lack of testamentary materials from St Thomas' means it is difficult to establish the likelihood of gift-giving for this reason, but the will of John Newman may suggest how such exchanges might have been undertaken. The hospital itself was to receive 40s for repairs, while the brothers and sisters were to receive all his unpaid allowances from the hospital, half a load of wood and 7s (one of the many debts he was owed by local clergymen and other men from Sandwich and its hinterland) which they were to use to make merry, presumably as an act of remembrance, but also stressing his honoured place within their company as a generous benefactor, thereby linking the community of the dead with the one of the living through the memory of his peers.<sup>283</sup>

The inmates were engaged in systems of exchange and reciprocity with the wardens or feoffees who held authority over the hospital under the provisions of the original endowment. Unfortunately only the names of six wardens are known for this period, and there is no indication of how long such men served in the position, though it is interesting that two were clerics, including Thomas Norman, a chaplain at St Mary's (possibly at the chantry of John Condy or the chapel of St James), while the laymen were leading

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<sup>280</sup> Sir John Kele, the prior, was to receive her best diaper table cloth, her best diaper towel and her best pair of sheets; CKS: PRC 32/14/119.

<sup>281</sup> Although Agnes Bolton was to receive 53s4d from the estate of Nicholas Orpathe in 1533 to become a sister at St Thomas' there is nothing to indicate whether this comprised the whole fee or only a percentage; CKS: PRC 17/20/3.

<sup>282</sup> The lost ordinances mean this remains a matter of conjecture but there is apparently nothing suggesting that the inmates were expected to perform regular liturgical duties; Sweetinburgh, 'Role and place' unpublished paper.

members of the town's commercial and civic administration.<sup>284</sup> These worthy and prosperous members of the town may have seen their duties with regard to the maintenance of the hospital and its revenues as a charitable act, its merits being understood by God, the inmates, the community of Sandwich and possibly the wider community of the region, while the clerics were probably more concerned about the spiritual welfare of the house. Their legal responsibilities towards the hospital may have meant they were extremely diligent with regard to its financial position, thereby requiring the inmates to reciprocate through the careful management of the house and the use of their allowances. John Swan was the only known feoffee to have engaged in a personal gift-exchange with the hospital, that is other than in his official role, and his actions seem to reflect Thomas Elys' relationship with the hospital and its sister institution, the chantry at St Peter's.<sup>285</sup> He intended that the chantry priests should celebrate for his soul and that of John Grene (one of his fellow wardens for St Thomas' in 1464), that his bequest should be recorded in their mass book, while his gift of cash to the hospital seems to suggest more neighbourly considerations though he may have expected them to remember him in their daily prayers.<sup>286</sup>

The feoffees were also responsible for the selection of new inmates and even though there is nothing to suggest the criteria employed, they may have been similar to those applied for St Bartholomew's.<sup>287</sup> Consequently Nicholas Orpathe's patronage of Agnes Bolton, the daughter of his friend, for a place at the hospital was probably successful. He was a wealthy citizen who had previously held senior office in the town and when he made his will in 1533 his other charitable gift-giving included redeeming the church plate at St Clement's, where he was a parishioner and probably a member of the prestigious St George gild (he left 3s 4d for an altar cloth to the St George altar). Agnes, a widow, held property of her own having inherited a tenement and seven acres of land from her father three years earlier.<sup>288</sup> These moderate assets and her personal connections may have made her an extremely suitable candidate to the feoffees who might have expected her to provide the necessary counter-gifts, including living modestly under their patronage in the hospital.

The size of the original endowment may have persuaded most townspeople that additional grants were not necessary, though there was one notable exception. Henry Greneshild, a staunch Lancastrian and former mayor of the town, gave a further twelve acres in Woodnesborough to the house in 1481.<sup>289</sup> This

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<sup>283</sup> CKS: PRC 17/23/56.

<sup>284</sup> In 1464 they were Peter Frensshe clerk, John Green, Thomas Norman clerk, John Aldy, Nicholas Burton, John Swan; Boys, *Sandwich*, 167. A similar group of men appear to have served as feoffees for St John's hospital at Hythe; information supplied by A. Butcher.

<sup>285</sup> Of his fellow feoffees: Nicholas Burton's hospital bequests were to St John's and the 'Maldry', and Sir Thomas Norman left 10s to the Maison Dieu at Dover, the wills of the others are not extant; CKS: PRC 32/3/368; 17/3/475.

<sup>286</sup> He left 6s8d to St Thomas' and the lands of the old castle in perpetuity to the chantry priests at Thomas Elys' other foundation; CKS: PRC 17/7/148.

<sup>287</sup> Exceptionally the mayor seems to have chosen the entrant, like John Somer's selection of John Gryshingham in 1513; CKS: Sa/AC 2, fol. 207.

<sup>288</sup> William Wates was a baker in St Clement's parish and when he died he left a widow and 3 daughters, Agnes seems to have been the eldest; CKS: PRC 17/19/3.

<sup>289</sup> Boys, *Sandwich*, 149.

large acreage (c. 160 acres) in Woodnesborough and the few tenements in the town and at Worth were leased by the feoffees of the hospital and were probably considered sufficient by the leading citizens to supply St Thomas' house and inmates. Furthermore the townspeople may have believed the brothers and sisters were the responsibility of Thomas Elys' feoffees (as those at St Bartholomew's were the mayor's) and that there were other more suitable charitable institutions in the town. Interestingly it appears that at least one member of the Septvans family may have seen the inmates as the bedesmen and women of her family through the marriage connection with Thomas' daughter, thereby appearing to appropriate the use of the hospital in terms of a type [4a] almshouse.<sup>290</sup> Of the few Sandwich testators who did consider the hospital as an exchange partner all were parishioners at St Peter's which may have influenced their decision to support the inmates as part of their charitable gift-giving, because all gave to at least one other hospital in the town.<sup>291</sup> Thus, even though these three townsmen presumably expected the inmates to reciprocate through their prayers, the main spiritual value of the deed may have been seen on its own merits and that their commemoration and intercession were primarily in the hands of the professionals. In contrast a desire for remembrance may have prompted Margaret Graunt to make provisions for St Thomas' hospital to receive 100 billets of wood at New Years Eve for twenty years, and like the Carmelites who were to receive a slightly larger allocation, this act of gift-exchange might have been expected to be well rewarded on earth and in heaven. Her strong connection with St Peter's church may have influenced her choice of beneficiaries, especially as she wished annual masses and a dirge to be celebrated for her soul a few days after Epiphany every year for twenty years, and its timing, about a week after the donation of the billets, may have been intended to prompt the presence of the almsfolk at these services as a living reminder of her charity.<sup>292</sup>

Of the remaining extra-parochial institutions which were active as exchange partners within the town the Carmelites were the most important. The continuing prominence of this religious institution in the town and region may be gauged from its use as the meeting place for the provincial chapters, and in 1482 at the last of these chapters the mayor and jurats gave the Carmelites a gift of five marks for their expenses.<sup>293</sup> This was one of a number of gift-exchanges between the civic authorities and the friary which seems to imply that the two institutions operated a form of symbiotic relationship: the friars preached in the town, provided hospitality for crown officials and others engaged in national affairs, produced men of learning who were seen as valuable to the town, and provided an additional reservoir of

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<sup>290</sup> In her will of 1488 Lady Alice Septevans of Ash intended that each of the brothers and sisters at St Thomas' should receive 6d at her burial and at her month's mind, presumably in the churchyard at Ash (she was to be buried there under the same stone as her late husband) which suggests they might be seen as her bedesmen and women on both occasions; CKS: PRC 31/1/89.

<sup>291</sup> John Coly supported all 4 hospitals, Henry Hert, John Catour and Margaret Gaunt gave bequests to St Thomas' and St Anthony's; CKS: PRC 17/2/428; 17/3/368; 32/3/39; 17/7/181. There was the possibility of a further bequest from William Anger in 1534 but it seems likely that the 6s 8d and 6 pairs of sheets recorded in the Act Book as having been given to St Thomas' is a scribal error and that the Archdeaonry register is correct where they were assigned to St John's; CCAL: Y.4.4. AC, fol. 122; CKS: PRC 17/20/215.

<sup>292</sup> The poor who had also received firewood may have been there, but it is unlikely that any from the 'Maldry' attended and the Carmelites presumably prayed for their benefactor in their own church; CKS: PRC 17/7/181.

<sup>293</sup> CKS: Sa/AC 1, fol. 273v.

confessors, mass priests, and a place of commemoration for those of the leading families in particular who wished to be associated with the order; for which the friars in return received gifts from the town as a collective organisation, and the gifts of individual donors within the town, many of whom were or had been civic officers.<sup>294</sup>

The mendicant lifestyle of the friars suggests that they actively sought alms from the Sandwich townspeople and those in the town's hinterland, but the only available evidence relates to *post mortem* gift-exchanges.<sup>295</sup> These gifts were apparently intended to elicit three types of counter-gift: burial in the friary church, intercessory services by the friars, spiritual value as a consequence of the merits of the deed (gifts given to the friars, their church or its contents). Burial in the friary church was rarely sought by the leading townspeople (10 in 334 wills), the only women being four widows, towards the end of the period, two of whom were extremely wealthy (compared to their fellows).<sup>296</sup> However this may have been less of a negative reaction to the friary than a positive endorsement of the parish church, because the pattern regarding the desire for intercessory services appears similar. This suggests that choice of burial place may be significant in this context because it appears testators intended their principal gifts for intercession should be given to those who would act close to their place of burial, predominantly the parish priests at their parish church, the friars being seen as the second tier of intercession.<sup>297</sup> They conducted their services in their own church for the spiritual benefit of the donor, frequently on a cash for prayers basis, and for some testators they formed one part of a reciprocal exchange strategy that incorporated several of the town's religious institutions.<sup>298</sup> Most sought general intercessory services, or the provision of a set number of masses (a trental of masses being the most common) which seems to suggest the relationship between the exchange partners did not enjoy the same degree of regard as it had experienced in the early years of the friary.<sup>299</sup> An exception to this general trend seems to be the will of Helene Bigge (1496), which may have been a forerunner of the renewed interest in the Carmelites as a

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<sup>294</sup> For example in 1490 one of the friars received 3s4d to preach on the first Sunday in Lent, and afterwards he appears to have received a further 6s8d; CKS: Sa/FAT 9. These gift-exchanges were still operating in the early 1530s when, for example in 1531, the civic authorities gave the friary a considerable number of fatstock for the visit of the king in which the town officers wished to be involved; Deighton, 'Carmelite Friary', 325.

<sup>295</sup> From 1450-1510 about a third of the Sandwich testators gave bequests to the friars, the proportion remaining relatively constant per decade, for the next 20 years the likelihood fell to about 1 in 5, though there was a cluster of gift-giving c. 1526.

<sup>296</sup> Alice Sympson (1526), CKS: PRC 17/17/73; Joane Fravell (1526), CKS: PRC 17/17/140; Alice Watson (1526), CKS: PRC 17/17/97; Agnes Hilton (1529), CKS: PRC 17/18/225.

<sup>297</sup> Thomas Pynnok is the only known Sandwich man to have left written instructions for the friars to have been at his burial and month's mind, though Thomas Bulkeley of Woolwich and Sandwich intended that the friars should carry his body from Sandwich to Ash, or possibly Canterbury, on its journey to London; CKS: PRC 17/6/70; PRO: Prob 11/8/27.

<sup>298</sup> In 1494 Ralph Richer, a grocer and alderman, intended that his main commemoration should be at St Clement's church, his place of burial. In addition he left bequests to St Peter's church, thereby aiding the two churches most associated with civic government; cash to the prioress and convent of St Sepulcre's, Canterbury; he made provision for one of his tenements to be used as a life-time almshouse for an old man and his wife, and the friars were to receive this house of charity once the couple had died, presumably providing counter-gifts of intercession forever; CKS: PRC 17/6/155.

<sup>299</sup> For the incidence of confraternities in mendicant houses nationwide; Rosser, 'Parish and guild', 41-42. The apparent absence of a confraternity at the friary is interesting, especially as the cult of St Katherine had been an important focus of devotion in the 14th century; above, i, b.

more important component of the spiritual strategy of some of the leading citizens found during the 1520s, and extending into the following decade.<sup>300</sup> In part this seems to reflect the greater wealth of these testators from the sixteenth century compared to their fifteenth century counterparts which allowed them to employ a range of exchange partners some of whom were possibly seen as charitable institutions, the friary apparently noted as a provider of a variety of intercessory services.<sup>301</sup> The importance of the third form of the gift-exchange seems to have become less apparent by the end of the period because more benefactors stated the type of reciprocal act they expected, possibly suggesting that for some the friars were seen as priests who might be hired when required. Yet throughout the period there were those who seem to have viewed the deed for its intrinsic merit, including those who supported the votive lights in the friary church or who saw their gift as a symbolic act of mercy.<sup>302</sup> Moreover, its place as the only religious house in the town and its reputation as a house favoured by royalty may have influenced those who wished to be associated with a worthy institution. It might, therefore, have been expected that the leading citizens would have engaged in gift-exchanges with individual friars or the prior but the testamentary evidence does not sustain this idea, Jane Aschowe being one of the few exceptions, and instead this absence of a personal relationship between the exchange partners may have reinforced the idea of the salaried priest.<sup>303</sup>

Within the town's hinterland support for the friars at Sandwich was low (about 5%) but it was the house most frequently aided.<sup>304</sup> Testators from the other Kentish Cinq Ports and from Canterbury showed almost no enthusiasm for the Carmelites at Sandwich, possibly because those at Canterbury were far more concerned with the three orders in the city; the only exception being John Swan, whose connections with Sandwich were probably again the dominant factor. The lack of interest from Dover and Hythe was possibly more unexpected because neither town had a friary, and the Sandwich friars might have been assumed to have been favoured over the houses in Canterbury.<sup>305</sup> Testators in the parishes around Dover

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<sup>300</sup> Her desire for an obit at the friary church for 20 years at 6s8d per year was the longest act of intercession and commemoration she requested, though her wealth allowed her to obtain temporary chantry facilities at St Peter's church (2 years) and St Mary's (10 months), as well gift-giving to St Mary's church, St John's hospital and for civic works; CKS: PRC 17/6/302.

<sup>301</sup> Particularly towards the end of the period a few wealthy widows made reciprocal exchanges with the friars: Joane Frevell, for example in 1526, sought burial at the friary church, a trental at each of her funeral days, 2 masses (1 requiem, 1 of the 5 wounds) each day between her burial and month's mind conducted by the friars, a 2 year temporary chantry at the friary and a 1 year chantry at St Peter's church; her charitable bequests comprised doles to the poor at her funeral days and dowries for 20 poor maids; CKS: PRC 17/17/140.

<sup>302</sup> 2 men supported the light of St Cosmos and St Damian: William Harrison (1489), William Tanner (1493); CKS: PRC 17/5/247; 17/5/383. William Mountford (1479) supported the light of St Crispin and St Crispianus; CKS: PRC 17/3/219. Alice Sympson's wish to be buried in St Barbara's chapel at the friary may denote her special devotion to the saint; CKS: PRC 17/1/773.

<sup>303</sup> Jane Aschowe (1524), CKS: PRC 32/14/119. It is possible Joane Frevell's choice of the friary church for her burial was influenced by her brother who was in holy orders; CKS: PRC 17/17/140.

<sup>304</sup> With regard to the 3 types of counter-gift only the vicar at Ham, who had been a member of the friary, sought burial at the Carmelites; CKS: PRC 17/4/90. Instead testators appear to have favoured short-term contracts with the friars, frequently a trental of masses, though the majority do not seem to have explicitly stated the terms of the exchange, probably because the gift often formed a part of their overall provision for intercessory services.

<sup>305</sup> Instead the friars in Canterbury appear to have been more attractive exchange partners for the testators in the other Ports because only one testator from them supported the Carmelites: in 1482 Cecily Rawlyn bequeathed 12d to the



were similarly reticent about gift-giving to the Carmelites, but three men from Folkestone did support them, possibly because they were sufficiently wealthy to be able to support more than one religious establishment, the more favoured alternative being the house at Mottenden, rather than the Canterbury friars.<sup>306</sup>

Thus of the extra-parochial exchange partners located in Sandwich the Carmelites appear to have been the most favoured by the leading townspeople and their country neighbours, though support rarely extended beyond the town's hinterland.<sup>307</sup> Yet even they were not aided by a large majority of the wealthier citizens *post mortem* (the only form of gift-exchange that can be monitored) which suggests it may be useful to consider the degree of interest in the parish and the sub-parish as recipients in the spiritual economy. Taking the parish first, the physical evidence of the fabric of the town's three parish churches indicates that this was a time of continuing aggrandisement of these buildings and their contents, and the desire for burial next to a favoured image, altar or part of their parish church by the wealthiest citizens seem to suggest the primacy of the parish among these recipient institutions (though the concerns of the family, and secondly friends and neighbours remained the principal priorities).<sup>308</sup> However, two further pieces of evidence may aid this assessment. The first concerns *post mortem* gift-exchange where the percentage of testators donating gifts to four types of recipient at the donor's parish church were measured: church fabric/work (discounting those gifts to the high altar which for this period in Sandwich were given by over 90% of testators), special pieces of fabric or ornaments, named lights, unnamed lights.<sup>309</sup> Although this might seem a crude indicator of support, its value may be enhanced by

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friars of Sandwich but the majority of her gift-giving was conducted with St Paul's church in Canterbury and her own parish church of St James in Dover, CKS: PRC 32/2/551.

<sup>3</sup> Matthew Warren (1458), Thomas Newsole (1465), Arnold Hebyng (1490); CKS: PRC 17/1/23; 17/1/235; 17/10/150.

<sup>3 7</sup> Other extra-parochial exchange partners in the town included hermits living in the corner of the churchyard of St James' chapel in St Mary's parish, whose presumably meagre needs were covered by casual alms giving, though the anchoress there and Richard the hermit each received 1 bequest: William Baldock, baker (1529), CKS: PRC 17/20/87; Richard Overaye (1522), CKS: PRC 17/15/188. The hermit at Stonar chapel, John Style, may have been slightly less destitute because he bequeathed the chapel goods to the mayor and jurats of Sandwich in 1469, and his successor did at least receive a ewe from John Hamon of Minster in Thanet in 1498; CKS: Sa/AC 1, fol. 248v; CKS: PRC 17/7/142. Of the extra-parochial exchange partners outside the town: Richard Trysham supported St Anthony's college, London, and 2 of the town's chaplains supported St Mary's hospital, Dover; Richard Trysham, CKS: PRC 32/4/202; Sir Thomas Norman, CKS: PRC 17/3/475; Sir Thomas Clerke, CKS: PRC 17/4/123.

<sup>3 8</sup> The 2 chantries were founded by John Grene and Nicholas Burton at St Clement's church; *Kent Chantries*, 249-256. The success of local chaplains rather than the parish priest in promoting the needs of their church has been noted by Swanson elsewhere because they might become engaged in pastoral work, including acting as executors, feoffees, witnesses and scribes for the wealthier *members of the town* and this seems the case at Sandwich; Swanson, *Church and Society*, 50. For example Sir Thomas Norman, the chaplain at St Mary's was involved in a number of wills relating to the parishioners of St Mary's, including that of John Quykman where he was one of three feoffees detailed to sell John's principal tenement. The money from this sale was to be used in a series of reciprocal exchanges with the church: the purchase of a new vestment, the repairing of the main window at the altar of St John the Baptist there, the construction of John's tomb and the provision of a priest to celebrate for his soul; CKS: PRC 17/3/237.

<sup>309</sup> For the period 1470-1500. Bequests to: own church fabric: Sandwich 42%, Dover 23.5%, Hythe 63%, Romney 30%; own special church fabric: Sandwich 24.5%, Dover 18%, Hythe 21.5%, Romney 24%; own named lights: Sandwich 31%, Dover 67%, Hythe 32%, Romney 51%; own unnamed lights: Sandwich 19%, Dover 23.5%, Hythe 1.5%, Romney 3.5%. For the period 1500-1530. Bequests to: own church fabric: Sandwich 19%, Dover 50%, Hythe 41.7%, Romney 43.8%; own special church fabric: Sandwich 22%, Dover 27.6%, Hythe 14.4%, Romney 26%; own

comparing Sandwich to the other Cinq Port towns and by using it in conjunction with the archives from St Mary's church. The figures for Sandwich appear to indicate a level of support about midway between Hythe and Romney, and far greater than Dover. The presence of only one parish church in Hythe compared to three and a chapel in Sandwich may mean that the degree of support for the town's parish churches (church fabric/work) by the Sandwich testators was closer to the Hythe figure and probably at least 50% for the first half of the period.<sup>310</sup> Gifts to special items and named lights were also closest to the Hythe figures which may suggest similar attitudes regarding the importance of the parish as an exchange partner and may also have implications for the level of support for the sub-parish institutions. The apparent decline in support for the parish church in the early sixteenth century may partly reflect a change in recording practice, the likelihood is that some bequests to the high altar were considered as a donation towards the church fabric more generally, but possibly more significant was the widening of the economic status of testators, and the fact that as at Hythe, the less wealthy were primarily concerned for their families.

The second piece of evidence concerns two documents contained in the St Mary's church archive: the bede roll and the churchwardens' accounts. The fifteenth century bede roll is an impressive list of donors and their gifts which had been given to the church for a multiplicity of reasons, including the devotion of the parishioner.<sup>311</sup> This list provides an indication of the capital assets held by St Mary's that might be ascribed to an individual donor and by extension how powerful this list must have been for those listening to its recital on a Sunday, and thus the desire to join this continuum of believers and benefactors in the parish who could rely on those hearing to pray for their souls.<sup>312</sup> The churchwardens' accounts are not complete but are sufficient to use Kumin's method of comparing the revenue gained *in vitam* and *post mortem* which may highlight the relative importance of each and how this relates to the financial well-being of a parish that apparently should have been extremely wealthy. For St Mary's taking the first year of this period (1451-2), the percentage of income from the living was 43% (offerings, including an indulgence offered on Christmas Day, Good Friday, Whit Sunday, the feast of Corpus Christi, the feast of the salutation of Our Lady and the feast of the assumption of Our Lady) and from the dead 57% (rents and bequests, though this assumes all St Mary's property had been donated *post mortem*).<sup>313</sup> The relationship between these components of the real income for St Mary's seems to have fluctuated during the late fifteenth century because of the large annual differences with respect to rents and bequests,

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named lights: Sandwich 27%, Dover 60%, Hythe 28.8%, Romney 68.4%; own unnamed lights: Sandwich 10%, Dover 30%, Hythe 11.4%, Romney 10.5%.

<sup>310</sup> A few testators gave a gift to the high altar of their parish church and other gifts to the other parish churches or St James' chapel. For example William Joynte left 3s4d to the high altar at St Peter's and 6s8d for repairs to St Clement's; John Benechekyn gave 12d to the high altar at St Mary's and 8d for repairs at St James'; CKS: PRC 17/2/411; 17/2/448.

<sup>311</sup> CCAL: U3/173/6/5.

<sup>312</sup> In 1462-3 the vicar at St Mary's was paid 4d for writing the bede-roll and 12d for reading it on Sundays; CCAL: U3/11/5/1, 150-151.

<sup>313</sup> Indulgences were normally requested by churches following a particular disaster; Thomson, J., *The Early Tudor Church and Society, 1485-1529* (London, 1993), 267. This calculation has been made using the same categories;

whereas the annual income from offerings, collections and the indulgence, which may have been granted in perpetuity, remained relatively stable, having increased slightly on average by 1500.<sup>314</sup> The inability of the churchwardens to collect the rents due from church property seems to have caused them special difficulties in the 1460s but throughout this period rent arrears were a considerable problem, whereas the parishioners were prepared to provide general gifts for the church (the weekly offerings and at the feast days, especially Easter) and in response to parish building projects, like the collection for the construction of the steeple in 1448, and a second special collection in 1531.<sup>315</sup> This meant that by the end of the century the situation had become more serious because the slightly higher annual offerings now represented 71% of the total income, and the income from the dead 29%, though the spiritual obligations (like prayers, masses, reading the bede roll, the provision of wax) imposed on the living by the dead were not declining.<sup>316</sup> Thus in certain years the churchwardens at St Mary's seem to have found themselves in debt to the church, a situation that this apparently prosperous and well-endowed church might not have been expected to face, which may in part explain the absence of alms-giving to the poor from church funds.<sup>317</sup> Moreover, this situation seems to have implications generally for the recipient institution involved in systems of exchange and reciprocity because of the seeming discrepancy between the value of the gift at its donation for the establishment's well-being and the financial worth of the gift in the market place. This difference may have become a serious consideration for the patrons of such institutions at times of economic difficulty and may imply the importance of the reputation of the establishment in retaining its credit and thus the hoped for probability of future gift-exchanges.

The situation with respect to the sub-parochial systems of reciprocity and exchange may be illustrated using the new feast of the Name of Jesus which had been established at St Mary's church prior to 1466, and the fraternity of St George at St Clement's church, because the former seems to have been a predominantly inclusive parish-based institution and the latter an exclusive civic-based organisation. The mass appears to have been celebrated weekly by the chantry priest associated with the Condy chantry in St Mary's church at the Jesus altar which may also have been the morrow mass altar, presumably on a Friday.<sup>318</sup> This cult was particularly concerned with the humanity of Christ and the claim of the ordinary sinner on the rights of kinship with him as a loving brother. a theme which may suggest why it appears to have enjoyed support from those of more moderate wealth as well as the leading citizens within the

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Kumin, B., 'The Late Medieval English Parish c. 1400-1560', Ph.D. thesis, Cambridge University (1992), 88, Appendix C: Description of items and definitions used in graphs and tables, pie chart 2b.

<sup>314</sup> Collections in 1451-2: £3 12s9d ob; in 1494-5: £4 7s8d; CCAL: U3/11/5/1, 101-102, A, B, 172.

<sup>315</sup> In 1462-3 the unpaid rents and bequests amounted to £20 10s and in the same year the churchwardens appear to have reclaimed a house in the churchyard due to rent arrears and repairs not being done; *ibid.*, 147, 154-155.

<sup>316</sup> In 1494-5 the income from the living was £4 7s8d (offerings) and from the dead £1 15s (bequests), the only reference to the church property was to 2 tenements standing empty; *ibid.*, A, B, 172.

<sup>317</sup> Although the church may have suffered in the French raid of 1457, its wealth in terms of ornaments, books, vestments, hangings, relics and the provision of a clock and organs indicates a large number of assets which meant it was vulnerable to a cash flow crisis rather than a lack of capital; CCAL: U3/11/5/1, U3/11/6/1, U3/11/6/2, U3/11/6/5.

<sup>318</sup> *Kent Chantries*, 257-259; *Kentish Visitations*, 112; Robertson, S., 'St Mary's Church, Sandwich', *Arch. Cant.*, xvi (1885), lviii.

parish.<sup>319</sup> The apparently more inclusive nature of the cult in Sandwich, except possibly for a period during the second decade of the sixteenth century, may be illustrated from the town's testamentary records, but there is nothing in the records to suggest the type or level of support *in vitam*. Thus, even though the testamentary record for the cult will be biased towards the leading citizens of the town, the evidence from the 1471 tax assessment appears to indicate that the benefactors of the mass in the 1470s (for which the tax records are most relevant) were drawn from the middle band, those paying between 6d and 13s 4d, and furthermore, they represented almost 60% of the testators from St Mary's for that decade.<sup>320</sup> The second cluster of testamentary bequests to the mass in the 1490s seems to suggest it was still supported by those among this middle band and that even though the wealthiest townsmen appear to have become interested in the cult at this time there is no indication that they had appropriated it.<sup>321</sup> For its adherents the mass may have provided valuable intercessory counter-gifts from both sides of the grave: the services of Christ and the saints, the masses of the chantry priest, and for those who also supported 'Christ's poor', their prayers. Yet for some the mass may have been seen as symbolically forming a bridge between the more explicit pious and charitable aspects of the gift-exchange strategy, whereby charitable gift-giving by the donor was incorporated into this celebration of the humanity of Christ, rather than for the poor of Christ, the earlier recipients of such charity.<sup>322</sup> Even though this small group represents only a proportion of those who supported the Jesus mass during their lives, it appears

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<sup>319</sup> According to Duffy it may be seen as one of the most popular votive masses of this period, although its attachment to the duties of a chantry priest was a common situation by the last decades of the century which was frequently responsible for it becoming the exclusive province of the local elite even if less wealthy people continued to provide small sums towards its maintenance; Duffy, *Stripping of Altars*, 115-116, 236. Pfaff considers that although it was widely known this does not mean it was widely celebrated; Pfaff, R., *New Liturgical Feasts in Later Medieval England* (Oxford, 1970), 80. However, as with all references to the testators of Sandwich it is relative rather than actual wealth and status that is of importance. Consequently the supporters of the mass seem to have been drawn from the common council, and even a few who did not make it that far up the Sandwich hierarchy.

<sup>320</sup> CKS: Sa/AC 1, fol. 199. The group of benefactors of the mass from 1466-1477 comprised 10 lay men, a woman and a chaplain who may have served at the Condy chantry, all of whom were parishioners at St Mary's. Apart from their support of the Jesus mass (only William Brewster mentioned the Jesus altar), they seem to have had few other ideas about such gift-giving in common (5 aided the hospitals or the poor, the lepers being the most favoured recipients). The lepers received bequests from Richard Bilton (1466), Thomas Janyn (1471), John Hamond (1477); CKS: PRC 17/1/256; 17/2/112; 17/3/171. The poor by Johanna Ruston (1473), Sir John Browne (1474); CKS: PRC 17/2/194; 17/2/334.

<sup>321</sup> Only the incumbent, John Lee, might be said to have sought to use the mass in this way through his will of 1494 where he bequeathed to the mass a few pieces of property to be administered by the wardens of the fraternity, including the tenement next to the vicarage. The wardens of the Jesus mass were to receive the tenement on condition they funded an obit of 5s per year for the souls of his parents, benefactors and the departed faithful; PRO: Prob 11/10/23. His apparent use of the mass for the commemoration of himself and his family is suggestive of the methods adopted by certain townsmen elsewhere (see Duffy) and may reflect John's background, he was the illegitimate son of Sir Richard Lee, Lord Mayor of London and during his incumbency at Sandwich he was in receipt of several other appointments, including a canonry at Chichester and the mastership at Maidstone college; Emden, *Register of Oxford to 1500*, ii, 1123. According to Duffy the Martin family 'acquired' the Jesus mass at Long Melford; Duffy, *Stripping of Altars*, 116. The less wealthy of St Mary's parish may be represented by Richard Kentwell whose assets seem to have been relatively small, and who left 8d to the high altar at St Mary's and 4d to the Jesus mass in 1498; CKS: PRC 17/7/87.

<sup>322</sup> The only poor that most of these benefactors appear to have been prepared to aid being the professional poor (the friars) and the institutional poor in the hospitals, and then relatively rarely: the Carmelites were supported by Thomas Bulkeley gentleman [1490], PRO: Prob 11/8/27; Alexander Pytard merchant of the Staple [1492], CKS: PRC 17/5/376; John Crepage merchant [1494], CKS: PRC 32/4/24; Thomas Colman [1494], CKS: PRC 17/6/90; William Garrard butcher [1496], CKS: PRC 17/6/267; Thomas Nele fuller [1496], CKS: PRC 17/6/219; Sir John Harre. Those who supported the hospitals were Dom. Thomas Clerke; John Fuller [1491], CKS: PRC 17/5/344; Alexander Pytard; Thomas Colman; Sir John Harre; William Mallard [1499], CKS: PRC 17/7/220.

that neighbourliness and friendship may have been more influential than family and the clergy for them.<sup>323</sup>

However the 1510s may mark a period when the mass was under the patronage of the leading families, though there also seem to have been problems in 1511 when the Condy chantry chaplain was accused of not saying the mass as his predecessors had done.<sup>324</sup> Two of the four men who supported the mass at this time wished to be buried near the Jesus altar which may suggest a degree of appropriation of the mass, especially as Thomas Bigge intended that his executors should organise an obit for nine years and Benet Webbes sought the services of a temporary chantry for one year at this altar.<sup>325</sup> Benet and his family may be considered to have been the most successful in this because his wife's first husband, William Salmon, a leading merchant of the town was also buried in the Jesus chancel and their mutual widow Katherine intended to join them there in her own will dated 1520.<sup>326</sup> The apparent absence of testamentary gifts for the mass during the decade after Katherine made her will may imply that benefactors from the parish saw little reason for supporting the mass, but by the early 1530s the memory of the Webbes as benefactors may have faded and this lapse of a decade may roughly indicate the length of time remembrance might remain active unless stimulated by further gift-exchanges. Thus in the decade before the mass disappeared it seems again to demonstrate a more inclusive membership.<sup>327</sup>

In contrast the fraternity of St George at St Clement's church appears to have been an exclusive organisation, being the province of the leading civic officials. These senior town officers seem to have seen their fraternity as an extension of civic authority and identity, thereby legitimising their annual allocation of 6s8d from the town revenue to the wardens of the fraternity, who were to use it for the maintenance of the annual procession when the image of St George was carried around the town. Furthermore, it seems likely that the fraternity may have been housed at St Clement's because of its other link with the town authorities: it was used for the annual mayor-making. This appropriation of a large area of sacred space by the mayor and jurats as a collective seems to have meant it might also be acquired by individuals within this small group. Of these, Nicholas Burton, a former mayor, appears to have been the most blatant when he established his perpetual chantry at the altar of St George.<sup>328</sup> He intended that Sir Thomas Bland, a chaplain, should serve at the altar for the rest of his life and that on his death the

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<sup>323</sup> For the small community of Small Hythe Luton considers family may have been a significant linking factor; Luton, 'Heterodox', 207. However at Sandwich neighbourhood and friendship may provide links, like John Smith who gave 20d for the maintenance of this mass in 1470, having acted as executor for Richard Bilton 4 years earlier when he left 3s4d for the same purpose; CKS: PRC 17/1/334; 17/1/256. Though more tenuous, it is possible Thomas Marleburgh and Nicholas Sherp had been neighbours, they were recorded consecutively in the 1471 tax assessment, which may have led to a shared interest in the mass because neither seem to have shown any support for the alternative fraternities in their parish church; CKS: Sa/AC 1, fol. 199.

<sup>324</sup> *Kentish Visitations*, 112.

<sup>325</sup> The 4 men had all held high office in the town: Thomas, Bigge, John Botler, Benet Webbes, Thomas Gylbert elder; CKS: PRC 17/10/228; 17/10/227; 32/9/137; 32/11/79.

<sup>326</sup> She also intended to re-establish the temporary chantry at the Jesus altar on her and her deceased husbands' behalf for a further year; CKS: PRC 17/14/206.

<sup>327</sup> For example Stephen Stonard was a member of the common council but never a jurat.

<sup>328</sup> CKS: PRC 32/3/368.

chantry should continue from the property assigned for its upkeep, his executors hiring another priest who should continue to celebrate for Nicholas' soul, that of his wife Isabella and those of their parents forever. His lead seems to have been followed by Henry Pyham, another wealthy parishioner at St Clement's and former neighbour of Nicholas, who intended 5s from the rent of a tenement he had given to the mass should be allocated to the parish clerk so that he might teach the children pricksong each week and keep the mass with them at the appointed time.<sup>329</sup> Such actions were an important reminder of the power and authority vested in a tiny minority of the town's citizens who were able to engage in a series of reciprocal exchanges which were intended to enhance their prestige (collectively and individually) and might be expected, moreover, to have significant implications beyond the grave.<sup>330</sup>

Thus the Sandwich hospitals formed only one category of a large number of exchange partners in the town which were actively engaged in a number of reciprocal exchanges with the townspeople (*in vitam* and *post mortem*), the civic authorities, and the various religious institutions in the town, all of whom were seeking to achieve a regard for their partners that was mutually beneficial to both parties. Flexibility was, therefore, an essential ingredient for these diverse establishments, and it is appropriate to assess two of the hospitals over the whole period from foundation to c. 1560 in terms of this criterion.

## 2.ii. The history of the town's two hospitals

In order to assess the place of the hospital in provincial society it is important to provide a time-scale which may suggest ideas of change, flexibility and adaptability in consideration of the various relationships it was engaged in. The significance of the *diverse processes of exchange and reciprocity* for the hospital altered over time due to internal and external factors, and it is this history that I shall chart for each hospital under three headings: foundation, support, survival. The first is self-explanatory, the second concerns the systems of exchange and reciprocity that the hospital was involved in during the centuries after its foundation and the third covers its later history, the responses to changing conditions and how these affected and were affected by its role as an exchange partner.

### 2.ii.a. St Bartholomew's hospital

- |                    |   |
|--------------------|---|
| 1. foundation      | c. 1190 (1217)  |
| 2. founders        | Thomas & Bertine de Crauthorne (William Marshal & the town of Sandwich) |
| 3. foundation gift | unknown (French booty captured at the battle of Sandwich)               |

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<sup>329</sup> CKS: PRC 17/6/291.

<sup>330</sup> For example, Nicholas Orpathe in his will of 1533 appears to have demonstrated his twin responsibilities to his parish and town: he redeemed the church plate at St Clement's and was a benefactor of the altar of St George, thereby receiving the gratitude and prayers of his fellow parishioners, gild members and the town authorities; CKS: PRC 17/20/3.

4. size	16 inmates, 3 priests
5. inmates	lay brothers & sisters, priest-brothers
6. patronage	mayor & commonalty
7. own chapel	yes
8. <i>in vitam</i> grants	few; local, long-term support (mainly leading townsmen, some knightly families)
9. diversification from 14th century	little change
10. casual alms	probably not significant
11. testamentary benefactors	rare; local townspeople, some inmates (intercessory services, hospital community)

The late twelfth century foundation placed this hospital in the first period of rapid expansion in hospital foundations nationwide, and its probable site beside the road to Dover just outside the town walls was also characteristic of these early establishments.<sup>331</sup> The initial endowment by leading townspeople and members of the local knightly families was a common feature of such institutions, but what is apparently more unusual is the way the hospital foundation was first appropriated by a leading aristocrat and then the civic authorities in the name of the town. For William Marshal and his royal master, the defeat of the French forces at the battle of Sandwich in 1217 was a fitting climax to the civil war and his subsequent foundation of St Bartholomew's hospital might be construed as a suitable memorial. Such a charitable act was a worthy gift-exchange between the king (through his surrogate, William Marshal) and his people, and between the king and the almighty which meant it was a valuable example of good kingship at a time when the young Henry remained vulnerable to outside forces and required the continuing support of men like the portsmen.

However, the leading men of Sandwich appear to have appreciated the value of the narrative regarding the hospital's foundation for their own purposes which led them to usurp the story and to construct a myth in which they became the prime actors in its re-foundation on behalf of the town and with the full authority of the commonalty for whom they were responsible. The main features of the myth were the intervention of St Bartholomew at a critical point in the battle on behalf of the portsmen, the desire to honour their saviour in a manner that might be considered worthy of this special relationship, the central role of the mayor and commonalty in the gift-exchange at the foundation of the hospital and the annual public manifestation of this act of good governance and civic responsibility: the St Bartholomew's day procession and the offering of the unlit tapers to the hospital. For the hospital, its initial endowment and the early gifts it received apparently provided the master and the poor inmates with a viable establishment for their care and maintenance at which the main responsibility for providing the counter-

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<sup>331</sup> Orme & Webster, *English Hospital*, 35, 45. It may also have been situated close to a healing spring; Everitt, *Continuity*, 296.

gifts was undertaken by the three priest-brothers in the hospital's own chapel. Most of these early benefactors did not specify the nature of the reciprocity except that the gift was for their soul and occasionally for others they named which may imply that the gift-exchange was envisaged as being with the whole house, the poor inmates in their role as recipients represented the donor's neighbourly concerns and his desire to perform good works, while more personal considerations relating to the ultimate welfare of his soul *post mortem* might be addressed by the intercessory services of the hospital's professionals in particular. The custumal provides little indication of the involvement of the lay brothers and sisters in the spiritual life of the hospital and instead stresses their counter-gift of labour on behalf of the physical well-being of the community.<sup>332</sup>

Apart from their own collective role in the initial endowment of the hospital, the civic authorities were concerned to stress the participation of individual townsmen in the process and of the knightly de Sandwich family who were considerable patrons of ecclesiastical institutions in the area, and whose valued support of the town's hospital added to its reputation and that of the town. The hospital was, therefore, in a strong position because it had been supplied with ample resources; its individual benefactors were local men who placed few specific obligations on its personnel, though the implementation of these meant that the hospital was able to offer future donors intercessory services, a possibly increasingly important asset for the hospital. The civic authorities had a vested interest in the hospital's success as a town institution for which they had taken responsibility; its assets and regime may have attracted corrodians almost from the outset which meant that the hospital was engaged in a range of exchange processes which might be considered to have aided its long-term survival, and it might have been able to exploit its position alongside the Dover road as a means of collecting alms from those who passed its gatehouse and who may have been drawn into its chapel.<sup>333</sup> Local patronage and civic governance provided the hospital with an enviable combination that may be reflected in the identities of some of the earliest known inmates: John and Alice le Jeune in 1278 who were probably members of one of the town's leading families in that period; and William Sandwich and Sir Luke Sandwich from the same period who may have been kinsmen of Sir Henry and Sir John de Sandwich, patrons of St Bartholomew's.<sup>334</sup>

The low incidence of *in vitam* gift-giving to the hospital during the later thirteenth century and the willingness of the chaplain to enter the land market on behalf of the hospital during this period may

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<sup>332</sup> Although it might be expected that the lay community at the hospital should remember the founders and benefactors in their daily prayers, the custumal instead lists working in the fields and brewing and baking, while the oath mentions that they were to be good and faithful to the hospital and commonalty; CKS: Sa/LC 2, fol. 10v.

<sup>333</sup> The use of entry fees seems an early innovation by the civic authorities who appear to have sought such fees from all the entrants by 1300 (and possibly before) as part of the reciprocal exchange process, thereby implying that poorer townspeople not the poor were the recipients in this system; CKS: Sa/LC 1, fol. 18.

<sup>334</sup> Alice had received 2 corrodies for life and her allowances included 4s at Easter for clothing and shoes for herself and 2 pigs at Christmas worth 6s; *Kent Chantries*, 272. Croft, 'Custumals', 97.



imply that the townspeople were aware of the hospital's financial position.<sup>335</sup> For a few this might have meant it was seen as a valued exchange partner, it was well able to offer long-term counter-gifts for donors and its reputation made it a worthy recipient; while others, presumably the vast majority of local people, appear to have ignored it (at least in terms of *in vitam* grants) and instead may have focused their gift-exchanges on the three parish churches and St James' chapel, the two late thirteenth century foundations: St John's hospital and the friary, and to a lesser extent, St Anthony's hospital. The situation in the early fourteenth century showed very little change which may imply that the hospital was able to consolidate its holdings, because apart from land purchases it also exchanged areas of agricultural land with Christchurch priory in 1317.<sup>336</sup> Whether this was a deliberate strategy is impossible to ascertain but it does seem to suggest that the period up to the Black Death was favourable to the hospital. The willingness of a few of the townspeople of Sandwich, usually leading citizens or craftsmen, to engage in a number of different forms of reciprocal exchange with the hospital at this time, including the use of grants 'in frankalmoin' may indicate a changing emphasis on the process of reciprocity whereby the benefactors sought a more explicit relationship with the recipients, thus concentrating less on the neighbourly aspects of the exchange and instead laying greater emphasis on the obligation to oneself, the duty to God remaining throughout. This development may reflect the growing prominence of the doctrine of purgatory, among other factors, which may have been strongly advocated by the friars in their sermons because they too required exchange partners as a means of maintaining their mendicant life-style. However for the hospital, the arrival of the friars in the late thirteenth century may have been detrimental, because they may have been seen as a more suitable exchange partner for such services and the friary church was a burial space that might be appropriated by the townspeople, as the chapel at St Bartholomew's appears to have been by the de Sandwich family. Yet the small number of grants involved suggests this was unlikely to have had a significant impact on the viability of the hospital, but instead may be symbolic of changing local attitudes towards the religious institutions in the town which seem to have been seeing a shift towards the care of the souls of the benefactors at the hospital, rather than the maintenance of the inmates (by this time the poor may have disappeared from the hospital community).

As governors of the hospital, the mayor and jurats selected the inmates and even though the early fourteenth century custom still referred to them as the poor, the imposition of an entry fee seems to suggest they were poorer townspeople. The level of the fee, up to £10, was higher than that sought by the mayor from the inmates at the town's other hospital, St John's, which may imply that the authorities were intending to attract different groups from within the poorer sections of the commonalty, thereby producing the most advantageous relationship for all the parties: the entrant, the hospital community, and

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<sup>335</sup> Sir Luke Sandwich procured an annual rent of 6d from Robert le Cuteller in 1292/3 which he then granted in pure and perpetual alms to the altars of St Philip and St James, and St Margaret in the hospital chapel; CKS: Sa/Ch 10B A1; Boys, *Sandwich*, 32-33.

<sup>336</sup> CKS: Sa/Ch 10B A1; Boys, *Sandwich*, 34.

the house's patrons.<sup>337</sup> The imposition of an entry fee as part of the reciprocal exchange between the entrants and the civic authorities had considerable implications for the hospital and the perception of the place of the hospital in their town by the local citizens. Even though the fee may have varied this may reflect the ability to pay within defined limits rather than the idea of different classes of corrody because the ordinances appear to stress the notion of equality with respect to such matters as the allowances.<sup>338</sup> Similarly the work load of individual inmates seems to have been allocated in terms of their abilities and all were expected to labour for the house because the provision of their place there was based on the notion of gift-exchange, not commodity-exchange.<sup>339</sup> Thus the corrodian was not a privileged member of the hospital community who had gained admittance through the paying of a large fee or as the client of the patron and who as a consequence either expected to be paid for their labour there or did not intend to work for the hospital at all, but one of the many who were expected to be committed to the well-being of the place.<sup>340</sup> This suggests that those who intended to implement the hospital's ordinances in the fourteenth century saw the institution as a valuable opportunity for the poorer members of the town and its hinterland to join a lay fraternity which they were able to sustain through their own labours. The commitment of these worthy recipients of the town's charity to their house and to their benefactors might be perceived through the well-being of the establishment, the care with which the priest-brothers conducted the daily offices and the prayers for the hospital's founders and presumably the willingness of the lay community there to follow the example of the priests in their devotional duties. This apparently beneficial relationship for both the donors and recipients set out in the custumal may have been successful during the hospital's early history and possibly throughout the fourteenth century, but unfortunately the absence of evidence for this period means that it is not clear how the problems faced by the town from c. 1350 affected the hospital community. Consequently the history of the hospital during this period rests primarily on the actions of the house's benefactors and patrons.

The value of the mayor as exchange partner for the hospital was not confined to his governance and selection of the master and inmates, he was also involved on their behalf in the land market, though at times this may have been seen as interference as the hospital had its own seal and some masters may have felt they were in a position to conduct the hospital's business.<sup>341</sup> The mayor's support of the hospital against 'Others', especially Christchurch priory, may have been viewed by the inmates as a more positive

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<sup>337</sup> As an indication of assets and wages for the period c. 1300, a craftsman at King's Lynn had goods worth £2 12s9d and a building craftsman might have earned between £4 and £5 a year, labourers were probably earning less than half this amount; Dyer, *Standards*, 206, 226.

<sup>338</sup> This seems to suggest that the individual circumstances of the applicant were seen as more important, possibly implying an early form of means-testing.

<sup>339</sup> The process of exchange between the entrant and the authorities might be placed along the continuum nearer the gift-exchange end point because both partners needed to employ a degree of regard for the other in order for the relationship to be of benefit to both long-term.

<sup>340</sup> A corrody at Eastbridge, Canterbury cost £75 in 1358, while liveries (possibly a minor corrody for 1 person) at St Leonard's, York in the late 14th century cost between £20 and £40; *VCH Kent*, ii, 214; Cullum, 'Hospitals in Yorkshire', 177.

<sup>341</sup> In 1342 the mayor, jurats and commonalty in the name and appropriation of the brothers and sisters demised in fee to Robert Rollynge a void piece of ground. Attached to the deed were the seals of the corporation and of the hospital; CKS: Sa/Ch 10B A1.

act in their ongoing reciprocal exchange, and for the mayor opportunities to thwart the town's old adversary may have been welcome.<sup>342</sup> In 1514 John Ambrose, the prior's bailiff, arrested Robert Johnson, one of the brothers at St Bartholomew's, and took him to Canterbury by force. The mayor and jurats requested John Westclyve, a senior jurat, to call on the prior and as a consequence the bailiff appeared before the mayor at Sandwich where he acknowledged his fault of acting outside his jurisdiction because the hospital was within the liberty of the town.<sup>343</sup>

In addition to this diversity of *in vitam* exchange partners in the period up to the Black Death, there may have been a small number of individuals in the town and its hinterland who sought to develop a relationship with the hospital based on *post mortem* gift-giving. Unfortunately the almost total lack of extant testamentary materials for this period means that it is impossible to assess this form of the gift-exchange and all that may be said is that it did take place. The *Sede Vacante* records for the year 1278 include the testament of Agnes of Eastry who bequeathed one bushel of peas to both St Bartholomew's and St John's, as well as similar amounts to all the hospitals in Canterbury, except for the Poor Priests which might receive a quarter of wheat.<sup>344</sup> Gifts like this may have been of relatively little intrinsic value but did publicly acknowledge the charitable status and probably good reputation of the hospital at a time when there were a growing number of establishments seeking exchange partners and the crown was attempting to limit the incidence of open-handed benevolence towards religious institutions generally.<sup>345</sup> Yet it appears that St Bartholomew's was possibly more fortunate than many hospitals in Kent during the early fourteenth century because it may have had sufficient capital assets and the labour to work them, though it would seem likely that it too suffered crop failure and cattle murrains on its agricultural holdings at this time. How far this period may be seen as one of survival or sufficiency for the hospital is difficult to gauge but the absence of visitation records chronicling mismanagement, a feature of other hospitals, or petitions to the crown detailing the poverty of the house may imply that the combination of its assets and the close management of the mayor and senior jurats, who had a vested interest in the hospital (possibly individually as well as collectively), was significant during this period.<sup>346</sup> Yet the hospital's apparent omission from the gift of bread given to commemorate archbishop Lanfranc in 1315 is interesting, especially as both of the other hospitals in the town received these gifts.<sup>347</sup>

However, the hospital might have been expected to have encountered some difficulties from the mid fourteenth century, though it was not until the beginning of the fifteenth that it was reported to have been

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<sup>342</sup> The mayor supported the complaint against John de Crawsthorpe at the prior's court of Eastry concerning the theft of 2 oxen from St Bartholomew's hospital; CCAL: EC II/35 (1275 x 1286).

<sup>343</sup> CKS: Sa/AC 2, fol. 230v.

<sup>344</sup> CCAL: SVSB II/184/1.

<sup>345</sup> For Edward I's ideas on ecclesiastic patronage and the role of the crown; Denton, 'Edward I', 135-137.

<sup>346</sup> Though the *Sede Vacante* visitation of 1327, under the prior of Christchurch's jurisdiction to St Bartholomew's saw the gates of the hospital closed against the commissary which may imply the possibility of certain problems at the place. The hospital was laid under the interdict which was not lifted until the mayor intervened on behalf of the house and the master and one of the brothers were dismissed; Woodruff, C., 'Some early visitation rolls preserved at Canterbury', *Arch. Cant.*, xxxiii (1918), 81-82.

suffering from poverty. In part this apparent crisis in the early fifteenth century may reflect the greater availability of the sources and the fact that any assessment prior to this time rests on a few extant records, like the petition by John Gyboun of Sandwich to Edward III for him to grant in alms to the hospital the revenues of the ferry between Stonar and Sandwich.<sup>348</sup> However, this grant and the further gift-exchange between the mayor and the hospital concerning the goods and chattels of deceased orphans under the town's wardship may imply that the leading citizens remained deeply committed to the welfare of the hospitals, as well as seeking to retain at least a part of these assets within the town. High mortality among the inmates presumably occurred at various times, their age may have made them especially vulnerable but a better diet may have aided the survivors, assuming they were still able to work part of the hospital's agricultural land, while gifts like the revenue from the ferry were probably particularly vital. The cluster of land grants to the hospital in the 1390s and the first two decades of the fifteenth century might have been considered valuable additions to the hospital's farm land, especially as some of these were adjacent to land the hospital already held and were up to fourteen acres in size.<sup>349</sup> Most donors were leading townsmen or craftsmen, the surnames including Westclyve, Loverik and Cacherell which represented families who would be important in town government during the fifteenth century. Their support of St Bartholomew's may indicate that they were aware of the hospital's historical importance to the town as well as its current value as a charitable institution under civic control for the continuing benefit of the commonalty.

Yet these gift-exchanges were apparently not sufficient to save the hospital from pleading poverty to the mayor and jurats in 1435 whereupon it was decided that the cash from the next corrody should be spent on the maintenance of the hospital.<sup>350</sup> This may suggest previous fees had not been spent on the hospital, or at least only part of the fee, and may partly explain why the house was apparently in penury. If the mayor had been appropriating some of the fee it may represent a *gift-exchange where the dominant partner was less concerned about the welfare of the recipient and where the economy of regard had broken down*. The following ordinance in the town book seems to imply that this had happened because it was stated that mayors were not to sell corrodies except in their role as patron which may suggest that certain senior townsmen had been organising the sale of corrodies, possibly for their own financial gain and to the detriment of the town and the hospital.<sup>351</sup> Thus patronage in the preceding years may have been in the hands of a small number of the leading citizens whose exploitation of the exchange system may have badly damaged the hospital, which was seen and continued to be seen as a serious breach of the relationship between the civic authorities and the hospital. The granting of a corrody to John Serle, common clerk, may have been an attempt to set the house in order because he copied up the hospital archive into a register, thus allowing for an appeal to custom and so good government whereby the

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<sup>347</sup> St John's hospital was to receive 12 breads and the lepers of Sandwich 25 breads; CCAL: DCc/DE 26.

<sup>348</sup> CPR 1348-1350, 341; Gardiner, *Sandwich*, 48.

<sup>349</sup> CKS: Sa/Ch 10B A1.

<sup>350</sup> CKS: Sa/AC 1, fol. 24.

<sup>351</sup> CKS: Sa/AC 1, fol. 26v; Sa/Ch 10B A1.

regulations might be consulted at will and potential abuses of the system stopped.<sup>352</sup> A further attempt appears to have been made to reduce the power of the mayor in this system of reciprocity when the common assembly in 1467 decreed that from henceforth all entrants to St Bartholomew's would be chosen by them alone and that other inmates at the hospital were not to be present at the election, possibly implying that the members of the assembly were concerned about questions of influence.<sup>353</sup> By 1480 the situation may have deteriorated to the point where the hospital was no longer able to fulfil its intercessory obligations to its benefactors because the common assembly granted a corrody to John Hobyn, priest, in that year on the understanding that the following corrody should also be given to a priest and that from henceforth the hospital should house two priests, eight brothers and five sisters.<sup>354</sup> Even though this shortage of priests may have seriously damaged the hospital's worth as a chantry, the apparent lack of donors seeking to give gifts for this purpose throughout the fifteenth century, and instead seeking intercessory services at their parish churches and the friary, may imply that this lack of priest-brothers was common knowledge or that primarily the hospital was not perceived in these terms, and that value was instead placed on its history within the town and its function as a residence and lay fraternity for the middling social groups there, including some aged artisans and craftsmen.

The asymmetrical nature of the exchange partners (the corrodian and the common assembly) was presumably reinforced by the assembly's second ruling on the hospital in 1480, when it was stated that all joint corrodies previously issued for husbands and wives were now null and void and that no such corrodies would be given in the future.<sup>355</sup> The reasoning behind this desire to split married couples is not clear, especially as the husband seems to have entered the hospital rather than his wife in most instances and the civic authorities were apparently concerned at this time about women living alone.<sup>356</sup> One possible explanation may be that the apparently reduced emphasis on the chantry function of the house meant that the hospital by the sixteenth century was resembling the recent [4a] almshouse foundations at which the inmates were frequently the prime intercessors for their benefactors, or in conjunction with the parish or local chantry priest; married couples under such circumstances being considered less suitable exchange partners.<sup>357</sup> However the masters' accounts for the sixteenth century suggest that the inmates had developed strategies to combat some of the problems of the split household and that some of the

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<sup>352</sup> The register included the custumal, 72 deeds, a rental and other notes including the revised oaths to be taken by the inmates and master, CKS: Sa/Ch 10B A1.

<sup>353</sup> CKS: Sa/AC 1, fol. 170v.

<sup>354</sup> CKS: Sa/AC 1, fol. 257.

<sup>355</sup> *Ibid.*

<sup>356</sup> The idea of women living alone or in all female households was seen as unacceptable by some civic authorities, for example Coventry in the 1490s, and the Sandwich authorities seem to have concurred with this; *The Coventry Leet Book*, ed. M. Harris, vol. 1, part 2, Early English Text Society (1971[1907-8]), 545, 568; CKS: Sa/AC 1, fol. 194v.

<sup>357</sup> The ordinance requiring attendance at divine service, the saying of the 2 psalters daily and the saying of prayers for the founder, as well as the revised oath, do appear to have been applied from this period which does seem to imply that the civic authorities intended a greater emphasis on the role of the inmates as bedesmen and women; CKS: Sa/LC 2, fol. 70v. The reasons for this appear complex, possibly being linked to the foundation of type [4a] almshouses elsewhere (the influence of London and continental Europe), the problems of a lack of suitable priest-brothers, a concern to introduce a more regimented regime as part of the civic policy concerning the moral standards of the poorer townspeople.

wives may have worked on behalf of the hospital community within the place, presumably returning to their own houses outside at night.<sup>358</sup> Thus the inmates were engaging in reciprocal exchanges with the hospital and the mayor and senior jurats (they seem to have regained control of the patronage of St Bartholomew's in 1481) on favourable terms because even though the entry fee had increased (up to £19), it was lower than those at other hospitals; the regime, including daily prayer and labour for the house, may have been less arduous than conditions outside; the house employed servants, and in addition, inmates may have had their own; the inmates were apparently able to continue in business on their own behalf; the hospital provided opportunities for heirs to continue in the family business and property, and the inconvenience of the lack of joint corrodies may have been overcome.<sup>359</sup>

However, two events in the 1530s suggest that the processes of exchange and reciprocity between the hospital and the town remained subject to negotiation. The first concerned the failure of the St Bartholomew's day procession to take place in 1532 following the refusal of the parish priest, Sir John Yonge, to take part because he feared his premier place as the priest at the high mass in the hospital chapel would be taken by another.<sup>360</sup> This event disrupted the annual gift-exchange between the town authorities and their hospital at a time when social, political, religious and economic ideas and conditions were in a state of flux nationally and locally, leading to tensions in society *within and across the social* groups of the town and compounded by the differences in age and outlook among the mayor and jurats in that year. For many of the senior jurats in 1532 their strong orthodox piety might be displayed through the procession and gift-giving because of the symbolism with which it had been invested by their forebears concerning ideas about civic identity, civic responsibility and good governance. These characteristics of the Sandwich administration had been achieved in part as a result of their struggle for autonomy from Christchurch priory and the crown, and the last battle was still being waged against the king in this period. Consequently the inability of the mayor to enact this ritual through the non-compliance of a priest who should recognise the power of the town judiciary was an apparent threat to good order which the mayor and senior jurats were not prepared to tolerate and they acted accordingly. Yet, even though the procession recommenced the following year and the priests involved at St Peter's were removed within a couple of years, the tensions within the town were still present, which may explain the procession's disappearance at the beginning of Edward's reign and the fact that it was not revived under Mary because it was no longer valued by the civic authorities who used other symbols and rituals to illustrate their civic identity.<sup>361</sup>

The second event was an ordinance issued by the common assembly in 1538 where it was decreed that corrodies at St Bartholomew's should only be given to decayed inhabitants, that the inmates must not

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<sup>358</sup> CKS Sa/Ch 10B F8.

<sup>359</sup> Brother Paytwyn's wife was pregnant with their 5th child when he made his will in 1532; CKS: PRC 32/15/185.

<sup>360</sup> CKS: Sa/AC 3, fol. 36v.

<sup>361</sup> Sweetinburgh, S., 'The St Bartholomew's day procession: the construction of civic identity in medieval Sandwich', paper given at postgraduate conference on 'Authority', University of Bristol (1997).

alienate or sell their corrody and that any mayor acting against this should be fined £10.<sup>362</sup> Although this appears to indicate that the common assembly were seeking to return to the hospital's initial function of caring for the town's poor, in terms of the inmates currently resident it presumably suggested a less prestigious establishment and possibly that the members of the assembly were assigning a more subordinate role to the hospital as exchange partner. The apparent down-grading of the relationship between the town and its hospital was manifest in the emphasis placed on the decayed residents rather than the intercessory services for the benefactors, and like the town's saint, the place of the hospital in the town was almost consigned to history. However, it survived the purge on colleges and chantries possibly because its exchange value as a chantry was barely in evidence and its place within the town was now primarily that of an almshouse. The high level of self-sufficiency enjoyed by the house seems to have allowed the master a degree of control over the hospital's affairs, though continuing under the jurisdiction of the mayor which meant that the relationship between them remained firmly based on the concept of reciprocal exchange. Furthermore, the master and brothers were required as necessary to negotiate with other authorities/institutions which formed part of the *ongoing processes of exchange and reciprocity* as a means of establishing the status and position of the hospital within the town and its hinterland.<sup>363</sup> Archbishop Parker's visitation of 1562 showed St Bartholomew's was continuing to engage in gift-exchanges with the townspeople with regard to housing the poor, and although the report of 1587 was critical of the abuses linked to the provision of corrodiess there, little seems to have been done and St Bartholomew's continued to house the poor and the not so poor throughout the rest of the Tudor period, its place within the town secured if not secure.<sup>364</sup>

#### *2 u.b St John's hospital*

1. foundation	pre 1287
2. founders	unknown, probably leading townsmen
3. foundation gift	unknown, probably small
4. size	average 12 resident inmates, range 7 to 15
5. inmates	12 lay brothers & sisters, ? priest; short-stay sick-poor
6. patronage	mayor & jurats
7. own chapel	yes
8. in vitam grants	very few; local, long-term support (leading townsmen)
9. diversification from 14th century	little change

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<sup>362</sup> CKS: Sa/AC 3, fol. 98v.

<sup>363</sup> In 1549 the master and several brothers were before the church court concerning a tithe dispute with the vicar at Eastry; CCAL: X.10.3, fol. 97-102. I am grateful to Paula Simpson, now at the University of Manchester, for information regarding this dispute.

<sup>364</sup> *VCH Kent*, ii, 226.

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|------------------------------|--|
| 10. casual alms              | vital, though probably variable  |
| 11. testamentary benefactors | local townspeople; numbers higher 15th century, almost none early 16th; mainly directed towards hospital, explicit reciprocity rarely sought |

St John's was the first of the Sandwich hospitals to be built within the town walls and its site near the centre of the town ought to have enhanced its visibility, thereby providing it with opportunities to engage in a range of exchange processes with the townspeople and others from the locality. The two earliest references to the hospital might be seen to represent these two groups of benefactors, and their gifts to the hospital were apparently connected to its two functions: care for the poor and the provision of intercessory services.<sup>365</sup> Yet none of the extant grants were apparently specifically intended for the maintenance of the chapel and its furnishings, which might have been expected because the care of souls (those inside the hospital and their benefactors outside), would have generated gift-exchanges for this purpose and so alms to the hospital chapel might have been considered especially meritorious. For the master and inmates this may have led to the channelling of scarce resources away from them and the sick-poor in the 'harbinge' and instead towards the maintenance of the chapel and clerk to serve it, though whether the hospital provided a stipend is not known. It is possible that the unknown founder of the hospital endowed the chapel within the hospital building which meant there was little need to provide further gifts for it, and the level of religious furnishings in the various inventories from the late fifteenth century appear to confirm that the hospital had a sufficient collection of these accoutrements.<sup>366</sup> However, chapels rarely seem to have been considered to have held too many ornaments and furnishings which may imply that benefactors were less concerned about the appearance of the hospital chapel but instead were interested in its ability to function, and this might be better funded from general grants to the hospital. There is nothing in the extant hospital archive to suggest that there was a bede-roll kept in the chapel, though presumably there was some form of account of the benefactors which might be available for the inmates to use in their daily prayers. Such acts of intercession within the system of exchange and reciprocity might also be undertaken on behalf of the collective as well as the individual, and it is possible that the civic authorities, the mayor and senior jurats in particular, may have supplied the chapel initially, and then later with replacements and/or additional items. However evidence for such *municipal gift-giving remains circumstantial, but the ordinances within the custumal seem to indicate that the monitoring of the goods in the chapel and at the 'harbinge' were important aspects of the mayoral visitations, possibly suggesting that part of their claim to proprietorial rights over the hospital and its assets rested on their own gift-exchanges with the place.*

The level of endowment St John's received during its early history was relatively low, a small collection of rents and property in the town which were insufficient for the sustenance of the house thereby

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<sup>365</sup> Agnes of Eastry (1278) bequeathed 1 bushel of peas to the Domus Die (St John's) of Sandwich; CCAL: SVSB II/184/1. Thomas de Shelvinge of Sandwich, wool merchant and jurat, granted in frankalmoin to the brothers and sisters an annual rent of 2s10d to provide them and the poor resorting there with straw; CKS: Sa/Ch 10J T1.

<sup>366</sup> CKS: Sa/Ch 10J A1, entries dated 28/3/1490, 15/12/1494; CKS: Sa/AC 3, fol. 106-106v.



requiring the brothers to collect alms in the town and its hinterland on a frequent and regular basis, and presumably in addition at the gate and chapel of the hospital itself. Such casual alms-giving may have remained a vital source of gift-exchange throughout the history of the hospital, presumably in monetary terms but also as a means of publicly establishing the house as a charitable institution of and in the town. The importance of this public affirmation of the worth of the place and the need to support it may be inferred from the part silver maser donated by Christine Pikefish, one of the inmates there in the early fifteenth century, for the collecting of alms, and the three silver crosses used to solicit alms at the town's three parishes listed in the 1494 inventory.<sup>367</sup> Competition for these alms may have meant that the brothers at St John's adopted a fairly aggressive policy, and even though the provisions laid out in the custumal were advantageous to the brothers, the foundation of the Carmelites during the same period may have affected the level of alms-giving to the hospital. Yet competition may not always have been the result because the friars through their sermons may have stressed the importance of alms-giving to a number of different groups within the poor, including themselves as the voluntary poor, and the very limited evidence of charitable giving in the late thirteenth and early fourteenth centuries appears to indicate a degree of overlap in the individuals who aided both houses. Thus for the benefactors, gift-giving to these institutions may have formed parts of their own charitable strategy within the context of the three-fold duties.

However, the majority of the townspeople appear to have been unwilling or unable to engage in gift-exchange with St John's, except possibly small gifts of alms for which there are no extant records beyond the survival of the hospital itself. Presumably the civic authorities were concerned for its viability under their governance which may have meant that individually and collectively they were prepared to aid it when necessary throughout the fourteenth century, and like the other town hospital of St Bartholomew, the ordinance concerning the donation to the hospital of part of the goods of deceased orphans controlled by the mayor may represent the public statement of their corporate benevolence. During this period the hospital may have been less able to offer counter-gifts of intercession, partly because mortality may have been high there due to its central position in the town, because of the relatively poor diet at the house, the likelihood of infection from the sick-poor in the 'harbinge' and possibly the high average age of some of the inmates.<sup>368</sup> Other counter-gifts like caring for the sick-poor may have continued throughout the period because the house seems to have survived on alms and its small number of rents rather than produce from its own lands, which may have allowed the work of the 'harbinge' to be maintained even if the number of inmates fell.<sup>369</sup>

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<sup>367</sup> CKS: Sa/Ch 10J A1, entry dated 15/12/1494.

<sup>368</sup> The length of residence at hospitals was presumably extremely variable being dependent on a wide range of factors, though presumably activities like nursing the sick may have meant the sisters in particular were vulnerable.

<sup>369</sup> The late 14th and early 15th century inventories recorded in the hospital register were primarily concerned with the bedding in the 'harbinge', not the chapel furnishing which may suggest the priorities of the mayor and jurats; CKS: Sa/Ch 10J A1, entries dated 26/1/1397, 28/2/1398, 24/1/1399, 12/2/1401, 19/10/1402.

During the early fifteenth century the hospital was apparently a viable institution, though it probably remained heavily reliant on frequent gift-exchanges (casual alms-giving may have predominated) due to its extremely limited capital assets and the need for goods and cash to sustain its own charitable exchanges with the poor. The desire to create a more stable financial situation in the first decade of the century may have meant that the inmates, probably under the guidance of the mayor, considered it advisable to lease for long periods most of its properties in the town, possibly intending to generate a more reliable form of income than rent; but this may not have been sufficient for the needs of the house. Consequently the mayor as custodian of the hospital may have perceived the relative importance of the entry fees, especially as they were higher in the early fifteenth century than later in the century. Yet the sums were far smaller than those given to St Bartholomew's and appear to correspond to the higher level quoted in the custumal which was produced in 1301.<sup>370</sup> The highest appears to have been 53s 4d though there is no indication that the entrant also gave his goods to the hospital for its own use, and the extant testament of brother John Mekyn, where he left his goods and lands to be sold by his executors for his soul, suggests that any customary rules of this kind were not universally applied.<sup>371</sup> This may indicate that the reciprocal exchange between the entrant and the hospital was a complex arrangement of which the entry fee was only a small part and that the labour of the inmate during his residence at the hospital was a far more important component, having the potential to generate a far greater value in alms than the fee. The value of this labour was dependent on a number of factors including length of stay at the hospital, the skills of the inmate, the health of the inmate and their willingness to act on the hospital's behalf, which may have meant some fit long-stay inmates were a great asset to the place, thereby providing a positive balance between income and outgo for St John's.<sup>372</sup> Thus the decline in the amount paid during the fifteenth century might have been less detrimental to the house than it may first appear in purely financial terms, but may signify that the socioeconomic status of the inmates had fallen because they could not afford the higher sums, and/or that value of the hospital place had declined, making it less attractive than formerly. The evidence is not clear on these points, though some corrodians were behind in their payments during the late fifteenth century and the situation deteriorated in the sixteenth century.<sup>373</sup> However, these defaulters were still valuable exchange partners for the hospital provided they worked for the community, which meant they were frequently tolerated by the master and mayor in these circumstances. In contrast the hospital could not afford to tolerate those who failed to reside and labour on its behalf, which was a problem by the third decade of the sixteenth century, and this situation continued to trouble successive mayors in the following decade. In addition to these problems of non or

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<sup>370</sup> The first extant copy of the custumal records the fees as 2 marks or 40s; CKS: Sa/LC 1, fol. 21v.

<sup>371</sup> CKS: PRC 32/3/89.

<sup>372</sup> Only 12% of inmates, for whom the length of stay is known at St John's, died within a year, 44% survived for over 5 years, women especially lived longer in the hospital as over 50% of the sisters resided there for over 5 years, including 30% who were in the place for a minimum of 10 years. Figures from other studies: at St Leonard's, York, for the period 1392-1409, the average stay of male corrodians was 8.1 years and for women 10.7 years, Durham hospital inmates averaged 5 years; Cullum, 'Hospitals in Yorkshire', 188-189. At Clyst Gabriel, Exeter, almost a third of the priests were dead within a year of entry and less than 30% survived for over 5 years; Orme, 'Mortality', 200.

late-payers it seems possible that the mayor considered that the lower fees had adversely affected the worthiness of the applicants, which may explain the ordinance against unruly behaviour instigated in 1479 and the increase in the time the inmates were to spend in the hospital chapel which was also devised during this period.<sup>374</sup>

Such problems appear to pre-date the change of function of the hospital from a refuge for the sick-poor to a place of containment of those considered undesirable by the civic authorities but it seems likely that this alteration was seen as adversely affecting the house and its work by the current inmates. As the dominant partner in this reciprocal exchange with the inmates, the corporation was able to control the use of the 'harbinger', and the mayor and jurats may have considered that the changes in the type (lower wealth and status) of the resident inmates by the 1520s compared to the previous century might justify their modification of the hospital's function. Consequently as part of their on-going policy against the itinerant poor the mayor and jurats in 1523 decreed that from henceforth the townspeople were not to harbour beggars in their houses and that instead they were to go and stay at St John's, those disobeying might be punished by the mayor.<sup>375</sup> This was further elaborated in the following February when it was decided that only those of good and honest conversation might sell ale or beer at their houses and that these people must be able to provide accommodation for at least two honest travellers, while vagabonds and those who lived evilly were to be examined by the mayor and then banished from the town.<sup>376</sup> By consigning the beggars to the 'harbinger' before ejecting them from the town, the mayor was presumably placing a great deal of stress on the hospital, both in terms of numbers and the type of person to be accommodated. These people may have shown no interest in the hospital, viewing it as a form of prison which would restrict their ability to beg in the town, and even though it did at least provide shelter, and possibly a bed, the food may have been severely limited. The number of beggars accommodated in this way is unknown but the bequests of bedding during the 1530s in particular may imply that testators considered this action valuable and that they wished to signify their support for the hospital's work for the poor.

However, this change of function and so worth of St John's to the civic authorities in the 1520s, does not explain the apparent loss of testamentary support in the previous twenty years compared to the late fifteenth century when almost one in five testators left bequests to the hospital. It is possible that the events and changing circumstances of the decades either side of 1500 were significant: the high mortality of the 1490s, the apparent disappearance of the 'Maldry' in the 1500s, the decline in trade and its

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<sup>373</sup> Even though the authorities operated a credit system so that inmates paid in instalments, some appear to have been unable to meet their commitments in the 1490s and the hospital register lists the inmates and the outstanding amounts; CKS: Sa/Ch 10J A1, the first such entry dated 3/10/1489.

<sup>374</sup> Such measures may form part of the civic authority's ordinances about moral standards in the town which in the case of the town's hospitals (St John's and St Bartholomew's) might be achieved through a more regimented and austere life-style; CKS: Sa/Ch 10J A1, entry dated 16/7/1479; Sa/LC 2, fol. 70v.

<sup>375</sup> CKS: Sa/AC 2, fol. 326.

<sup>376</sup> CKS: Sa/AC 2, fol. 328.

associated effects on local prosperity, and the likely increase in the number of the poor (indigenous and itinerant) may all have influenced the leading citizens with regard to their ideas about charity and reciprocal exchange.<sup>377</sup> For some of the leading townsmen it may have been convenient to set the poor inmates of St John's with the poor in the town, who were possibly less worthy of being classed as Christ's poor, thereby allowing them in good conscience to engage in gift-giving only with charitable institutions like the friars, and their own parish church. It is difficult to substantiate this theory but the far higher incidence of petty criminal cases in certain years and under particular mayors, John Westclyve seems to have been a more extreme example, and their testaments which reveal a regard for piety but very little charity, may imply that discrimination against the poor, and groups within the poor, did occur, thereby possibly adversely affecting the relationship between St John's and the town, especially if it was considered that there had been significant changes to the type of person who joined the hospital community.<sup>378</sup> Yet the hospital's new role from the 1520s provided a new impetus to the processes of reciprocal exchange for the will-makers, who were prepared to aid the work of the 'harbinge', if not the poor residents. The intercessory role of the brothers and sisters may no longer have been considered of much importance because there were more suitable alternatives in the town, especially the professionals at the friary and the parish churches though others like the hermits were also available, while some testators may have preferred to have their 'own poor' at their burial and subsequent days of commemoration. This apparent concentration on the 'harbinge' as the recipient in the systems of exchange and reciprocity enacted with the hospital may have increased the tension between the inmates and their patrons, who may have identified the principal benefactors with the mayor and senior jurats as belonging to the same social group, thereby leading to disputes between certain of the brothers and particular mayors, while the whole hospital community may have been dissatisfied with the financial position of the house resulting from the uneven distribution of resources between its constituent parts. Thus for the brothers and sisters their subordinate position within the processes of reciprocal exchange, primarily with the civic authorities but also with this group as individuals, seems to have meant that they had become a part of the corporation's strategy for law and order from the third decade of the sixteenth century. The duration of this imposition on the house is unknown but the visitation of 1562 does not mention the 'harbinge', only the twelve poor people, which might imply that it too now functioned as an almshouse.<sup>379</sup>

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<sup>377</sup> St John's was also having difficulties collecting rents from its tenants; CKS: Sa/Ch 10J A1, for example entry dated 28/3/1490.

<sup>378</sup> Sweetinburgh, S., 'Care in the community: local responses to the poor in late medieval Sandwich', paper given at the postgraduate conference on 'Poverty', University of Kent at Canterbury (1996).

<sup>379</sup> In 1558 the hospital was still receiving bequests of sheets, though not specifically for the 'harbinge', but William Browne, merchant, did provide 5s to repair the 'harbinge' in that year; CKS: PRC 17/30/122; 17/32/104, 17/32/235. *VCH Kent*, ii, 226.

### 2.iii. Summary

Following an examination of the theoretical aspects of reciprocal exchange and their application in broad terms to the hospitals of Kent, it seemed appropriate to investigate these processes of exchange in greater detail.<sup>380</sup> The first case study was undertaken on the place of the hospitals in medieval Sandwich because of the diversity of hospitals there and the fact that, as one of the Cinq Ports, this small provincial town seemed to have developed a strong sense of civic identity which was inter-linked with the history of St Bartholomew's hospital. The format used in the seventh section of the preceding chapter was considered a valuable means of examining ideas like continuity and change with respect to the hospitals, as well as providing a method of highlighting the multiplicity and diversity of exchange partners, the complexity of the networks devised by these partners and possibly the role of intermediaries, for example the parish priest, who may have increased the likelihood of certain gift-exchanges taking place. Two of the chronological sub-sections chosen were linked to the founding of particular hospitals, while the first was also associated with the writing up of the town's custom in 1301 which had considerable implications for St Bartholomew's. The last sub-section was chosen because of the quality and quantity of evidence available and the fact that the testamentary materials in particular would illustrate the complexity of the spiritual economy in a small urban society, thus demonstrating the marginal place of the hospital within these systems. The second section used the analysis produced in the chronological sub-sections to construct the social histories of two of the town's hospitals, St Bartholomew's and St John's, both hospitals for the poor but with very different levels of endowment, to see how they were able to survive.

The late thirteenth century was a period of political conflict for the leading townsmen who had supported Simon de Montfort in the 1260s and towards the end of the century they were again in dispute with the crown over the town's privileges. Trading was an important part of the town's economy and the contacts developed by the Sandwich merchants with continental Europe, London, and the other Kent and Essex ports provided them with ideas as well as goods. These factors seem to have been significant with regard to the narrative about the founding of St Bartholomew's hospital which was apparently appropriated and constructed by the leading townsmen, presumably at a time of crisis for the town, and formed an important part of their civic identity. The linking of myth with ritual further strengthened the role of the hospital in the ideological construction of the special nature of Sandwich, thus making it a charitable town institution which was to be supported by the townspeople (individually and collectively). Additionally it received support from the local knightly families, the de Sandwich family in particular, though their apparent attempt to gain a degree of appropriation through the burial of Sir Henry in the hospital's chapel seems in the longer-term to have been unsuccessful.

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<sup>380</sup> Chapter 1, vii, a-c. For a more extensive treatment of this subject; Sweetinburgh; 'Role and place' unpublished paper.

St John's may have been founded by the leading townsmen during this period and like St Bartholomew's the civic authorities governed the hospital. Their support through the provision of capital assets appears to have been severely limited, and from the first the house seems to have been heavily dependent on the collection of casual alms from the town and its hinterland. Like St Bartholomew's it had been founded for the poor of the town, but the town's custumal of 1301 seems to imply that the inmates at St John's were poorer than those at St Bartholomew's but that they were not as poor as those who were to be accommodated in the 'harbinge' at the back of the hospital.

In addition to these two charitable institutions the town had other institutional exchange partners: the leper hospital or 'Maldry', the Carmelite friary, and the town's three parish churches and chapel of St James. Of these, the friars appear to have developed relationships through gift-exchange with the same groups associated with St Bartholomew's, a few of the local leading townsmen and knightly families, and to a much lesser extent the nobility from the region. The townsmen especially seem to have valued the counter-gifts provided by the friars, which may imply that they considered their reciprocal exchanges with the hospital(s) and the friary as complementary, thereby fulfilling all three parts of their charitable duty. Furthermore, there is nothing to indicate that the leading citizens neglected their parochial gift-exchanges and it seems probable that the prosperous freemen were prepared to support all three areas of the spiritual economy.

The second chronological sub-section (the late 14th century) corresponded with a time of readjustment in the town which appears to have affected the attitudes and ideas of those within the town government. These apparent differences were explored through an analysis of the two chantry founders of the period, and with respect to Thomas Elys this was extended to encompass his hospital. By examining the relationship between these institutions in terms of Thomas' overall charitable strategy it was considered that his hospital seemed to show more characteristics of the type [4b] almshouse and that this suggested a degree of innovation which might have been in part a result of his trading contacts with the city states in the Low Countries.

Both St John's and St Bartholomew's continued their reciprocal relationships with the civic authorities, their share of the goods held by the mayor following the death of an orphan indicating a concern to retain such assets within the town and to provide for the town's institutions. The lack of records for these hospitals means that it is difficult to assess their relationships with the individual townsmen, though it seems *in vitam* grantors were rare and possibly these few were increasingly likely to seek intercessory services even if the details were not specified. For St Anthony's, like St John's, the collection of casual alms presumably remained a vital part of its gift-exchange strategy. The other institution that may also have looked to alms-gathering as an important part of its policy for survival was the friary, and during this time St Katherine appears to have been an important catalyst for them. The cult of St Katherine was also active at St James' chapel in St Mary's parish, where the fraternity may have been especially valued

by the townswomen and this may imply that the parochial and sub-parochial sections of the spiritual economy in Sandwich were well supported by the various exchange partners there.

The last sub-section might have been sub-titled choice and influence because it was intended to examine these key issues with respect to the systems of exchange and reciprocity used within the spiritual economy. Although primarily based on an assessment of the testamentary materials, the sub-section on the late medieval period also drew on the town books and accounts and the hospital registers from St John's and St Bartholomew's. Such sources were able to provide evidence for the institutional exchange partners in the town, predominantly in their role as recipients, but for the town hospitals it was also possible to examine the complex relationship with their inmates which was based on the reciprocal exchanges enacted at entry, during their life at the hospital, and at death. These relationships appeared to have changed over the period for a variety of reasons which seemed to be due to the circumstances both inside and outside the hospital, and St John's in particular became involved in the civic authorities' policy on the maintenance of order. However, in terms of testamentary support both of these hospitals were marginal to the interests of the leading townspeople, though St John's had received a higher level of support in the late fifteenth century compared to that received by other hospitals in Kent. Unfortunately the lack of testamentary records pre 1460 means it is difficult to judge whether it was the late fifteenth or the early sixteenth centuries which is more representative of the level of support enjoyed by St John's, and possibly also the leper hospital. St Anthony's had been equally successful as a recipient during the same period, and even though its demise c. 1510 may partly account for the lack of bequests in the early sixteenth century, this does not explain the dramatic fall in testamentary support in the 1500s at a time when its survival might have been considered to have been in jeopardy. Interestingly the last bequests it was to receive do not suggest that the testators expected it to disappear, which may imply other factors not directly related to the hospitals may have been involved in this drop in aid to both institutions. Unfortunately the absence of other records for St Anthony's means that this remains conjecture, but possible reasons relating to St John's were considered in the following section in terms of likely changes to the type of inmate accommodated there.

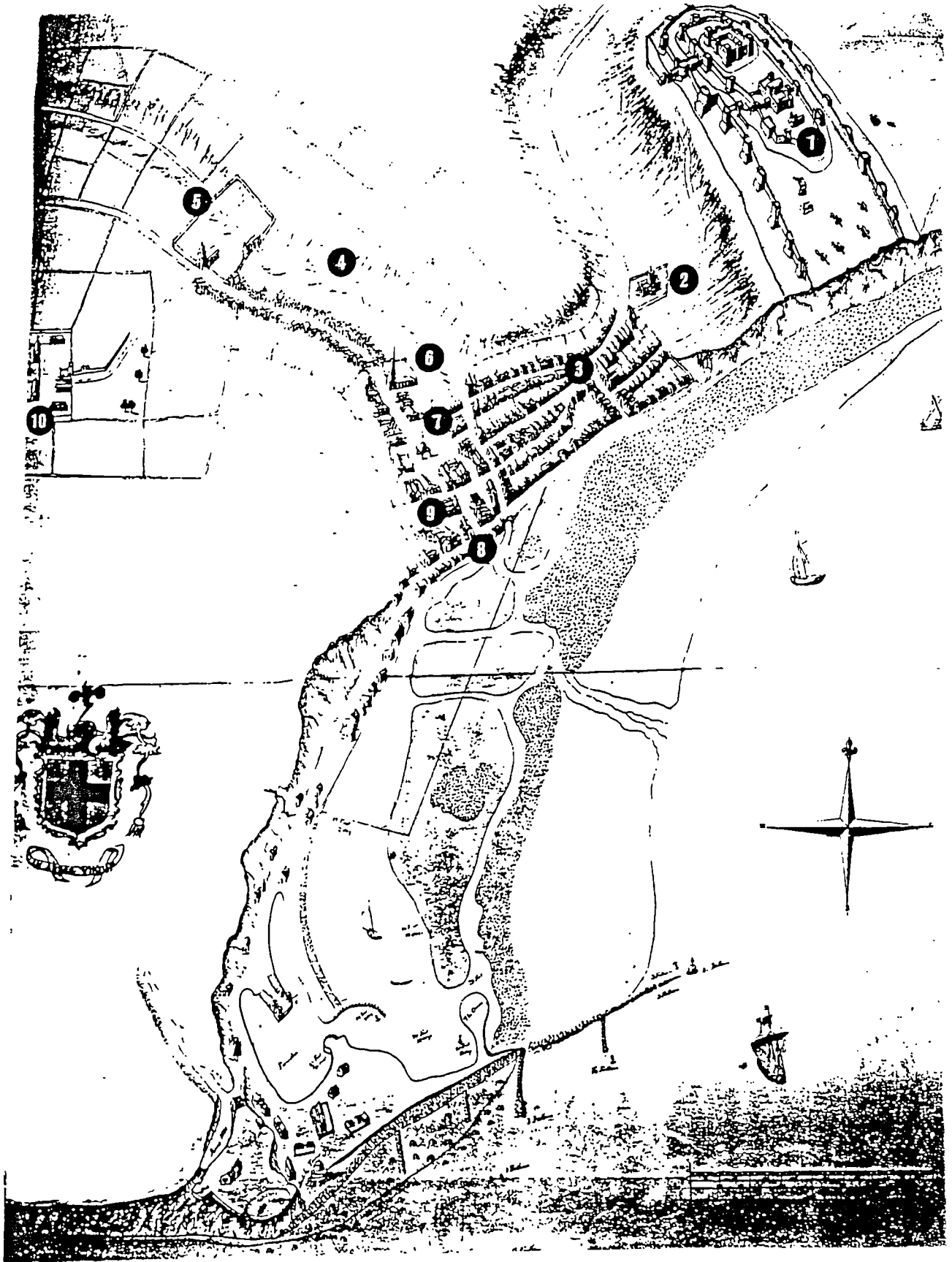
The lack of materials for St Thomas' also hampered any analysis of its role as an exchange partner, but the fragmentary evidence did seem to suggest that the spiritual counter-gifts available from the communities at St John's and St Bartholomew's especially, were not available at St Thomas' and that the inmates there might be considered a secular community, rather than a lay fraternity. Consequently it was not surprising that the hospital received almost no testamentary bequests, though as at St Bartholomew's this might also reflect the wealth of the institution and the fact that it was able to rent out its extensive agricultural holdings. However, even if the townsfolk of Sandwich did not see the hospital in terms of a type [4a] almshouse which they might use for their own intercessory services, it appears that Lady Alice Sepevans may have sought to employ the inmates as her bedesfolk, thereby implying that she considered

her family had proprietary rights over their use for the benefit of her soul, though she did undertake her own reciprocal exchange with them (each received 6d on each occasion).

Testamentary support for the Carmelites was considerably greater than for the hospitals, yet even with respect to this most favoured extra-parochial exchange partner the friars appear to have been considered as part of the testator's second level of gift-exchange. Thus the parochial and the sub-parochial exchange partners seem to have been conceived as the main recipients within the gift-exchange strategy of most testators and it seems likely that if these wealthier townspeople saw them as the highest priority in spiritual terms, then the middling and lower groups within the town's social structure probably concurred (though for them, as for all the townspeople, family and fictive-kin were apparently the highest priority overall). This emphasis away from the hospitals and the poor was presumably in part due to the civic policies concerning the poor which appear to have become more punitive by the sixteenth century (in response to national policies and the concurrence of the leading citizens) which may have meant that fewer of them were seen by fewer testators as worthy recipients of charity, either with respect to neighbourly considerations or as intercessors in their role as Christ's poor. Instead the testators of Sandwich seem to have put their faith in the professionals, preferably the clergy at the parish church though a few were able to extend this to the friars, but religious institutions outside the town were rarely chosen.

One of the main themes with respect to the social histories of both St John's and St Bartholomew's was their relationship with the civic authorities throughout the medieval period and how this may have been influential with regard to the reciprocal exchanges of individual townsmen. For St Bartholomew's this relationship was founded on the large initial endowment and the annual symbolic re-enactment of this gift-exchange, whereby it was demonstrated to those inside and outside the hospital that the mayor continued to provide good governance, a vital part of the civic ideology. The hospital's well-being was thus a result of its capital assets, its ability to farm these holdings using the labour of its lay community (including engaging in a variety of commodity-exchanges at the local markets and fairs, its own was held on St Luke's day) and the knowledge that the town government would support it, but not that it was seen as a valuable provider of intercessory services through its priest-brothers. The corporation's relationship with St John's was even more unequal and the counter-gifts expected from the inmates in their reciprocal exchange with the hospital authorities seem to have been greater than those expected at St Bartholomew's, except for the entry fee. Moreover, its very heavy dependence on casual alms throughout its history meant that it was always reliant on the goodwill of the leading citizens (individually and collectively). Consequently the imposition of a change in use of the 'harbinge' in the 1520s does not appear to have been challenged by the hospital community and such compliance may have aided its survival, though as at St Bartholomew's the apparent lack of local interest in its intercessory services may also have been significant.





Map of Early Modern Dover (BL: Add. MS. 11815a)

- |                     |                       |
|---------------------|-----------------------|
| 1. Castle           | 6. St Mary's church   |
| 2. St James' church | 7. Market Cross       |
| 3. St James' street | 8. Penniless Bench    |
| 4. River Dour       | 9. St Martin-le-Grand |
| 5. Maison Dieu      | 10. Priory            |

## **Chapter 3: Systems of exchange and reciprocity in medieval Dover**

The advantages of a second case study are that they will allow the investigation of reciprocity and the place of the hospital to be broadened in terms of hospital categorisation, the types of founder and the range and form of exchange partners associated with the hospital, and the incidence of rival/parallel systems of exchange and reciprocity where the hospital was not involved. Dover appears to provide a useful contrast to Sandwich because its two hospitals will provide an assessment of the hospital type not yet discussed, the hospital for pilgrims, as well as a more extensive examination of the leper hospital type than was possible for Sandwich. In addition, monastic, aristocratic and royal foundation may be investigated with respect to the Dover hospitals, while the presence of Dover priory immediately to the north of the town and St Radigund's abbey on the neighbouring higher ground may suggest interesting differences in consideration of exchange compared to the friary at Sandwich. Furthermore, both were head ports in the Cinque Ports Federation and, although they were important trading and strategic centres, neither developed into a major urban settlement to rival Canterbury over the medieval period as both suffered from their vulnerability to French attack and the problems of coastal deposition during the later middle ages.

Using the same method applied to the study of Sandwich, the first chronological section will be linked to the foundation of the town's second hospital (the mid thirteenth century), the second section will correspond with a time of readjustment (the mid fourteenth century), and the third (c. 1470 - c. 1530) will cover a time when Dover society was beset by increasing social and economic problems generated by the changing conditions locally, regionally and nationally. Part two of this chapter will examine the social history of the two hospitals over the whole period as a way of exploring their abilities to survive through the use of flexibility and readjustment within the context of the changes experienced within medieval provincial society.

### **3.i. The place of the hospital in medieval Dover**

Each sub-section will follow the method adopted for Sandwich, that is each will provide a brief description of the town during the particular period under investigation emphasising the relevant developments or social structures with respect to reciprocal exchange and exchange partners, especially for the hospitals. This will be followed by an analytical description of the processes of exchange and reciprocity for the different institutional exchange partners and the townspeople. Although the hospitals remain the focus of attention other institutions like the priory will also be studied to provide an assessment of the range of exchange partners in action within the town, and to a lesser extent, the town's hinterland. The priory will not be covered in much depth but it should be remembered that it was the

premier religious establishment in Dover and that its relegation to a minor part in this study does not reflect either the complexity or scale of its involvement in a wide diversity of reciprocal exchanges. Choice is one of the fundamental concepts in this examination of the place of the medieval hospital, and it is therefore necessary to investigate the diversity of potential exchange partners available, and to consider the degree of involvement by the various groups and institutions in such exchange processes and why these might have occurred at particular times in the history of the town. In order to explore this variation the different sub-sections will examine a range of aspects relating to the different exchange partners to highlight both the processes and the results for those involved.

### *3.i.a. The mid thirteenth century*

By the thirteenth century the massive castle works commissioned by Henry II over-shadowed the town and port of Dover, a physical reminder of royal jurisdiction which the king claimed through his official, the *praepositus* or bailiff, who acted in association with the civic authorities at the town courts and received the fee-farm from the burgesses, though this was in part mitigated by the town's privileged status as one of the Cinq Ports.<sup>1</sup> Its importance in the defence of the realm and as an embarkation point for those crossing the narrow seas to France, and other areas of continental Europe, may suggest its main roles, but it also housed a thriving fishing community around St James's church, outside the eastern walls of the town and it was a significant port, both in terms of international trade, possibly especially with northern France and the Low Countries, and the coastal trade.<sup>2</sup>

There were several religious houses near the town including the Benedictine priory of St Martin which was a twelfth-century re-foundation of the original priory church of St Martin-le-Grand in the centre of the town. The first house had been staffed by secular canons and at their suppression by archbishop Corbeil it had been intended to replace them with regular canons, an aim recorded in the royal grant of Henry I in 1131.<sup>3</sup> However the monks of Christchurch priory at Canterbury became involved and their staffing of the new house began a long and bitter dispute between the two houses concerning

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<sup>1</sup> At the time of Domesday the burgesses had their own gild hall. They were able to assess themselves with regard to the collective tax demand laid on the town. Such men were free of toll throughout the whole of England, and they could try criminal and civil cases before their own courts and all those residing within the liberty were required to plead there; *Domesday Book, Kent*, ed. P. Morgan (Chichester, 1983), 1a-1a,b. They received further confirmation of their privileged status in a number of royal charters from successive Norman kings; Murray, *Constitutional History*, 13-15. By this period the burgesses of the town as members of the Cinq Ports had apparently received considerable privileges, including control of the annual Michaelmas herring fair at Yarmouth, in return for the supplying of twenty-one ships (one from each ward), fully manned and provisioned, which were for the king's use for fifteen days each year; Statham, S., *The History of the Castle, Town and Port of Dover* (London, 1899), 64-65.

<sup>2</sup> The town's commercial activities appear to have been concentrated in an area on its southern boundary called the 'Bench', while the fish market was held by the river, and the St Martin's fair seems to have been held in the churchyard of St Martin-le-Grand, which was by this period the town's most important parish church, the royal grant of the fair dating from c. 1160; Jones, J., *The Records of Dover* (Dover, 1907), 16, 59.

<sup>3</sup> Lambeth: MS. 241, fol. 2.

Christchurch's wish to make Dover its daughter house.<sup>4</sup> As a consequence of these changes the church of St Martin-le-Grand was accorded parochial status under the sole governance of the archbishop of Canterbury and staffed by an incumbent called the archipresbyter.<sup>5</sup> This situation was further complicated by the physical presence of three of the town's parish churches under one roof because St Martin-le-Grand also housed the altars of the parishes of St Nicholas and St John the Baptist in its two apsidal chapels, the third and central chapel holding the parish altar of St Martin.<sup>6</sup> The other parish churches within the town walls were St Mary's and St Peter's which were in the vicinity of the old priory church, while the two parish churches associated with the town were the small parish church of St James and the church of St Mary de Castro which was sited within the castle walls and served the garrison and other members of the castle staff under the patronage of the constable of Dover castle.<sup>7</sup>

There were two houses of Premonstratensian canons in the town's hinterland, one at Bradsole (St Radigund's abbey) to the north-west and the abbey of West Langdon to the north-east. St Radigund's seems to have been founded by Hugh, its first abbot, who apparently persuaded several nobles from the locality and region to provide gifts for the establishment of the abbey and for its revenue.<sup>8</sup> Following its foundation there seems to have been some ambiguity about lordship and patronage with respect to the abbey, and as Wood has indicated, this resulted in a redefining of the privileges linked to its foundation by Lord Poynings, its fourteenth century patron.<sup>9</sup> Langdon was apparently founded by a member of the nobility and continued to draw support from this same social group during its early history.<sup>10</sup> Although it might provide a more complete picture to consider these houses in detail within the systems of exchange and reciprocity encountered at Dover and its hinterland, problems of space have meant they will only be considered when they relate to the Dover townspeople and institutions.

Two matters which seem to have been especially significant at this time were the problems faced by the town as a result of conflict and the dramatic rise in the number of travellers, especially pilgrims passing through the port. The occupation of Dover in 1216 by the Dauphin's forces seems to have caused considerable damage to the priory, and so presumably the town, though the subsequent defeat of the French and the temporary halt to Anglo-French hostilities may have aided the town's recovery.<sup>11</sup>

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<sup>4</sup> Both archbishop Theobald and Henry II appear to have supported the idea of monks rather than canons which seems to be a late example of the movement Southern sees as characteristic of the 10th and 11th centuries whereby founders with the blessing of prominent churchmen sought to endow "centres of public intercession and prayer, performing a necessary service for the well-being of founders, benefactors and society in general"; Southern, *Middle Ages*, 155.

<sup>5</sup> In the Domesday record their lands were set under a separate heading; Statham, *Dover*, 175-176. Henry's charter is recorded in the register of St Martin's priory compiled in 1372; Lambeth: MS. 241, fol. 2.

<sup>6</sup> Statham, *Dover*, 176.

<sup>7</sup> *Ibid.*, 234.

<sup>8</sup> Sweetinburgh, 'Role and place' unpublished paper. The cartulary for St Radigund's abbey; Bodleian: Rawlinson MS. B.336.

<sup>9</sup> Lord Poynings seems to have considered his holding of the advowson meant the abbey had been founded by an ancestor; Wood, *English Monasteries*, 20-21.

<sup>10</sup> The foundation charter and a few more are printed in Dugdale, *Mon.* vii, 898.

<sup>11</sup> *CChR* 1226-1257, 50.

Although the thirteenth century may be seen as a time when the town's economy was growing as foreign merchants and those from Dover and London brought in wine and other luxury goods for resale in Canterbury and London, the resumption of war with France in the 1240s seems to have disrupted the fishing industry and hindered international trade.<sup>12</sup> Moreover, the burgesses sided with Simon de Montfort in his unsuccessful rebellion against Henry in the early 1260s which resulted in the town being taken by the royal forces, and though the king did not take away the town's privileged status the constable of the castle was given jurisdiction over the port.<sup>13</sup>

Yet, royal grants concerning Dover's virtual monopoly on passenger traffic across the Channel were presumably extremely advantageous, especially after the translation of Becket's bones to the new shrine in 1220 which greatly stimulated the interest in pilgrimage to Canterbury and brought many overseas pilgrims to the port from northern France and the Low Countries.<sup>14</sup> Such people were drawn from across all groups within society which meant that even though the poor pilgrims were probably a drain on the town's resources, others like the abbess of Fontevrault may have provided a positive balance between income and outgo for the town with respect to hospitality for herself and her entourage whether she stayed in the priory or the town itself.<sup>15</sup> Consequently the provision of board and lodging for a wide variety of persons passing through Dover on business and for other reasons may have been an important part of the Dover economy, thereby supplying work for the innkeepers as well as associated occupations like the hackney men and those involved in the victualling trades.<sup>16</sup>

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<sup>12</sup> Although principally concerned with the proliferation of inland markets during this period, Britnell notes the foundation of coastal markets but sees the growth of long-distance trade as being predominantly outside the market and organised through personal agreements between buyers and sellers; Britnell, R., 'The Proliferation of Markets in England, 1200-1349', *Economic History Review*, 2nd series, 24 (1981), 213-214. This buoyancy in the mercantile sector of Dover's economy might be inferred from the presence of foreign merchants, including Italians in the town, though some trade was in the hands of the local burgesses; for example in 1229 several Dover merchants received a licence to trade in Gascony and towards the end of this period there were Dover men listed among the wool merchants; *CPR* 1232-1247, 424; *CPR* 1247-1258, 379; *CPR* 1225-1232, 277, 319; *CPR* 1266-1272, 690, 699, 713. The town may have gained from the growing restrictions placed on merchants and others in 1264 when for reasons of national security entry and exit from the realm was restricted to Dover for most people; *CPR* 1258-1266, 361.

<sup>13</sup> Statham, *Dover*, 50, 52. This additional control over the town may have been considered necessary because of the town's paramount importance in the defence of the realm against the French, though in the past the constable of the castle had organised the sea defences using the men of the Cinq Ports which presumably meant the king considered it advisable to adopt a policy of co-operation and coercion, especially with respect to the men of Dover. Consequently their earlier valuable service to the crown in terms of ship-service in the various campaigns against the French and as transporters across the Channel seems to have been rewarded with the recognition of their mayor in 1256 and the first single charter granting the liberties in common to the Cinq Ports in 1260, while at the same time the constable, and later the warden of the Cinq Ports, remained powerful royal officials in the locality and region; Statham, *Dover Charters*, xvii citing *Rot. Pat.*, 40 Henry III. Murray, *Constitutional History*, 11.

<sup>14</sup> For example in 1226 a letter patent directed to the Cinq Ports stated that foot passengers and those on horseback were only to leave the realm via Dover; *CPR* 1225-1232, 25.

<sup>15</sup> Though she may have had an ancient privilege regarding exemption from toll on her passage; *CPR* 1232-1247, 62.

<sup>16</sup> Disagreements did occur between the townspeople and certain travellers, either concerning the Channel crossing or during their stay in Dover and such disputes were usually linked to non-payment or particularly high prices charged by the portsmen, a situation that seems to have deteriorated further in the following century; *CPR* 1247-1258, 610, 662.

The town's second hospital founded in the early thirteenth century was the creation of Hubert de Burgh during his first term of office as constable of Dover castle. Initially St Mary's hospital may have consisted of little more than a hall and kitchen staffed by the brothers and sisters under the master who cared for the pilgrims and the poor for whom it was originally intended.<sup>17</sup> This suggests that it complemented the provision available at the almonry of Dover priory, which was on the opposite side of the main north road out of Dover, and to a lesser extent St Bartholomew's because that house may have become a hospital for lepers by this time. The traditional date of foundation is 1203 but most of the early endowments seem to have occurred from the time of Henry III's majority when Hubert was again constable at the castle (1215-1232). Hubert appears to have been a generous patron, conferring on the hospital the manor and advowson of Eastbridge in Romney Marsh, and at a later date, an area of land in Milk Street, London, the advowson of Ospringe church, the manors of Honychild and Kingsdown and ninety-one acres in Ruckinge.<sup>18</sup> The hospital was not the only religious establishment to which he gave gifts and he was a benefactor of several religious houses throughout England including two in Kent.<sup>19</sup> Consequently it may be considered that the type of foundation and its position were of special importance to him possibly in terms of his close association with the town and his local knowledge about the rapidly growing number of pilgrims passing through the port who were in need of shelter there. Though primarily concerned with the fortifications and garrison of Dover castle, his active defence of the town and his military campaigns as leader of the portsmen may have created a strong bond between them which he wished to extend through his charitable benefactions of importance during his life and after death.<sup>20</sup> His choice of a hospital for the care of the poor and pilgrims may suggest he wished to demonstrate through this symbolic gesture and practical aid his concern for the spiritual poor as developed by the image of 'Christ the Pilgrim' which might be considered by contemporaries to provide additional merit to this pious gift.<sup>21</sup> Such neighbourly considerations may, therefore, have informed his decision to endow a hospital at Dover, though the spiritual merits of the gift might also be considered in more personal terms through its value for the salvation of his soul. Apart from the religious houses which remembered him among their benefactors, he had by his death in 1243 instigated at several institutions the specific counter-gifts of intercession and commemoration of which the hospital at Dover was probably the second most important after his chantry-type foundation at Westminster.<sup>22</sup>

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<sup>17</sup> Statham, *Dover*, 189.

<sup>18</sup> *CChR* 1226-1257, 78, 141, 315. Lyon, *Dover*, 44-45.

<sup>19</sup> The other houses in Kent being the nunnery at St Sepulchre's, Canterbury and the canons at St Radigund's near Dover; Ellis, C., *Hubert de Burgh* (London, 1952), 176-177.

<sup>20</sup> Although not stated in any of the documents relating to his gift-giving to the hospital it is possible that as founder he received the reciprocal gift of confraternity which seems to have been sought by later benefactors of the house; *Calendar of Kent Feet of Fines*, eds. I. Churchill, R. Griffin & F. Hardman, Kent Records, xv (1956), 309.

<sup>21</sup> The image of 'Christ the Pilgrim' who was cold, hungry, thirsty and in need of hospitality was used in sermons by the friars; Henderson, *Piety and Charity*, 245.

<sup>22</sup> Ellis, *Hubert*, 176-178. Though there are no extant contemporary records concerning the chantry provisions to be enacted for Hubert, the *Valor* lists an obit that was still operational in 1535 for his soul; *Valor Eccl. (Rec. Com.)*, i, 56.

Henry III may have been relatively uninterested in establishing a relationship with the people of Dover through the endowment of St Mary's as Hubert seems to have done, and instead his desire to usurp the patronage and the name of founder of the hospital may have been undertaken to establish his charitable concern for the pilgrims. It is possible that he was deeply affected by the splendour of the occasion and its spiritual significance when as a twelve year old boy in 1220 he witnessed the translation of the relics of Becket to the new shrine, and he may have wished to become a participant in this important moment in thirteenth century English history through his gift-giving.<sup>23</sup> For Henry there was no ideological contradiction between his support for the cult of Becket and his own philosophy concerning kingship or his involvement in a series of disputes with the senior English clergy which meant he saw it as fitting that he should bestow gifts for the glorification of the saint: a magnificent pavement to adorn the approach to the shrine and the hospital for pilgrims at Dover.<sup>24</sup> His interest in this type of gift-exchange during the first years of his majority from 1227 may suggest he saw himself as the special protector of this special group of his subjects, the pilgrims, so enhancing the prestige of the monarch as God's vicar through his role as the initiator of this benevolence. In particular his provision of a chapel for the hospital and his presence at its dedication was presumably intended both to mark his appropriation of the institution and to establish the spiritual life of his new hospital.<sup>25</sup> By providing the house with gifts from his revenues from the port of Dover he may have intended to strengthen the bonds between the town and the hospital, a form of gift-giving that was unavailable to Hubert. Initially Henry may have considered his own prestige might be enhanced through association with Hubert, the defender of Dover, and he apparently endowed the hospital with his share of the manor of River in response to Hubert's request in 1228, but he soon appears to have established his position in terms of the selection of the master to the house, thereby publicly expressing his role as patron.<sup>26</sup> He reserved for himself the right to veto the brothers' choice of master from among their own community or from elsewhere, that if satisfied with their choice the archbishop should ratify the decision without delay and that his bailiff should not sequester any part of their income during a vacancy.<sup>27</sup> By allowing the brothers this degree of autonomy with respect to the mastership he was claiming fewer rights of patronage than he held at other religious houses, which from the king's standpoint reduced his opportunity to use the mastership as a reward or for other considerations, and with regard to custody diminished the opportunities to collect extra revenues for the crown during vacancies, a situation that might last for several years.<sup>28</sup> Similarly Henry appears to have shown restraint in the claiming of corrodies at St Mary's, instead seeming to reserve the provision of hospitality at the house to himself and the clerks of the chancery, though it is not clear whether this

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<sup>23</sup> Dobson, 'Canterbury', 69.

<sup>24</sup> Ibid., 70. Clanchy, M., *England and its Rulers 1066-1272* (Glasgow, 1993), 222-230.

<sup>25</sup> He appears to have been present at the dedication of the chapel at which time he confirmed Hubert's gift to the house; Statham, *Dover Charters*, 3. *CChR* 1226-1257, 142.

<sup>26</sup> Henry's confirmation charter concerning the manor of River states that the gift was given at the petition of Hubert de Burgh who founded the hospital, they were to hold in pure and perpetual alms for the sustenance of paupers and pilgrims forever, dated 14/7/1228; BL: Add. MS. 6166, fol. 215v.

<sup>27</sup> The grant of privileges concerning the election of the master and other immunities by Henry was in 1229; *CChR* 1226-1257, 101; Dugdale, *Mon.* vi, 657. Lyon, *Dover*, 40. In 1230 Henry confirmed the election of John, vicar of Tenham as 'custos' of the hospital, the archbishop agreeing; *CPR* 1225-1232, 331.

<sup>28</sup> Wood, *English Monasteries*, 65-67, 84-85.

provision of short-term hospitality was advantageous to the house compared to the long-term corrodies, and moreover, Henry's successors claimed this privilege in the following centuries.<sup>29</sup> Yet Henry's generosity to the hospital, especially during the first decade of his personal rule presumably resulted in a positive balance between income and outgo for St Mary's during the thirteenth century, and may be significant in consideration of its changing personnel and function over the same period.<sup>30</sup>

St Mary's appears to conform to the model pilgrim hospital by extending its function beyond the care of the poor and pilgrims to become a house under the rule of St Augustine where the priest brothers were heavily involved in the daily services and their acts of intercession for the souls of the hospital's founders and benefactors. In part this change was the direct result of the reciprocal exchanges between Henry and his hospital because in 1230 he gave 50s from the issues of the port for the provision of a chaplain to celebrate daily in the church there for the soul of Raymund de Burgh, who had recently drowned, and in the following year he gave a further £10 as a gift of dowry to the same church, also from the port issues.<sup>31</sup> Such gifts, and the consequent need for deeds of reciprocity by the hospital community which were enacted for the spiritual benefit of their patron and those he nominated, might have been seen as shifting the emphasis away from the poor and the pilgrims. Pope Gregory IX was apparently sufficiently concerned about this situation that in his confirmation grant of 1236 he specifically forbade anyone to convert the place to any other uses but those for the sick and the poor.<sup>32</sup> Yet interestingly within three years he had stipulated that the master and brothers should observe the Augustinian rule, thereby suggesting that the duties of the brothers had transferred from the hall to the church.<sup>33</sup> Even though there is no extant contemporary evidence to indicate how Henry envisaged the community were to commemorate their patron or what intercessory services he expected there (his confirmation charters say his gifts were for his soul and those of his ancestors), the evidence from the *Valor* seems to imply that he intended the brothers to celebrate for his soul and that of his father at their obits, and that he should be further commemorated through the saying of masses and the giving of alms annually on two important feast days: the annunciation of Our Lady and St Edmund.<sup>34</sup> Thus possibly within a decade of

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<sup>29</sup> Apart from his servants, who were sent to various religious houses for short or long periods (in retirement), Henry also sent his horses to such houses to receive 40 days of fodder and stabling; *ibid.*, 106-107. *VCH Kent*, ii, 218.

<sup>30</sup> His grants included Sellinge church for sustaining the poor in 1222; *CPR* 1216-1225, 339; in 1226 the right of free transport along the coast of things needed for their house; *CPR* 1225-1232, 31; in 1227 the title of the issues of the passage of the port; *CChR* 1226-1257, 48; in 1228 an annual fair in their manor of Whitfield for 3 days from the feast of St Philip and St James, the manor of River, and certain confirmatory grants concerning the gifts of Hubert de Burgh and Simon de Wardon; *CChR* 1226-1257, 78; in 1229 that the master and brothers should be quit of suit of shires and various other charges, that they might build a porch at the front of their house, that they might receive £10 annually out of the issues of the port; *CChR* 1226-1257, 91, 98, 99; in 1231 that they receive in frankalmoin the church of St James in Sheppey for support of the brothers and the poor, that they receive as dowry for the hospital church an extra £10 yearly out of the port issues for the support of the brothers and the poor, confirmation of land granted in Sheppey and elsewhere, and further gifts of Hubert de Burgh; *CChR* 1226-1257, 130, 141, 142; in 1235 the advowson of Ospringe, and further confirmations of previous grants; *CChR* 1226-1257, 191, 192, 202.

<sup>31</sup> *CChR* 1226-1257, 126, 142. Ellis, *Hubert*, 176, n. 5.

<sup>32</sup> *Cal. Pap. Let.* i, 154.

<sup>33</sup> Although the Augustinian rule was considered the most appropriate by patrons because it was the most flexible, it still suggests that the liturgical life of St Mary's was becoming a more prominent feature of life there compared to its earlier history; *Cal. Pap. Let.* i, 181.

<sup>34</sup> *Valor Eccl.* (Rec. Com.), i, 56. BL: Add. Ch. 16428



appropriating the hospital Henry seems to have placed a greater emphasis on the recruitment of priest brothers for the church, which may have meant that the provision for the poor and pilgrims was in the hands of a few lay brothers or servants and the sisters, whom the records suggest were still present though presumably segregated.<sup>35</sup>

The lack of surviving charters for the hospital means it is extremely difficult to ascertain if and when other benefactors to St Mary's engaged in gift-giving with respect to the chantry function of the house rather than its care for the poor and pilgrims.<sup>36</sup> Of the few known benefactors, some seem to have given land or rents in free alms from holdings around Dover, the Isle of Sheppey and the manor of Dersingham which might suggest following Thompson that the donors were not placing restrictions on how their gifts were to be used, and consequently that the saying of prayers for their souls was not their first priority.<sup>37</sup> Most of the others appear to have engaged in commodity-exchanges, like Stephen Harengod's quitclaim of some land in the manor of Eastbridge to the hospital for which he received ten marks.<sup>38</sup> A third type of exchange concerned the desire for counter-gifts that were primarily associated with the chantry function of the hospital and the expectation of receiving the gift of confraternity which was operational for the grantors and their heirs both during life and *post mortem*. In this case Richard de Cretinges and Hawyse his wife in 1260 quitclaimed a messuage and an acre to the master and brothers and their successors for which the master received the donor and heirs "into all the benefits and prayers which henceforth were to be made in that house".<sup>39</sup>

Most of this small group of *in vitam* grantors might be considered to belong to the lesser nobility or knightly class, who may have been drawn to the hospital through their knowledge of its patrons and reputation rather than their residential proximity to the hospital, the one exception being Turgis de Illeye who held property in Dover, although that does not confirm his residence there.<sup>40</sup> A few of these were engaged in gift-giving with more than one religious institution, a characteristic that seems to apply to

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<sup>35</sup> In 1344 the constable of Dover castle was instructed to pay the brothers and sisters of the Maison Dieu; *CCR* 1343-1346, 301.

<sup>36</sup> The loss of the hospital's extensive archive at some point in the late 16th century may mean certain charters relating to the hospital were lost, but the details contained within the royal confirmation grants suggest that Hubert de Burgh, Henry III and a few later kings were the only major benefactors and that unlike the hospital at Ospringe local support was minimal; BL: Stowe MS. 850, fol. 130.

<sup>37</sup> Richard de Valbadoun gave land in Whitfield, William de Hannsard gave land in Selton, Manasseri de Pecham gave land in Pising (both confirmed by Henry in 1227); Simon de Warden gave a messuage and land in Warden, his tenants giving rents in cash and kind, and a mill in Harges from Salomon de Harges (confirmed by Henry in 1228); William son of Richard de Wiggehall gave land and houses in Sheppey, Christine de Mandeville countess of Essex gave 100s of rent from the manor of Dersingham, Turgis de Illeye gave rents from property in Dover, William de Say gave the manor of Colrede (confirmed by Henry in 1231); BL: Add. Ch. 16428.

<sup>38</sup> *Cal. Kent Feet of Fines*, 126. The others were Hugh le Coit, Alice daughter of Robert the Bedel, Petronilla and Christina sisters of Hugh, Reinilda daughter of Thomas, Christina daughter of Knithwin quitclaimed a tenement for which they received 1 mark in 1257, Henry le Gold and Isabella his wife exchanged land, charter undated; Statham, *Dover Charters*, 9, 13.

<sup>39</sup> *Cal. Kent Feet of Fines*, 309.

<sup>40</sup> The other exception who might be considered on the grounds of status was the countess of Essex though her connections with the hospital were presumably through Hubert de Burgh's marriage to Isabella, the widow of Geoffrey de Mandeville.

benefactors from this social group across the county, and probably nationally.<sup>41</sup> For example, Bertram de Crioil was a member of the nobility whose land holdings in east Kent provided him with strong connections with others of the region's noble families, and as constable of Dover castle and later warden of the Cinque Ports (c. 1229 -1256) he had been active in the king's service over a long period.<sup>42</sup> His links with the king and those of his own social group as well as his wealth, political position and social status may have influenced his pious/charitable gift-giving because he provided St Radigund's abbey with several gifts of lands including lands at Cheriton for his soul and those of his ancestors, he witnessed at least four grants to the same abbey made by men like Baldwin count of Albemarle and Hamo de Crevequer; and he wished to be and was buried in the abbey church.<sup>43</sup> He was also a benefactor of St Mary's hospital and his presumably substantial gift was still being celebrated by the hospital at his obit (10s/year) in the early sixteenth century.<sup>44</sup> His gift-exchanges provided him with the knowledge that he was fulfilling his duties to God through his good deeds of aid to Christ's poor, including the voluntary poor of the monastery which would place him among the select group of patrons and benefactors to whom the grateful institution might be expected to offer counter-gifts for his soul, though these were apparently unspecified at this time. Thus his links with the hospital as recipient were displayed in legal terms within the formal framework of the *spiritual economy*, and though this might involve a degree of personal contact with the master or through visiting the establishment concerned, it seems likely the relationship retained its formality.

As a consequence of all the hospital's early endowments it held a considerable acreage, several manors and the advowsons of various churches, numerous rents and services, various privileges and part of the revenue of the port of Dover. These capital assets seem substantial and might have been expected to generate more than sufficient income for the needs of the house, but like a large number of estates received piecemeal by religious institutions it was scattered across east Kent (though the majority of the holdings were within a twenty mile radius), with very little local property. Management of these estates was therefore time-consuming and may have employed at least one of the brothers on a full-time basis which may have reduced the ability of the hospital to fulfil its various functions. Yet the interest in St Mary's shown by the Dover citizens seems to have remained at a low level throughout the period, being confined to a very small number of grants in the mid century which suggests the townspeople generally did not consider they had any responsibility to the place; it was an institution of the crown and they were

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<sup>41</sup> The Crevequer family were involved in a variety of reciprocal exchanges with a number of religious houses, including hospitals in Kent; Chapter 1, vii,c; Sweetinburgh, 'Role and place' unpublished paper.

<sup>42</sup> His fellow warden of the Cinque Ports was Sir Henry de Sandwich, one of the early benefactors of St Bartholomew's hospital at Sandwich. Sir Henry granted 10s of rent in pure and perpetual alms to the abbey, the money was to be used for the altar wine and in recompense the canons were to pray for Sir Henry's soul, those of his wife and his ancestors; Bodleian: Rawlinson MS. B.336, 124.

<sup>43</sup> Bodleian. Rawlinson MS. B.336, 3, 11, 19, 88-9, 93, 96; Statham, *Dover*, 335. The family held the right of advocacy in the late thirteenth century; Wood, *English Monasteries*, 20.

<sup>44</sup> *Valor Eccl.* (Rec. Com.), i, 56.

already furnishing it with revenue through the port dues.<sup>45</sup> Such feelings may have been strongest when the citizens were in conflict with the king because St Mary's may have been perceived as a stronghold of the 'Other', something the burgesses wished to counter. Moreover, the townspeople and those in the town's hinterland were aware of the hospital through its role as a landlord which may at times have decreased the desire of its tenants and others to aid it any further.

Associated with St Mary's was the chapel dedicated to St Edmund, archbishop of Canterbury, which was situated close to the hospital in their cemetery for the poor and might be considered to have been the site of gift-exchanges concerned with all aspects of the hospital's functions. It was consecrated by bishop Richard of Chichester while he was staying at St Mary's on his return from a preaching expedition on behalf of the forthcoming crusade in 1253.<sup>46</sup> He was seriously ill at this time and died a few days later in the hospital from whence his body was carried to Chichester for burial, his entrails having been buried with due ceremony in the newly consecrated chapel.<sup>47</sup> Miracles seem to have occurred within a short time and in 1256 the pope desired an investigation of his life and miracles so that he might be canonised, his cause having been espoused by the king and magnates.<sup>48</sup> In 1261 his name was added to the catalogue of saints and an indulgence was available for those visiting his shrine at Chichester on his feast day and the following fortnight.<sup>49</sup> For the master and brothers at St Mary's, their new chapel had the potential to be a minor focus of St Richard's cult; Bocking's *Life of St Richard* records that "at the spot where his bowels were buried, many favours were granted to those who prayed 'through the bowels of the divine mercy and by the merits of St Richard'."<sup>50</sup> It seems likely that many of the townspeople had either personally heard the bishop preach his last sermon at the consecration of the chapel or known someone who was there. His canonisation within a decade because of his saintly life and the occurrence of miracles, possibly including instances at the chapel, may have resulted in a considerable number of local townspeople and those from the neighbouring settlements visiting the shrine and chapel where they provided gifts for the saint. Such donations, being casual alms, have left no record, but it seems likely that these gifts were used to sustain the chapel and that the surplus was for the hospital's maintenance, possibly in particular its own church. Thus at about the time the town was joining the rebels this new cult was burgeoning at Dover, giving the town a new spiritual focus which the citizens may have felt was a heavenly response to their actions and had distinct parallels with the relationship between St Bartholomew and Sandwich. Presumably the symbolic significance of this linking of the town with the two saintly churchmen, St Edmund and St Richard, was equally understood by Henry who had conducted his own struggles against particular senior churchmen in an attempt to establish "the traditional

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<sup>45</sup> The 'loss' of the patronage by Hubert to Henry may have been significant, and the citizens may have been less favourably disposed towards Henry after the failure of the military campaigns of 1230 and 1242, as well as his indictment of Hubert at the same period; Clanchy, *England*, 217, 231.

<sup>46</sup> Tanner citing the *Life of St Richard* written by Ralph Bocking, bishop Richard's confessor, c. 1270; Tanner, *Saint Edmund's Chapel*, 2.

<sup>47</sup> *Ibid.*, 8.

<sup>48</sup> *Cal. Pap. Let.* i, 332.

<sup>49</sup> *Cal. Pap. Let.* i, 377.

<sup>50</sup> Tanner, *Saint Edmund's Chapel*, 8.

prerogative of the king to be God's vicar and lord of all men of the realm whether cleric or lay".<sup>51</sup> This may explain why he may have sought to 'reclaim' St Edmund by instigating the commemoration of his soul on the saint's feast day in the hospital church.<sup>52</sup>

The chapel, shrine and cemetery might be thought to represent sites of different types of gift-exchange covering the work of the hospital which may have been more visible to the townspeople than the actions of the brothers within the hospital itself. The charitable act of providing Christian burial for the poor and strangers was one of the seven acts of mercy and the brothers were also aiding the town corporation by removing and decently burying the bodies which might otherwise have been their responsibility. It is possible that the cemetery for the poor was a new innovation at Dover in the mid thirteenth century and may have been constructed in response to an increasing need for hallowed ground to bury the growing number of sick pilgrims who never reached Canterbury or who succumbed on the return journey while at Dover. Such people may have had insufficient money or belongings to pay for their burial, the deficit being covered by the hospital possibly from offerings given by Dover residents, poor travellers and pilgrims who stayed at St Mary's or from wealthy pilgrims and others who received hospitality at the priory and the guest chamber at the hospital. The chapel was staffed by one of the priest brothers from the hospital who in addition to celebrating mass there acted as the shrine keeper and may also have performed the requiem masses for the poor. By giving "the bowels of his body to the poor" St Richard facilitated the provision of counter-gifts for this group in two ways: the shrine where the poor pilgrims might receive aid as a consequence of their prayers and offerings to him, the offerings collected being a useful supplement to the hospital's income, thereby allowing the brothers to increase the amount spent on hospitality, or at least to continue providing the same level of care.<sup>53</sup> This addition to the hospital's income may have been especially valuable during the period of the revolt because Henry and then his son appear to have stopped the payment of £32 10s which the king had previously given to the house, the gift being restored in 1267 from the king's revenues collected by the constable of Dover.<sup>54</sup>

St Bartholomew's hospital had been founded in 1141 by two brothers, Osbern and Godwyn who were monks at Dover.<sup>55</sup> The hospital received its site and a small area of land at Buckland to the north of the town from the priory and though at first the hospital appears to have catered for poor pilgrims and other travellers, it seems to have also housed a leper colony from soon after its foundation.<sup>56</sup> Thus in addition to the short-term inmates who presumably stayed overnight unless they were too sick to travel, St

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<sup>51</sup> Clanchy, *England*, 225.

<sup>52</sup> *Valor Eccl.* (Rec. Com.), i, 56.

<sup>53</sup> Tanner, *Saint Edmund's Chapel*, 8.

<sup>54</sup> *CPR* 1258-1266, 541; *CPR* 1266-1272, 31.

<sup>55</sup> Haines considers that the brothers were probably from the original group of monks who came with Ascelin to Dover from Christchurch in 1139, soon after the priory's re-foundation, and so were well aware of Lanfranc's 2 hospitals and possibly St Bartholomew's hospital at Chatham; Haines, *Dover Priory*, 184; Bodleian: Rawlinson MS. B.335, fol. 1.

Bartholomew's supplied a place for twenty brothers and sisters, the long-term inmates who were either poor or lepers. These people like their counterparts at the Sandwich hospitals donated their labour to the house as an act of reciprocity for the gift of board and lodging, the sisters may have been primarily engaged in nursing and maintaining the house, while the brothers worked on the hospital's holdings and reared the livestock for sale and consumption. They too took an oath of obedience to the master, agreeing to be bound by the rules of the house and to love their fellow brothers and sisters.<sup>57</sup> The register records an entry fee of 100s, a fee of 6s 8d to the warden and 3d to each of the other brother and sisters. In addition each inmate promised to surrender half of his/her chattels at death for the good of the hospital which may suggest that the house was primarily catering for poorer people rather than the destitute, though the level of corrody may have risen between the late twelfth century and 1373 when the register was compiled.<sup>58</sup> The presence of lepers at the hospital, even though they were segregated, may have reduced the desirability of the place for others but the daily food allowance seems to have been comparable to that quoted by Dyer for a retired woman which may have meant it was a suitable alternative for those seeking a semi-religious life.<sup>59</sup>

The hospital retained a degree of autonomy through the master who held the hospital's seal but the superior at St Martin's acted as warden of the house, while all the important business connected with the hospital was undertaken by the prior. This relationship between the priory and the hospital may have had implications for the brothers and sisters who were expected to conform to a life of semi-seclusion as part of their counter-gift to the prior. The rules associated with this life-style required them to attend the hospital's chapel daily, say further prayers at night, wear the habit provided by the hospital and remain within the hospital unless given specific permission to leave, a situation that might be considered to resemble the early leper hospital model. Moreover, though probably also characteristic of the poor hospital model, the brothers and sisters were to pray for their deceased benefactors, an act of reciprocity which was a vital part of the relationship between these exchange partners. The prior and convent, the king and queen, and the burgesses of Dover on land and sea were all named as recipients of the prayers of the inmates which might relate to their respective roles as founders and benefactors of the hospital and their collective acts of gift-giving meant they were never classed as deceased, unlike individual donors.<sup>60</sup>

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<sup>56</sup> The priory's gifts to this new institution were a piece of freehold land in Buckland called the 'teghe' which may have been marshy but was valuable for the new community because of its proximity to the road from Dover to Canterbury, a favoured site for the collection of alms; Haines, *Dover Priory*, 184.

<sup>57</sup> Bodleian: Rawlinson MS. B.335, fol. 1v.

<sup>58</sup> Compared to the entry fees recorded at Sandwich in 1301, that for the Dover hospital was closer to that charged for entry to St Bartholomew's in Sandwich than for St John's. Also the level of nutrition which seems to have been supplied by the Dover hospital was nearer to its namesake at Sandwich, especially when the extras probably provided by the home farm at Sandwich are taken into account: Boys, *Sandwich*, 20, 127. Bodleian: Rawlinson MS. B.335, fol. 2v.

<sup>59</sup> Like the allowance for the woman, St Bartholomew's expected to provide a bushel of wheat per month which seems to have been baked in the common oven so giving 2lbs of bread per day. Inmates at St Bartholomew's also received 1.5 bushels of barley per month which was brewed in common, cereals and beans for pottage, fish and at Christmas half a pig as well as other food and cash allowances on certain feast days; Bodleian: Rawlinson MS. B.335, fol. 2-2v. Dyer, *Standards*, 153.

<sup>60</sup> Although the role of the priory as founder is known, it is not clear from the register whether the hospital had received royal grants, except possibly the fair to be held in their precincts on the feast day of St Bartholomew, while

Thus the cycle of gift-exchange was unending provided the respective parties continued to honour their commitments, a situation that may have become increasingly important following the martyrdom of Becket and the growth in pilgrim traffic through Dover. As mentioned above, this traffic was a great asset to the Dover economy but presumably was also a considerable strain on the town's resources, those of the priory, and possibly less so of those of St Bartholomew's hospital after the foundation of the Maison Dieu.

Unlike the situation at St Mary's hospital where it is difficult to piece together the history of the reciprocal exchanges involving land grants, the cartulary of St Bartholomew's hospital supplies a valuable record of the strategies used by both donors and recipients over the short and long-term. Initially there were a few benefactors from the important families in the region and the local nobility who either included St Bartholomew's among their beneficiaries as part of their overall strategy of pious gift-giving or who were land holders in the locality for whom the hospital provided a reputable avenue for their good works.<sup>61</sup> From the 1250s the earlier noble benefactors appear to have lost interest in the hospital and although the hospital received a tiny number of grants in pure alms from local townspeople, most of the recorded charters suggest the hospital was active in the local land market, even if only in a very limited capacity compared to its mother house, or that the grantors were seeking specific spiritual counter-gifts.<sup>62</sup> This appears to indicate a lack of interest in the welfare of St Bartholomew's and that grantors were prepared to engage in commodity-exchanges or exchanges along the continuum with the hospital which may imply the market rather than 'regard' was the dominant feature for some exchange partners. The absence of local interest in St Bartholomew's might relate to its subordinate position with respect to the priory, thus inferring it was the responsibility of St Martin's and that the burgesses were, therefore, indirectly supporting the hospital through the tolls and fish tithes they paid to the priory. The commonalty apparently wished to see these tithes used for victuals for the monks and towards the gift of hospitality for the poor there which presumably meant those aided by the almoner, and possibly those at St Bartholomew's.<sup>63</sup> Such neighbourly considerations by the burgesses were at Sandwich to result in the town's own hospital, but the men of Dover appear to have considered the local monastic establishment might undertake this charitable work, both within its precincts at the almonry gate and at its daughter

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the inclusion of the burgesses might have resulted from the tolls and tithes given by them to the priory, which may in turn have aided the maintenance of the hospital when necessary; Bodleian: Rawlinson MS. B.335, fol. 1v; Lyon, *Dover*, 56.

<sup>61</sup> Chapter 1, vii, c; Sweetinburgh, 'Role and place' unpublished paper.

<sup>62</sup> For example, Thomas Fishman of Dover who gave a piece of land in Dover to the hospital in pure and perpetual alms for his soul, those of his ancestors and successors (undated charter); Bodleian: Rawlinson MS. B.335, fol. 23v.

<sup>63</sup> According to Henry II's charter the burgesses had offered these gifts upon the altar (presumably St Martin's) which may imply they placed no restrictions on the priory's use of the gift; Lambeth: MS. 241, fol. 2v; *Lit. Cant.* (Rolls Series), iii, 371. However, the register contains a number of letters, charters and statements about the fish tithes which seem to imply the gift was made on behalf of the souls of the fishermen involved and that under the confirmation of archbishop Richard the burgesses were to receive the gift of confraternity at the priory; Lambeth: MS. 241, fol. 35, 36v, 37.

institution.<sup>64</sup> Furthermore, the hospital community was discharging its spiritual duty to the commonalty through its daily prayers which may have meant that those able to do so sought further spiritual counter-gifts elsewhere.

St Bartholomew's seems to have become a multi-functional hospital by this time through its isolation of the lepers, its care for the poor and its use of the chapel to provide facilities for the townspeople who sought such counter-gifts as intercession and commemoration. Yet, as noted above, such opportunities were only used by a very small number of local people, though for these individuals the hospital seems to have been a valuable exchange partner. These processes of reciprocal exchange seem to have taken a variety of forms, from the relatively simple grant (undated but pre 1276) of Eylwyn le Wodemonger and Cecily his wife who granted the hospital two acres in Sholden for the sustenance of a chaplain in the service of God at the hospital to the confirmation (undated, probably mid/late 13<sup>th</sup> century) sought by George and Robert sons of Salomon, late bailiff, that their father's gift-exchange with the hospital would be honoured and that the chaplain should celebrate for the souls of those named.<sup>65</sup> Moreover, the idea that benefactors were special people who had certain rights within the spiritual life of the hospital appears to have been understood and actively sought by a few donors, either in terms of the liturgical services performed by the chaplains there or in some form of bede-roll or mortuary list.<sup>66</sup> Provisions of this type seem to imply that the hospital might offer the counter-gift of confraternity to a selected group of donors, possibly following the system devised for the priory which was apparently operational from an earlier date.<sup>67</sup> The poor, however, were not totally neglected with respect to *in vitam* grants because in 1267 the master, brothers and sisters agreed to organise on behalf of Alice Ferrarie that each year at the feast of the annunciation of Our Lady two seams of barley would be used to make six gallons of ale for the poor in honour of God, Our Lady and all the saints and for her soul, those of her ancestors and the house's benefactors in commemoration forever.<sup>68</sup> Possibly after the hardship of the failed revolt and its aftermath the poor were suitably grateful for donations like this and provided their benefactor with prayers. However it seems likely that the value of such a gift was primarily in the rest of the citation, which may imply that ideas about purgatory and the spiritual economy of the dead of which Burgess writes were becoming important to some of the townspeople.<sup>69</sup> Others though were concerned about more temporal reciprocal exchanges with the hospital, and one of the few known examples from the county relating to a

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<sup>64</sup> The importance of the almonry as an exchange partner to the priory's benefactors may be inferred from the devotion of one section of the priory's register to grants with the almoner and that further grants regarding the almonry are scattered among the Buckland and Guston charters; Lambeth: MS. 241, fol. 94-99v, 109v-128.

<sup>65</sup> The named souls were king John, Robert de Thornham, Salomon and Petronilla (their parents), their heirs and the faithful deceased; Bodleian: Rawlinson MS. B.335, fol. 36v, 83.

<sup>66</sup> Two couples who donated land to the house for their souls, those of their children and parents which was in the tenure of Dover priory intended that they should be included in the liturgical services, though the 2nd couple did not specify which services (both undated grants, probably late 13<sup>th</sup> century); Bodleian: Rawlinson MS. B.335, fol. 43v, 46.

<sup>67</sup> Within the charter of Petronilla daughter of Salomon de Mari it was stated that as one of the benefactors (she gave the hospital 30 acres and 2 messuages at Tilmanstone) she would receive the benefits of masses, matins, vespers, prayers, alms and other good works (dated October 1276); Bodleian: Rawlinson MS. B.335, fol. 90.

<sup>68</sup> Bodleian: Rawlinson MS. B.335, fol. 37v.

<sup>69</sup> Burgess, 'Benefactions of Mortality', 67.

bed is recorded in the hospital register where the heirs of Herlewyn had received the patronage of a bed in the hospital's hall for the gift of eight marks (which the master and brothers used to buy land) which may suggest that the family suspected one of its members had leprosy, or that they were being especially prudent.<sup>70</sup> Similar methods of providing for old age, sickness or infirmity were used by people in York with respect to St Leonard's hospital, though the idea of bed money may have severely restricted the sick poor's access to the hospital.<sup>71</sup> It is possible that the bed was held in perpetuity or for several lives and such a form of leasing may have been a more common type of relationship between donors and recipients than the extant records suggest.

The hospital was not only engaged in systems of exchange and reciprocity with lay persons but with a senior churchman and two local religious institutions, including its parent institution. Of these, two were directed towards sustaining the poor at the hospital, though this charitable act required the hospital to pay the priory six marks which may imply the prior considered his convent had already supplied the place with a sufficient endowment in free alms and other aid.<sup>72</sup> One such earlier action may have been the prior's solicitation of a papal grant on the hospital's behalf: Clement III's exhortation to the faithful to give generously to St Bartholomew's.<sup>73</sup> The hospital was also able to expand its offer of indulgences through the gift of Richard of Chichester's offer of a twenty day indulgence in 1252 to those who aided the poor at St Bartholomew's.<sup>74</sup> This gift presumably aided the work of the house because in addition to the sums generated by the indulgence, the hospital was probably able to enhance its reputation by association and through the widespread public knowledge of the event. The relationship between the bishop and the hospital might have been heightened by his canonisation and the proximity of one of his shrines, thus drawing pilgrims to their own hospital church and the likelihood of offerings for the work of the house. The other religious establishment as exchange partner was the abbot and convent of Langdon who quitclaimed to the brothers of St Bartholomew's an annual rent of 4s and four hens from a property in Swingfield in exchange for an annual rent of 5s from land in the parish of River. This form of negotiation between religious institutions was a useful device with respect to consolidating their capital assets, though this was partly dependent on the degree of reciprocity obtainable by the smaller, poorer or subordinate establishment. In this instance both partners appear to have been satisfied with the result.<sup>75</sup>

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<sup>70</sup> The bed was to be used for a leper or a person chosen by the donors which may have meant that when not required (if at all) by the family, they might be petitioned by others seeking a bed in the hospital (undated, possibly early/mid 13<sup>th</sup> century); Bodleian: Rawlinson MS. B.335, fol. 37.

<sup>71</sup> Cullum, 'Hospitals in Yorkshire', 161. At St Bartholomew's hospital, Gloucester in 1380 Simon the Cripple was charged 6s 8d for his bed money; Orme & Webster, *English Hospital*, 101. This type of patronage was found by Cavallo in early modern Milan; Cavallo, S., *Charity and Power in Early Modern Italy* (Cambridge, 1995), 141.

<sup>72</sup> An undated charter, probably c. 1240 but possibly c. 1195; Lambeth: MS. 241, fol. 118v.

<sup>73</sup> Without the active involvement of the priory, probably during discussions between the prior and John, bishop of Anagni and papal legate, while he was staying at the priory in 1189, it seems unlikely the pope would have shown any interest in this small and insignificant hospital among the plethora of such institutions founded in the 12th century; Haines, *Dover Priory*, 200; Bodleian: Rawlinson MS. B.335, fol. 5.

<sup>74</sup> The indulgence was issued at Dover and may imply the bishop was staying at the hospital at this time; Bodleian: Rawlinson MS. B.335, fol. 7v.

<sup>75</sup> The charter appears to be late 13<sup>th</sup> century; Bodleian: Rawlinson MS. B.335, fol. 72.



Like the Dover hospitals the priory was involved in systems of exchange and reciprocity with a range of exchange partners, including several popes and their legates during the mid thirteenth century. This varied in form from the confirmation charter of Honorius III who in 1221 confirmed the priory's goods, possessions and property in alms to the gift of an indulgence offered by the same pope in 1226 to all those who visited the altar of Our Lady Undercroft in the church of St Martin-le-Grand as pilgrims on the anniversary or anniversaries of its dedication.<sup>76</sup> Apart from their spiritual value to the donor and all the recipients such gifts created a multi-relationship between the pope as the initial donor and the different groups of recipients: the named altar, its parent church, the pilgrims and the priory and these may have developed further complex exchange relationships between each other over time. However hospitality was probably one of the main counter-gifts sought by the papacy, and even though this did at times lead to disagreements between the parties over the value of this gift, the relationship presumably enhanced the status and reputation of the priory locally, regionally, and possibly nationally.<sup>77</sup> The relationship between the partners also required the prior to act on behalf of the papacy, for example, at visitations of particular religious houses throughout the southern province which might have been expected to highlight the integrity of his house to a wide audience who may have seen the value of gift-exchanges with this prestigious institution.<sup>78</sup>

The ferocity and longevity of the dispute between the priory and Christchurch meant that the priory found it necessary to petition the court at Rome which meant engaging in gift-exchanges with the papacy thereby considerably reducing its funds, especially when the dispute escalated to the extent that both the prior and sub-prior of Dover were active in the courts.<sup>79</sup> The resultant drain on the priory's resources were sufficiently serious that the sub-prior, who had control of the house's assets was forced to mortgage certain sacred objects in order to continue the litigation.<sup>80</sup> Yet this was atypical of the relationships developed between the priory and other religious institutions and most reciprocal exchanges between the parties were advantageous to both. Nevertheless, occasionally the gifts that two religious institutions had

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<sup>76</sup> The indulgence was one of a growing list the priory had received since its re-foundation which were listed near the beginning of the priory's register, in this case the indulgence was for a 1/4 of all the recipient's mortal sins and 1/2 of all his venial sins truly confessed; Lambeth: MS. 241, fol. 56v, 94. St Martin's church and all its altars were under the jurisdiction of Dover priory and the importance of this gift for the prior may be gauged by its inclusion in the register alongside the indulgences given to the house. Episcopal indulgences were also offered, though the only archbishop to give an indulgence during this period (in 1268) was Boniface (one of 20 days); the altars stipulated by the 5 bishops were St Mary, holy cross, St Katherine, St Andrew, St Mary Magdalene, Trinity, St Thomas and St Nicholas, Lambeth: MS 241, fol. 52v, 53v, 54v-55v.

<sup>77</sup> Difficulties regarding the misinterpretation of the value of the gift of hospitality by the exchange partners appear to have recurred during the thirteenth century and in an attempt to clarify the level of expectation acceptable to both parties Gregory IX issued two statements and wrote to the prior at Christchurch; *Cal. Pap. Let.* i, 139; *Lit. Cant.* (Rolls Series), iii, 374.

<sup>78</sup> Gregory IX decided to initiate visitations of certain religious houses in the southern province because there had been rumours of malpractice, his visitation team sent to Waltham included the prior from Dover. Nor were the prior's activities confined by the county boundary because his expertise and the reputation of the priory were used by Innocent IV to aid Glastonbury abbey when its muniments had been destroyed; Haines, *Dover Priory*, 212, 216.

<sup>79</sup> *Ibid.*, 81-2, 85-6, 222, 225.

<sup>80</sup> He mortgaged to the sub-prior of Winchester an ordinal and a reliquary made of silver and gold containing saints' relics for 15s; Haines, *Dover Priory*, 226.

received from a third party might lead to problems because the exchanges were mutually incompatible, and this necessitated a compromise between them requiring their engagement in further exchanges.<sup>81</sup>

In addition to patronage and privileges, the priory conducted reciprocal exchanges in consideration of its capital assets and those held by other institutions. These might result in a number of different relationships either with different establishments or several with the same house, which meant the priory might be acting as a tenant, landlord, arbitrator, pledger or litigant. Dover priory's area of activity in these fields was confined to east Kent: Dover and its hinterland, Canterbury and Sandwich. This seems to have confined its exchange partners to the houses in this region, though others from outside the region holding assets there might be involved, for example the Knights Templar.<sup>82</sup> Distance appears to have been an important factor, possibly because in most cases the largest concentration of capital assets was frequently within the locality of the institution, and second, the desire to co-operate or to act as rivals may have been of greater consequence for neighbouring institutions. Though this is rather an obvious example, two of the Canterbury hospitals (*St James's and St John's*) had low-level relationships with the priory, while the two at Dover were engaged in complex relationships with the priory.<sup>83</sup> The relationship with St Mary's hospital included both houses giving gifts to each other which were in the form of land, rents and tithes, mostly from Dover and River to the north where they were or were becoming significant land holders.<sup>84</sup> Furthermore, they appear to have considered it necessary to draw up an agreement between themselves in 1246 concerning all the actions between the two houses and the compilers of the priory register believed their relationship with the hospital was sufficiently important to include a detailed list of the transactions undertaken between itself and the *Maison Dieu*.<sup>85</sup>

The priory's jurisdiction over St Martin-le-Grand and the other parish churches meant it had become involved in systems of exchange and reciprocity with the church in England from the level of the parish to the archbishop, and including relationships with several bishops. Moreover, the subordination of the town's parish churches to St Martin-le-Grand, which was itself subordinate to the priory, and so Christchurch provided an important relationship between the burgesses of Dover and the priory. This complex hierarchical structure is enshrined in an undated, but probably late fourteenth century document

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<sup>81</sup> This appears to have occurred in 1249 when the prior had attempted to distraint the abbot of Bec and his men in his claim for the customs of the passage, Dover priory's gift from the crown, the abbot having refused saying that he had royal charters giving his house immunity from such charges. The resultant agreement was produced by the priory's gift of its acknowledgement of the privileges enjoyed by Bec on this issue for which the abbot gave Dover the counter-gift of fifteen marks to seal their new relationship; *Cal. Kent Feet of Fines*, 229.

<sup>82</sup> Lambeth MS 241, fol. 95.

<sup>83</sup> The priory paid rent to St James's; Lambeth: MS 241, fol. 171v. The prior agreed to a priory tenant granting 8.5 acres of wood to St John's, the priory receiving the annual rent; Duncombe & Battely, *Three Archiepiscopal Hospitals*, 264.

<sup>84</sup> St Mary's quitclaimed 1/2 mark rent it had received concerning a stone bridge at River [1229]; the priory granted a piece of pasture in pure and perpetual alms and a mill, the hospital gave annual rents of 2s and 4d for land in Dover; the hospital quitclaimed an area of wood [1282]; St Mary's gave the tithes from Heyclyve: they came to an agreement over property held by St Mary's church in Dover [1277] and went to arbitration over the 20s pension from the same church; Lambeth: MS 241, fol. 41-43v, 47, 48.

<sup>85</sup> Lambeth: MS 241, fol. 43-44.

at Cambridge, though this may describe the situation at Dover from as early as the twelfth century because it relates that the jurisdiction over both St Martin's old church and St Martin's of the New Work belonged to the archbishop by royal charter and papal privilege.<sup>86</sup> Although it is not always clear which church of St Martin's is being referred to as the mother church in specific circumstances, it is abundantly clear where the parish churches stood within the ecclesiastical hierarchy and that they were to show due deference to both of the churches of St Martin.<sup>87</sup> The financial implications of this arrangement between the Dover churches and the priory were considerable: the priory received money from the individual parish churches in the form of pensions, it held the advowson of the three parishes within the church of St Martin-le-Grand, the patronage of ordinands who were to minister in Dover was in its hands, it received the fish tithes, and the parish clergy were not to take on scholars because the priory held the monopoly through its provision of a schoolmaster.<sup>88</sup> It is likely, furthermore, that a proportion of the money collected by the archipresbyter at St Martin's church was paid to the priory as overlord.<sup>89</sup> Consequently for the parishioners of the three parish churches of St James, St Mary and St Peter their acts of gift-giving within the subscribed spiritual economy to their own parish church were reduced to the small tithes, a percentage of their annual offerings and the mortuary fees of those who had been resident there for more than a year and were buried within the bounds of the parish which presumably severely reduced the likelihood of church building, the purchase of ornaments, or even the full payment of the parish priest.<sup>90</sup> Thus the comprehensive nature of this clerical deference may have been thought detrimental to the town by both the parish clergy and the townspeople and may explain the lack of voluntary support given to the priory by them (individually or collectively), though whether they alternatively aided their own parish churches through specific donations so reducing the likelihood of such gifts being appropriated by St Martin's is open to conjecture.<sup>91</sup> The priory's position with respect to the parish church of St Mary,

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<sup>86</sup> I am reliant on Haines' translation and editing of this document; Haines, *Dover Priory*, 46-48 citing C.C.C. Cambridge MS. 59, fol. 27.

<sup>87</sup> For example, this subordinate position of the town's parish churches to St Martin-le-Grand was evident in the daily life of the town (sextons were not to ring their bells until the bells of St Martin's had been rung), and in the daily liturgical observances (no parish priest was to begin the chant of Vespers until it after it had begun at St Martin's) as well as those on the special feast days of Holy Cross (3rd May and 14th September), the feast of St Martin (11th November) and the day of dedication of the church. *ibid*, 48

<sup>88</sup> *Ibid*, 46-47 The pensions are listed in the priory register. Lambeth MS. 241, fol. 4.

<sup>89</sup> He collected dues in connection with his service of confession for strangers, the church's right of burial of foreigners and pilgrims, its monopoly of the mortuary fees from Dover parishioners during their first year of residence in the town, the ordinance that all parishioners of Dover should make offerings four times a year at the high altar of St Martin's and the monopoly of administering extreme unction to sick people from the three parishes in its church, *ibid*, 47-48.

<sup>90</sup> A confirmation charter of Christchurch dated 1227 lists the pensions: St Mary's 20s, St Peter's 11s, St James's 6s, parish of St John 1/2 mark, parish of St Nicholas 11s; Lambeth: MS. 241, fol. 48. Haines, *Dover Priory*, 32. In addition, by the late 1270s the priory had gained the advowson of St Peter's church from the archbishop; Statham, *Dover*, 205.

<sup>91</sup> This setting of precedent may have been most marked with respect to processions, especially for visitors who were in the town during the major church festivals and who may, like the burgesses, have noted these gifts of deference by the Dover parish clergy to St Martin's, and presumably the priory. Such acts by the clergy included attending the processions on the special feast days in their surplices with their cross and processional books. The clergy of St John's and St Nicholas' were expected to show further evidence of deference to the archipresbyter by acting as precentors at these same feasts and during Easter, thereby regularly displaying their willingness to offer counter-gifts to St Martin's for its gifts to them of sacred space and of holy oil and chrism which were annually distributed to them by the mother church. The implications of their subordination to the regular clergy may have been most acutely felt by the Dover priests at the feast of Pentecost when they had first to show reverence to the high altar at St Martin's

possibly the largest parish, had required them to negotiate with St Mary's hospital (it seems to have received the advowson during its early history) over the pension and also certain assets held by the rectory of St Mary's, and as a result of this series of exchanges the priory appears to have strengthened its position with respect to the hospital by the time of the final agreement in 1279.<sup>92</sup>

Henry III appears to have continued his grandfather's policy of engaging in reciprocal exchanges with the priory, though he seems to have been less concerned with strengthening the bonds between himself and this religious community.<sup>93</sup> Initially during the period, however, he sought to recompense the priory for the losses it had sustained from the siege of Dover by the French forces a decade earlier.<sup>94</sup> His preoccupation with St Mary's hospital may explain his apparent neglect of the priory because the only other royal beneficence it received in the next decade was a grant of protection *sine termino* and the quitclaim of an annual rent of half a mark.<sup>95</sup> Yet it seems likely he was present in Dover on numerous occasions during this period at a time when the priory was extending its domestic buildings and adding a vaulted roof to the choir of the church which may have resulted in gifts of alms for the new work.<sup>96</sup> He probably stayed at the castle or St Mary's hospital rather than the priory on most visits to the town or before crossing the Channel, but during the civil war when the castle was in rebel hands he did reside at the priory thereby enjoying the counter-gift of hospitality.<sup>97</sup> This infrequent use of the priory's accommodation may suggest a further explanation for his recorded gift-exchanges with the priory remaining at a low level throughout his reign, though he did confirm his father and grandfather's charters and gifts in 1237 and 1271/2 as well as providing grants of protection for the prior in 1271 and 1272.<sup>98</sup>

Royal protection could be considered a form of royal patronage. Henry considered that it was within the royal prerogative to take custody of the priory in 1271, because of the dispute between the house and Christchurch and the resultant discord within the priory itself.<sup>99</sup> Before this disturbance Henry appears to

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before joining the procession in the cathedral church of Canterbury; Haines, *Dover Priory*, 48. Unfortunately, the lack of architectural evidence surviving from this period means this idea cannot be tested, and though an examination of St Mary's before the extensive Victorian restoration suggested that there had been structural additions to the church during this period, this church had been under the patronage of the Maison Dieu, not the priory; Statham, *Dover*, 199.

<sup>92</sup> Lambeth: MS 241, fol. 43-43v, 46, 47-8. The place of the priory in the spiritual life of the region was also one of negotiation at this period because it held the advowsons of several parish churches around Dover. The priory register records a number of disputes, grants, agreements and appropriations concerning these livings involving the incumbents, those holding local lordship, local religious houses, the archbishop and the priory which suggests matters like tithes and church property were frequently at the centre of the negotiated process of exchange and reciprocity. The parishes involved were Colrede, Appledore, Brookland, Kenardington, Snargate and Buckland; Lambeth: MS. 241, fol. 49v, 106, 184-185v, 191, 225v-226v, 228v-23v.

<sup>93</sup> Unlike Henry II, who used his various grants to achieve the spiritual well-being of different family members; for example, his gift of land was given for the good of his soul, the souls of his parents, that of his grandmother, Adeline, and all his kin, while the gift of the fair was for the good of his soul, the safety of his children and the stability of his realm; Lambeth: MS. 241, fol. 58v, 59v.

<sup>94</sup> He granted them La Menesse marsh (in Worth, near Sandwich) in frankalmoin; *CChR* 1226-1257, 50.

<sup>95</sup> *CChR* 1226-1257, 78; *CPR* 1225-1232, 169.

<sup>96</sup> Dugdale, *Mon.* iv, 536; Haines, *Dover Priory*, 211.

<sup>97</sup> Haines, *Dover Priory*, 219.

<sup>98</sup> *CChR* 1226-1257, 227, 228. *CPR* 1266-1272, 504, 665.

<sup>99</sup> Wood, *English Monasteries*, 96-97.

have held the place in high esteem, possibly as a result of personal contacts developed during the baronial conflict and this reputation may account for the prior's inclusion as one of those commissioned to assess the state of Dover castle in 1265.<sup>100</sup> His son, prince Edward, may have been less concerned for the relationship between the crown and the priory, and the prince and his official, the constable of Dover castle, appear to have used their exchanges with the priory for their own advantage rather than that of the priory by attempting to place their own nominee in charge.<sup>101</sup> Although this monk does not appear to have held office for long at Dover, it does indicate the problems of discontinuity when the relationship developed between exchange partners was severed or under strain following changed circumstances. Consequently for the priory, their fragile position within Dover society due to their problems with Christchurch was further eroded by this change in their relationship with the crown.

Although it might have been advantageous to consider the priory's gift-exchanges with the rural peasantry from the parishes around Dover with regard to the types of grant used, including the form of the gift, the type of recipient within the priory, for example the large number of grants to the almoner, and the priory's apparent policy of increasing its activity in the local land market, the limitations of space mean only the grants from the Dover citizens will be examined.<sup>102</sup> Only a few of Dover's townspeople were prepared to make grants in alms to the priory during the reign of Henry III (there seem to have been less than fifteen) which means only a tiny percentage of the Dover citizens considered the priory as an exchange partner at all. This seeming indifference to the priory was presumably consequent on a wide range of factors including its extensive assets which may have been considered sufficient whereas those of other local establishments were not, its position *vis-a-vis* Christchurch, the apparent infrequency of the use of the gift of confraternity and the collective demands placed on the town by succeeding kings with respect to the tariff on merchandise, the toll on the market and the fish tithes.<sup>103</sup> The responsibility of the mayor and commonalty to oversee such payments from their fellow burgesses, especially at times of financial difficulty (during the hostilities with France) and/or when they were in dispute with the crown may have persuaded many of the leading citizens to engage in reciprocal exchanges with other religious or charitable establishments, not the priory. Of those few citizens who did provide gifts in alms most added that it was made for their soul and frequently for certain others, but like their counterparts in the

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<sup>1</sup> CPR 1258-1266, 482.

<sup>11</sup> CPR 1266-1272, 613, 631, 694, 700, 712. The prince seems to have tried to use the appointment of a custodian to the priory, even though the prior was still in office, as a counter-gift to a monk from Reading who had given him £100 towards his forthcoming crusade; Wood, *English Monasteries*, 66-7.

<sup>12</sup> Such grants allowed the priory to acquire different types of holding within one parish or other defined areas, thereby aiding estate management; Lambeth: MS. 241, fol. 115v, 204-208. The high-farming era of the 13th century witnessed an expansion in the estates of monastic institutions in order to capitalise on the favourable conditions for agricultural production and marketing. Although direct-farming was probably the dominant management policy by many of these institutions, for some renting continued to play a significant part in production of revenue; Miller, E. & Hatcher, J., *Medieval England Rural Society and Economic Change 1086-1348* (Harlow, 1978), 212-224, 233-239.

<sup>103</sup> Though slight there is evidence that St Radigund's provided the gift of confraternity to some of its benefactors; *Cal. Kent Feet of Fines*, 171, 296, 346. Archbishop Edmund in 1236 issued a warning that non payment of tithes by the men of the parishes would be punished by excommunication; Lambeth: MS. 241, fol. 38.

town's hinterland they were rarely more specific in terms of the type of counter-gifts expected.<sup>104</sup> In addition the cartulary includes a small number of charters concerning the renting of its Dover property which may have meant the priory or its departments (cellarer, almoner) were seen as landlords by the townspeople involved, a role which may at times have made them unpopular (their reputation was unlikely to be confined to their tenants) so possibly further reducing the likelihood that the townspeople might be generous to this institution.<sup>105</sup>

There was one charter from this period, however, that appears to indicate that the prior was concerned about the servants of the house and their families and is only one of two examples that I have found of a corrody from the priory during the thirteenth century.<sup>106</sup> According to the undated grant William the son of Jordan, late seneschal of the priory, was so impoverished that the prior took pity on him and in exchange for relinquishing his rights to the land and the messuage outside the priory walls, which his father had held of the place, he was to receive two silver marks and become the priory's tenant in that messuage for life.<sup>107</sup> Such an agreement was a charitable act by the prior on behalf of his house which the recipient presumably acknowledged through his prayers for the prior and convent, and in addition this act might have been expected to enhance the reputation of the priory through public knowledge. Although apparently the only deed of its kind, it is especially interesting because it resembles the type [4b] almshouse which was often envisaged in similar terms: the recipient lived in the property of the donor where he she was known locally as the living embodiment of the benefactor's charity, the counter-gifts provided by the grateful recipient being unspecified within the agreement because this was not considered necessary by either party.<sup>108</sup>

At least three more exchange partners were available to the Dover townspeople: the parish church of St Mary de Castro, the chapel of St Mary of Pity (or 'Our Lady of the Rock') and a recluse who lived at the castle. The church in the castle primarily served the garrison and permanent staff there, so that the townspeople may rarely have visited it, except possibly to view the relics held there, which included a piece of the 'true cross', which were displayed every Friday.<sup>109</sup> As elsewhere pilgrims to the church were

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<sup>104</sup> One of the few examples where a specific reciprocal request was made occurred in 1301 (another example of Thompson's watershed of the 13th century where the gift was given in return for a particular spiritual act; Thompson, 'Monasteries', 108) when Thomas Boys of Dover granted a messuage called le Boor to the priory for his soul and that of his father, for which the priory were to sustain a lamp burning before the altar of St Katherine in the church forever; Lambeth: MS. 241, fol. 63. The few townsmen of Sandwich, Canterbury and Deal who made grants to the priory were almost equally split between those who used grants towards the commodity-exchange end of the continuum and those who engaged in those at the gift-exchange end, and the only benefactor who sought a specific spiritual act was John de Condi of Sandwich who gave 100s to be used as pittances; Lambeth: MS. 241, fol. 160v.

<sup>105</sup> Without comparable data it is difficult to ascertain whether the priory rents reflected the local rate but the apparently small number of properties involved may suggest that this was likely though the increase in such charters by the end of the century may imply a need to exploit these assets more fully.

<sup>106</sup> The other was in the form of an annual allowance for life of 1/2 silver mark, 2 seams of wheat, 5 seams of barley which were delivered at Easter and Michaelmas in exchange for Sibil's quitclaim to her rights in 50 acres (her dower); St Radigund's also appears to have provided corrodies on similar terms; *Cal. Kent Feet of Fines*, 73, 80.

<sup>107</sup> Lambeth: MS. 241, fol. 70v.

<sup>108</sup> Appendix 1.

<sup>109</sup> From 'The Statutes of Dover Castle' c. 1267; Statham, *Dover*, 275.

expected to provide offerings and these may have been used in conjunction with royal gifts to embellish the church and its furnishings, a situation that appears to have occurred during the reign of Henry III.<sup>110</sup> The 'Statutes of Dover Castle' include details about the festivals, sacraments, funerals, acts of commemoration and intercession to be conducted there which might have provided the church with a wide range of exchange partners, the king and royal family being at the apex.<sup>111</sup> In contrast, the chapel of Our Lady of Pity on the shore to the west of the town may have only received small cash offerings.<sup>112</sup> Its early history or legend (it was reputed to have been founded by a nobleman from the north of England, who having been saved from shipwreck, gave thanks through his gift of foundation) may have drawn pilgrims and others to pray there in emulation of the founder or before crossing the Channel and such people may only have been able to offer a few pennies at its altar. Emma, the recluse of Dover castle may have received very few gifts except for the 1½d per day she was given by royal grant.<sup>113</sup> Yet she may have been known as a woman of great spirituality in the area, especially as she was favoured by the king and this relationship may have enhanced her reputation. Although it is only conjecture, it seems likely that she might have been visited and consulted with respect to spiritual matters and that such visitors provided her with gifts, her acts of reciprocity being her words of wisdom and her prayers.

### *3.i.b. The mid fourteenth century*

Although Dover and its castle frequently feature in the letters patent and close rolls of this period it is extremely difficult to gauge the fortunes of the town either in terms of its economy (collectively or on an individual basis) or its size (changes in population, migration, longevity of residence there). However, it may be possible to describe those features of the town which are of particular significance with respect to the systems of exchange and reciprocity undertaken by individuals and institutions. In this context the two most important characteristics of Dover may have been its continuing dependence on the carrying trade (passengers and then possibly of equal importance provisions in the second half of Edward III's reign) and the fluid nature of its population, both in terms of individuals and families.

The town's monopoly of the cross-Channel passenger trade provided the townspeople, and especially the ferrymen with a lucrative commercial enterprise and this valuable service industry was further encouraged by the jubilee of 1320 which brought increased numbers of pilgrims to Becket's shrine, including those from mainland Europe.<sup>114</sup> In addition, the town's ships carried other groups of passengers

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<sup>110</sup> *Ibid.*, 235. *CLibR* 1240-1245, 197, 212; 1245-1251, 27, 54, 112, 123.

<sup>111</sup> *Ibid.*, 276.

<sup>112</sup> Buckingham, C., *Catholic Dover* (Dover, 1968), 19.

<sup>113</sup> *CPR* 1258-1266, 63. *CLibR* 1251-1260, 323, 324, 446.

<sup>114</sup> Probably the first official occupational organisation in the town was the 'Ferschip' which appears to have consisted of twenty-one members (though Jones says 11) who provided the passenger carrying service from Dover to Witsand, and then Calais after its capture in 1348. The ordinances for this group included the tariff to be charged, the organisation of the membership and the surcharge to be paid to the town government; Statham, *Dover*, 66-67, Jones, *Records*, 11. Even with this surcharge on them, the ferrymen were seen to be sufficiently profiting from their trade that other townsmen sought to operate in this way and in 1346 the town received a charter from Edward III

whose numbers may have been growing as a consequence of the frequent hostilities between England and France, the increasing use of the papal court by religious institutions and individual churchmen, and the needs of the international merchant community. The importance of the passenger trade to Dover was not confined to the ferrymen and a large proportion of the other activities of the townspeople were reliant on its continuing success. Furthermore, there were other groups boarded in the town, like the construction workers and occasionally ship-builders, who were frequently there for longer periods but who remained part of the itinerant population, and the king's forces who were also billeted in the town and surrounding countryside before embarkation or on their return from France.<sup>115</sup> However, the provisioning and policing of these itinerant groups may have caused considerable difficulties for the townspeople at certain times which meant the civic authorities were especially concerned about grain prices, the availability of supplies locally and problems of law and order in the town and its neighbouring communities.<sup>116</sup>

It is difficult to know how events like the Black Death and the subsequent outbreaks of plague, and the continuing hostilities with France affected the scale of Dover's passenger traffic, though it is possible that the opportunity to supply the town of Calais and its garrison was an attractive alternative for those ferrymen and other boat owners who had previously relied on the passenger traffic until this time.<sup>117</sup> For the Dover men this new market had one considerable advantage over the supplying of English troops on campaign in France because it was not confined to the campaigning season and their goods were required at frequent intervals throughout the year. Nor was this captive market confined to the supplying of foodstuffs because large quantities of building materials and armaments, like stone projectiles, were needed by Calais to protect it from the French. However, there were certain disadvantages associated with the provisioning trade including the commandeering of ships by the king for various reasons and the work of the crown purveyors whose actions may at times have seriously depleted the town and its hinterland of food and other stocks, the problem being compounded by the likelihood of non or late payment by these royal officials.<sup>118</sup>

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allowing any man from the port to take his turn within the cycle on the understanding that his ship was seaworthy and that he paid the surcharge; Jones, *Records*, 11. In 1320 offerings received were £670 13s 4d which was considerably more than at the previous jubilee (£207 2s10d); Woodruff, C., 'Financial Aspects of the Cult of St Thomas of Canterbury', *Arch. Cant.*, xliiv (1932), 18-19.

<sup>115</sup> For example in 1354 and 1357 workmen were required by royal mandate to repair the castle and in 1355 the mayor and bailiff had drafted into the port carpenters and other workmen from across the county to build and repair the ships ordered by the king; *CPR* 1354-1358, 79, 212, 512. The town was also employing a large number of masons in 1377; BL: Add. MS. 29615, fol. 49-50.

<sup>116</sup> Another area that caused problems nationally as well as locally was the entry of debased or counterfeit coinage to the kingdom, this was considered to be sufficiently significant that in 1335 the king set up a table of exchange at Dover, the official being directly answerable to the Exchequer; *CPR* 1334-1338, 153. Before the 'Fership' some of the ferrymen had been charging too much for the poorer travellers, who it was said then gathered in the town where "debates, contentions and riots have often taken place ... to the great peril and loss of the whole commonalty of the town"; Statham, *Dover*, 66. Moreover, bad weather, hostile forces in the Channel (in 1338 the French attacked Southampton and Portsmouth) and disputes with the men of Witsand might confine the Dover men to the port; *CPR* 1334-1338, 295; Statham, *Dover*, 71.

<sup>117</sup> Statham, *Dover*, 73.

<sup>118</sup> Bolton, *English Economy*, 181.



This reliance on the carrying trade (passenger and goods), the subsidiary industries that were generated in its wake and the lack of manufacturing industries in the town, apart from small numbers of various crafts, may in part explain the second feature of the town: the apparently high turnover of individuals and families at Dover. It seems likely that throughout this period migrants were drawn to the town and port from the rural parishes around Dover where they hoped to profit from the travellers passing through the town, and similarly some of these travellers may have settled there rather than immediately return to their place of origin. The desire or ability to remain in the town over succeeding generations may have been influenced by a complex range of factors which may have altered in terms of relative importance for the people concerned following the periods of plague in the town but their overall effect on the fluidity of the population may have been similar, only greater due to the high mortality. Thus the likelihood of remaining in the town to be followed by one's descendants may not have been confined to those who had been successful there, the limited evidence from the witness lists of Dover charters made throughout Edward III's reign suggests that during the period 1325 to 1348 very few of the leading individuals (and possibly families) were present in Dover for most of that period (changing family names within the witness lists also appear to have occurred during the previous 25 years) and this situation was accentuated by the plague.<sup>119</sup> An illustration of this discontinuity, though from a slightly later period, is provided by Froissart's comment on his return to Dover in 1395 after an absence of twenty-seven years, "but when I reached Dover, I found no one with whom I had been acquainted in the days when I lived in England. The hostelries and houses were all repopulated with strange people and the little children had grown into men and women who didn't know me, as I didn't know them."<sup>120</sup> Yet there seems to have been a small nucleus of families who had remained in Dover for several generations, including members from two of the town's leading families: the Hurtyng family who were present for over fifty years and the Monyn family who had been resident there for about one hundred and fifty and it is this considerable contrast between the two groups of very unequal size (the much larger category of short-term residents and the small number of long-term residents), though each group probably included families from across the social spectrum that may help to explain the attitudes of the Dover townspeople towards the town's religious and charitable institutions.

For this section it seems appropriate to consider the systems of exchange and reciprocity involving the two hospitals, and very briefly the priory with respect to income and outgo to see why these houses were pleading poverty during this period. The grants St Mary's hospital had received during the twelfth century were confirmed in a series of charters by Edward III in 1338 and the revenue generated from these agricultural lands, property including mills, rents and advowsons presumably accounted for the majority of the hospital's income, especially at this time when its share of the profits of the passage and

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<sup>119</sup> According to Michael, a monk at Dover priory, the plague visited the town in 1349, 1362, 1369, 1375, and in 1355 "many persons went mad on seeing demons"; Haines, *Dover Priory*, 361.

<sup>120</sup> *Froissart's Chronicles*, translated G. Brereton (Harmondsworth, 1968), 403.

the port were probably severely reduced by the hostile activities of the French in the Channel.<sup>121</sup> Its position as one of the leading ecclesiastical land holders in the area around Dover and further west in Romney Marsh appears to be confirmed by a list of 1395 where the hospital was recorded as holding 681 acres within the Marsh.<sup>122</sup> The management policy it had adopted on its estates is unknown due to the loss of the hospital's archive, but other religious institutions with holdings in Romney Marsh employed direct-farming methods throughout this period and it is possible that St Mary's farmed at least part of its estate in this way.<sup>123</sup> Although it may be risky to generalise from the experiences of other ecclesiastical landlords, it seems likely that the hospital's holdings were profitable for most of the period, which might have been expected to help save the place from the problems of poverty experienced by many hospitals by the mid fourteenth century.<sup>124</sup>

The only extant evidence that St Mary's received further gifts is contained within a charter of 1325 where Alexander Venesoun gave to the master of the hospital 40d of free and perpetual rent from a tenement within the town.<sup>125</sup> This act of gift-exchange with the *hospital used the form* more frequently found in the early thirteenth century of a gift made in pure and perpetual alms for his soul, those of his parents, his sons and relatives. By so doing he did not stipulate that the master and brothers should pray for his soul, nor apparently did he seek the counter-gift of confraternity and this freedom for the recipient within the relationship seems unusual by this period.<sup>126</sup> Although speculation Alexander Venesoun may have had previous connections with the hospital, or possibly the master as he is mentioned by name as the recipient of this gift because apart from the format being unusual by this period, the very act of gift-exchange with the place through the *in vitam* grant was rare. This rarity was not confined to St Mary's hospital because few hospitals founded in the late twelfth or early thirteenth century received such grants after their first hundred years and the economic conditions of the fourteenth century may have been a further deterrent.<sup>127</sup> However, St Mary's seems to have received very few grants of this type during its early history and it is possibly the continuing lack of interest in the hospital as an exchange partner which is more significant in consideration of the hospital's place within Dover society. Contact between the hospital and the townspeople may have been very limited being confined to those parishioners of St Mary's church where the priest was a nominee of the hospital's, the few tenants of the small amount of property St Mary's held locally (conversely, its much larger holdings away from Dover may have

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<sup>121</sup> CChR 1327-1341, 456. Statham, *Dover Charters*, 45, 47. In 1306 the hospital seems to have been having problems collecting their gifts from the profits of the port assigned to them by Henry III and such difficulties with the constable may not have been isolated events; CCR 1302-1307, 381.

<sup>122</sup> List of ecclesiastical houses as landlords in 1395 & 1457 supplied by A. Butcher.

<sup>123</sup> Christchurch priory continued with this policy until the early 15th century, though this policy may only have been achieved because of the size of the house and its extensive resources; Gross, A. & Butcher, A., 'Adaptation and Investment in the Age of the Great Storms: Agricultural Policy on the Manors of the Principal Lords of the Romney Marshes and the Marshland Fringe c. 1250-1320', in J. Eddison (ed.), *Romney Marsh, The Debatable Ground* (Oxford, 1995), 115-116.

<sup>124</sup> Mate, M., 'Kent and Sussex', in E. Miller (ed.), *The Agrarian History of England, 1350-1500*, iii (Cambridge, 1991), 119-120.

<sup>125</sup> Statham, *Dover Charters*, 39.

<sup>126</sup> Thompson, 'Monasteries', 108.

generated more connections with the laity in those areas), the annual payment of local taxes for a mill to the mayor and jurats at the court house and occasional civic gifts, like the four gallons of mass wine given to the hospital in 1369.<sup>128</sup> This apparent lack of contact, the likely assumption that the hospital had sufficient assets to continue its work, its position as a royal establishment, the town's commercial dependency on travellers, but possibly a certain ambivalence to their presence in the town (especially the poor ones), a limited emotional attachment to the hospital from people who were not or did not expect to be long-term residents in the town, and the possibility of other foci in Dover for their spiritual gift-giving may partly explain this apparently continuing lack of interest in either the hospital's charitable work for the pilgrims and poor, or its ability to offer the gift of confraternity through the daily prayers of its priest brothers.

It is possible that the townspeople and others from the town's hinterland supported St Mary's through their testamentary gift-giving but the lack of wills for this period means this idea cannot be tested. Of the three wills recorded in the ecclesiastical registers at Canterbury by Dover citizens before 1450 only one included a bequest to St Mary's hospital. In terms of exchange and reciprocity for this period, the will of John Webbe made in 1434 may be of interest because he was a parishioner at St Mary's church and his gift of 3s 4d to the master, 20d to each priest brother and 4d to each novice was accompanied by the request that they should pray for his soul.<sup>129</sup> A similar request was stipulated by William Vaus of Maidstone in 1368 which seems to suggest that if the hospital was considered at all by the burgesses of Dover it might have been seen as an additional source of intercessory prayers rather than as a beneficiary in respect of its work for the poor.<sup>130</sup> Its activity in this area may have been aided by gifts of casual alms by donors from a wide range of social groups, either at the hospital's church or St Edmund's chapel and the shrine of St Richard, but the lack of documentary evidence means that any assessment of this source of revenue remains speculative.

Turning to the other side of the exchange process for the hospital, the outgo, there are two main areas: *provision for the living and provision for the dead*. The first may be subdivided into a number of categories: hospitality for the outside poor daily and larger numbers on certain days, care for the poor as short-term residents, board and lodging for corrodians (probably as longer-term residents), the providing of an education and a title for those brothers who wished to be ordained, accommodation and hospitality for royal visitors and officials, activities by the master on behalf of the crown, the use of the hospital premises by the civic authorities, all of which were a drain on the hospital's financial and other

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<sup>127</sup> For an assessment of this with respect to the model pilgrim hospital, Sweetinburgh, 'Role and place' unpublished paper.

<sup>128</sup> BL: Add. MS. 29615, fol. 12v.

<sup>129</sup> CKS: PRC 32/1/29.

<sup>130</sup> William Vaus sought prayers at a large number of religious houses and hospitals in Kent; *Registrum Langham*, 252-253.

resources.<sup>131</sup> Some of these charges against the house had probably been specifically provided for by the benefactor at the time of the original gift but changing prices and the need to sustain this benefaction on behalf of the donor may have meant an increasing disparity between the value of the gift and the cost of reciprocity. To a limited extent this problem might be addressed by varying the counter-gift, as for example the dinner menu which may have altered for the fifteen paupers to be fed annually from the gift of John Mawlyng, but the scope for such variation may have been limited.<sup>132</sup> The especially elaborate and costly distributions of food and drink to the poor on the five main days of commemoration had probably been intended by the benefactors to be financed from their general gifts to the hospital but this may also have caused problems for the master at times of dearth and high prices; and similar problems may have been encountered by the master with respect to the daily pittances for two paupers and the costs of feeding the residential poor, whose numbers were probably controlled by the availability of beds.<sup>133</sup>

These costs were presumably sustainable as well as representing the founder's ideas about the function of the place in its mission to aid Christ's poor. However, patronage in the thirteenth century frequently involved further demands on the recipient institution and of these possibly the most crippling financially for the institution was the provision of corrodies and hospitality for the benefactor and those he wished to nominate.<sup>134</sup> As patrons of the hospital Henry III and his successors appear to have used both these counter-gifts on a frequent basis, the problems for the house being increased by its position with respect to the Dover crossing. The first known corrodian is Henry le Blessid who, having been sent to the hospital by Edward I, lived there for at least seven years and after his death (probably in 1315) his place was taken by Henry de Oldington, one of the king's yeomen.<sup>135</sup> For this succession of corrodians, their years of service to the king may have been considered sufficiently recompensed by their place at the hospital especially if they received the level of maintenance given in 1360 to James le Palmere of London, clerk, though his corrody may have been of a higher standard.<sup>136</sup> For the hospital, however, their sustenance was a long-term drain on its resources, both in terms of the annual cost of his accommodation and hospitality and that effectively this non-paying guest never died which meant the master was unable

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<sup>131</sup> It seems likely that the provisions for the living recorded in 1535 were very similar to those practised in the mid 14th century; *L & P*, ix, 379. *CPR* 1367-1370, 247. BL: Add. MS. 29615, fol. 50v.

<sup>132</sup> In 1535 2s6d was allocated annually for this dinner: *L & P*, ix, 379.

<sup>133</sup> For example in 1535 the act of alms-giving on St Edmund's day for the soul of Henry III required the distribution of 2 quarters of wheat for bread, 2 oxen or 4 barrels of herring costing in total 53s 4d, and enough ale to sustain those receiving the dole; the daily pittances for 2 honest paupers were to consist of bread, meat and drink costing annually £9 2s6d; the care of the resident poor and pilgrims was £40 per year; *ibid.*, 379.

<sup>134</sup> Wood, *English Monasteries*, 101-112.

<sup>135</sup> *CCR* 1313-1318, 220, 319. Other corrodians included Richard Waytevell granted his place for good service to queen Isabella and the king in 1327, and John Monyn who gained his place following the death of the previous corrodian, John Lambe, in 1330; *CCR* 1327-1330, 233, 594.

<sup>136</sup> "That he sit at the master's table at breakfast and dinner every day of his life and shall be served meat and drink as others at the table either in the refectory or in the master's chamber or elsewhere in the hospital, wherever the master shall feed or dine and if he be ill or the master absent he shall take daily from the hospital 2 white loaves, 2 gallons of ale and 2 messes of fish or meat as shall be served to 2 of the brothers in the refectory; and granting to him also a robe of the master's suit yearly on the feast of the Nativity of St Mary or 2 marks at his choice, and the new

to offer the place to any other person, who though he might have occupied the place for several years was not immortal, thereby allowing the master to gain a succession of entry fees.<sup>137</sup>

The provision of hospitality for members of the royal family and the chancellor and his clerks was also a considerable expense for the hospital, and in some years may have been especially crippling. Furthermore, the hospital was not considered to be offering the counter-gift of hospitality to its patron because this offer had been appropriated by the crown and it was in the king's gift (Henry III) to offer it to the chancellor. Thus by the reign of his grandson in 1325 it was the chancellor who might offer the gift of hospitality, and in that year as an act of courtesy the chancellor allowed prince Edward and his household to stay at the hospital as his guests, his father being accommodated at Langdon abbey.<sup>138</sup> This shift away from the master's control over his own house seems to demonstrate the importance of hierarchy in the exchange process between the founder and the hospital and that the dominance of the king in this relationship had resulted in his appropriating the recipient's counter-gift, thereby removing the recipient's ability to reciprocate so that with regard to this system of exchange and reciprocity, the king having gained control of the total process might begin new exchanges as the hospital. This situation may have adversely affected the relationship between the townspeople and the hospital, who may have considered that as the hospital's resources and governance were under the king's patronage it was his responsibility to provide for his institution.

The expectation that the head of a religious house should undertake commissions for the crown was not unusual and for most this seems predominantly to have involved short-term actions, like the inspection of repairs to Dover castle in 1370 by the abbot of St Radigund's and the master of St Mary's.<sup>139</sup> Yet at times these commissions may have required a considerable amount of time and labour by the master, taking him away from his main task of managing the house which may occasionally have been detrimental to its well-being.<sup>14</sup> Similarly the use of the house as a storage area for the civic authorities may only have been a minor inconvenience, but at times may have seriously reduced the house's ability to store its own materials and this idea that the hospital and its staff might be appropriated by the secular authorities when they saw fit may have set a precedent which was to be exploited on a much greater scale in the later history of the hospital.

The maintenance of lamps or torches for the soul of the donor was an act for the dead that might be believed to be totally unrelated to the hospital's work for the living, except that such lights were a

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chamber in the hospital over the larder and upon the water flowing there opposite the prior of Dover's watermill for life", *CPR* 1358-1361, 512.

<sup>137</sup> Or alternatively they might have provided a place in return for the corrodian's labour which seems to have been Thomas de Wodelond's arrangement with the master in 1359: *Lit. Cant. (Rolls Series)*, ii, 384-385.

<sup>138</sup> *CCR* 1323-1327, 503.

<sup>139</sup> *CPR* 1370-1374, 1.

<sup>140</sup> For example the previous year the master had been responsible for the king's stores delivered to Dover castle and into his care, *CPR* 1367-70, 247.

constant reminder to the brothers and others of the souls of their benefactors.<sup>141</sup> However, some of the hospital's provisions for the dead were inter-linked with those for the living and the special doles to the poor made for the commemoration of the souls of Henry III, Hubert de Burgh, his daughter Margaret, John Mawlyng and Beatrice Salkyn were as important for the dead as they were for the living.<sup>142</sup> The good deed, the gift given by the benefactor was translated by the hospital into the annual dole whereby the benefactor's three-fold obligation was fulfilled and his soul aided through its journey through purgatory. The obits celebrated for the two kings, John and Henry III, and for Bertram de Crioil were predominantly provisions for the dead through the repeating of the requiem mass and other intercessory prayers, though such services might include some form of dole or other charitable offering which the master may have believed was applicable in consideration of the neighbourly aspect of the benefactor's motivation for the initial gift to the hospital.<sup>143</sup> Such services for the dead were occasionally provided by another, like Henry III's gift of 50s per year from the port issues for the maintenance of a chaplain to say mass daily for the soul of Raymond de Burgh.<sup>144</sup> For the hospital their ability to provide this mass was dependent on their finding and maintaining a mass priest or the allocating of this task to one of the priest brothers within the hospital thereby providing for the living as well as the dead. The financial implications for the hospital as intermediary within this process of multiple reciprocal exchanges may have become apparent when the port was disrupted by the French threat to the cross-Channel shipping which seems to have halted the payment of its share of the port dues and so forced it to continue supporting the daily mass from its own resources.<sup>145</sup> St Mary's was, therefore, caught in a relationship with a dead king as patron and benefactor of this mass for a third party whose needs were presumably as great as they had been at its inception to which had been added the burden of the king's soul for which the gift had implicitly been made. Thus the hospital was morally bound to continue the mass for Raymond's soul, and since his death that of Henry III, even though at times this was difficult to maintain and might impinge on the other activities of the place.

Even though religious establishments like towns were at times keen to plead poverty as a means of escaping national taxation, the hospital's plea for exemption on the grounds of poverty in 1325 may have been an accurate assessment of its financial position.<sup>146</sup> The heavy taxation of Edward I, a compulsory loan to his son in 1310, the agricultural disasters of the 1310s and the continuing burdens on the house

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<sup>141</sup> Both Philip Columber and Alice Wynter had sought to provide for these lights at some date before 1535; *Valor Eccl.* (Rec. Com.), i, 56.

<sup>142</sup> The details concerning John Mawlyng's gift are unknown, but in 1392 the hospital gained a royal pardon for acquiring in mortmain without licence an annual rent of 13s 4d from Beatrice Salkyn; *CPR* 1391-1396, 147. *L & P*, 1v, 379.

<sup>143</sup> *Valor Eccl.* (Rec. Com.), i, 56.

<sup>144</sup> *CChR* 1226-1257, 191.

<sup>145</sup> Although not explicitly stated as affecting the daily mass for Raymond in 1306 the problems of not receiving the port dues were causing the hospital serious problems; *CCR* 1302-1307, 381. This situation was apparently even more serious in 1338 due to the war with France and Edward seems to have acknowledged this, offering a degree of relief; *CCR* 1337-1339, 352.

<sup>146</sup> *CCR* 1323-1327, 421. It also claimed poverty in 1328, 1333, 1337, 1338 (due to the war with France they were not able to receive their share of the issues of the passage), 1340, 1341, 1345, 1347; *CCR* 1327-1330, 255, *CCR*

already described may have caused financial difficulties for the hospital.<sup>147</sup> Consequently income in terms of produce and rents may have declined, though this is difficult to quantify due to the scarcity of archive material, but assuming the evidence from other ecclesiastical estates in the area is comparable, then it appears there was a drop in profitability which was not offset by new grants of land or testamentary bequests.<sup>148</sup> This suggests that the king's initial close relationship with the hospital may have been a decisive and detrimental factor concerning the likelihood of its taking part in future processes of gift-exchange with local benefactors (except the nobility during the first years of its existence), and this relationship with the crown apparently continued to influence other processes of exchange in addition to the *in vitam* grant.

Turning to the other hospital, St Bartholomew's received three grants of land during this period, one in 1323 and the other two in 1336 and 1337. These were all adjacent to land the hospital already held so that they were probably useful additions to its meagre holdings.<sup>149</sup> Only the first of these was stated to be a gift given in pure and perpetual alms, yet the lack of any price associated with the other two may imply they were also gifts to the hospital.<sup>150</sup> Of the benefactors, two were Dover men: John Joseph was one of the leading men in the town having been mayor in 1332 and 1333, Adam ate Children was a cheese maker there; and it is possible that the other donors, John de hWetacre (sic.) and Juliane his wife were from the neighbouring country parish of Charlton. The register reveals that Adam ate Children, his wife and daughter had bought the land in question two years earlier when they had paid 37s for it which may indicate that the three virgates in Buckland (held in tenure of the master and brothers of St Mary's hospital) was a valuable addition to St Bartholomew's relatively small total land holdings.<sup>151</sup> Although it is possible they had bought the land with the idea of giving it to the hospital, the time difference and the disappearance of his wife and daughter from the transaction may suggest they were now dead and that the reasons for buying the land were no longer relevant which may have led him to donate the gift as a charitable act for the benefit of their souls. John Joseph may have been following his parents' example, but as both their and his gift were lands held from Dover priory it is possible the priory may also have been involved in the decision, a factor that may have been significant for John hWetacre as he too held the land from the priory. Thus the hospital appears to have received relatively few *in vitam* grants which seems to suggest a similar lack of interest compared to St Mary's, though in this case the patron seen as

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1333-1337, 13, 198 CCR 1337-1339, 352, CCR 1339-1341, 499, CCR 1341-1343, 185, CCR 1343-1346, 437, CChR 1341-1417, 64.

<sup>147</sup> CCR 1307-1313, 266.

<sup>148</sup> Mate, M., 'The Impact of War on the Economy of Canterbury Cathedral Priory, 1294-1340', *Speculum*, 57 (1982), 771-778.

<sup>149</sup> These grants may represent the last holdings the hospital received because there are no later land charters recording gifts or acquisitions in the register and even though the last charter recorded is dated 1379 and there are now several missing folios from the end of the book, the simple index at the beginning does not suggest that there are any lost charters; Bodleian: Rawlinson MS. B.335.

<sup>150</sup> The donors were John de hWetacre and his wife [1323], John Joseph [1336], Adam ate Children [1337]; Bodleian: Rawlinson MS. B.335, fol. 46v, 47, 55.

<sup>151</sup> Bodleian: Rawlinson MS. B.335, fol. 54. In the chantry certificates the gross value of the hospital's possessions was £10 7s6d which compares unfavourably with St Lawrence's hospital, Canterbury of £25 19s and £42 0s4d for St Bartholomew's, Sandwich, but is double that of St John's, Sandwich, £5 1s 7d; *VCH Kent*, ii, 209, 212, 226.

responsible for the house was the priory, not the king. This matter of patronage seems to have been important for the townspeople, and possibly especially with regard to their collective reciprocal exchange with St Bartholomew's which had been imposed upon them and the situation regarding the hospitals at the other Cinq Ports.

Its role as a landlord seems to have become increasingly significant for the hospital over this period as it tried to maximise its revenue in order to continue its charitable function of caring for the resident poor inmates and a few short-term sick-poor. It is not clear whether the lepers had completely disappeared from the hospital by this time (though the register suggests they had) because many of the region's leper hospitals were continuing to admit lepers in the fourteenth century and there were still lepers in the district in 1511.<sup>152</sup> Yet whatever its clientele it needed an income for their sustenance and to achieve this the master seems to have adopted a number of different strategies. Unfortunately the rental in the register has not survived but the recorded charters appear to indicate that this period marks a change in the type of transfer used for the hospital's property from an enfeoffment forever to one for a number of lives or a set time. This change seems to have started to occur in the mid 1350s with the use of an enfeoffment for the life of the recipient but this was apparently not considered to be the best strategy and by 1360 the master had adopted the form of a fixed period, ranging from twenty to fifty years. The small number of charters involved means it is difficult to gauge whether the demographic changes of the mid century had adversely affected town rents, nor is there any evidence of a growing number of houses falling into disrepair at this time which may suggest that the hospital, though apparently forced (or seeing the opportunity) to change its property management policy, was able to find those willing to pay similar amounts for comparable property in 1356 as others had paid in 1332.<sup>153</sup> However, it might be argued that the level of return on urban property in Dover was relatively low in the 1330s due to the French threat to the town's principal source of income and that the apparent comparable level in the 1350s might be accounted for by increasing economic opportunities for the surviving and incoming work force, thereby offsetting any downward trend in an already relatively depressed property market.

Consequently the hospital's small income from its capital assets may have remained relatively stable over this period which may have meant that throughout the fourteenth century it was heavily dependent on other sources of income: the entry fees of the brothers and sisters, their labour in providing food and other goods for the house, fees from the fair held within the hospital grounds, casual alms and gifts given by donors of whom some were seeking explicit acts of reciprocity. Such reciprocal exchanges leave few records but the priory register does include a reference about the history of the bed in the hall which the

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<sup>152</sup> During the visitation of 1511 it was reported that at St Margaret-at-Cliffe a leper was maintained contrary to the law; *Kentish Visitations*, 115. The register entry dated 1346 indicates the resident inmates were of the poor and that the sick were nursed there; Bodleian: Rawlinson MS. B.335, fol. 97.

<sup>153</sup> In 1332 the priory was receiving 2s8d per year for a tenement and appurtenances in Wolves ward, in 1356 a tenement in the same ward was bringing the priory 2s annually. However this comparison may require qualification because there was a difference of 8d and there is insufficient detail provided within the charters to ascertain if they were similar (or the same) beyond their position in the same ward; Bodleian: Rawlinson MS. B.335, fol. 26v, 28.



heirs of Herlewyn had purchased in the thirteenth century (see previous sub-section) and which their descendent, Beatrice the daughter of John atte See now wished to sell to the prior, presumably having no further wish to retain the patronage of it.<sup>154</sup> The two charters referring to this change do not explicitly state that the hospital received anything in the process, but the bed's changed status may have initiated some income for St Bartholomew's. The entry fees detailed in sub-section (i, a) of this chapter were applicable during this period, though any reduction in the number of permanent staff presumably adversely affected both the income and the productivity of the place (but may have been necessary to save costs) and may have been one of the reasons for the change of policy concerning the management of the hospital's property, a change that seems to have been especially favoured by Peter Norman, master there in the 1350s.<sup>155</sup>

Although founded as a leper hospital and possibly still housing some lepers, the outgo offered by St Bartholomew's had expanded to include provision for the living and for the dead but on a smaller scale than that of St Mary's. It does not appear to have distributed any doles for the poor living outside the hospital but seems to have provided some care for the sick-poor, like its namesake at Chatham, in addition to the permanent community, whose welfare was part of the exchange process between the hospital and the individual inmates. The provision of a chaplain was of importance to the living and the dead, and with respect to the living the hospital offered a number of counter-gifts to its community: the availability of a permanent living for a priest, the supplying of a priest to administer the sacraments to the permanent inmates and to the sick-poor housed at the hospital.<sup>156</sup> Confraternity was apparently sought by very few benefactors to the house which meant few names were added to the hospital's list of those to be remembered in the daily prayers of the community. This lack of interest by the Dover citizens is interesting and may imply they looked elsewhere for such acts of intercession and commemoration and that they considered the daily prayers by the hospital's community for the burgesses of the town did not require them to enter into individual reciprocal exchanges with St Bartholomew's.<sup>157</sup>

This apparent lack of local interest seems to have had financial implications for the hospital where its outgo outstripped its income and as a result the house appears to have been suffering from poverty during this period. In order to alleviate the situation the master, brothers and sisters used a number of different processes of exchange including the sending of a proctor to collect alms throughout the country in 1330

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<sup>154</sup> Her charter suggests that the bed was seen as being for the use of a leper or one assigned by her as their descendant; Lambeth: MS. 241, fol. 102-102v.

<sup>155</sup> Bodleian: Rawlinson MS. B.335, fol. 12v, 17, 22v, 25, 40, 57v.

<sup>156</sup> Bodleian: Rawlinson MS. B.335, fol. 4-4v.

<sup>157</sup> John Joseph's parents, William and Alice did seek this relationship with St Bartholomew's when they gave the hospital an acre of land in free and perpetual alms for the souls of their sons, daughters, parents and all the departed faithful for which they sought the counter-gifts received by other benefactors of the hospital: masses, matins, vespers, prayers, vigils, alms and other good deeds which constituted the gift of confraternity; Bodleian: Rawlinson MS. B.335, fol. 45v.

and for two years in 1346, and on this second occasion they also secured indulgences worth 240 days.<sup>158</sup> By so doing they were able to enhance the value of the deed of gift to the hospital whereby it became less dependent on the reputation of the house and was instead valued for its part in the charitable strategy to reduce the perils of purgatory. Though this might have been expected to produce a more fragile relationship between these donors and St Bartholomew's than that with its local benefactors, the evidence from the *in vitam* grants seem to indicate that in neither case was the relationship likely to extend beyond the initial reciprocal exchange. Unfortunately the records do not indicate whether these methods were deemed to have been successful and the time gap between these and the third royal grant of protection in 1369 may imply that the house was under less financial stress in the intervening period and that such methods were considered a last resort rather than a regular system of collecting funds.<sup>159</sup> However the two year grant of 1369 may have helped to stabilise the hospital's financial problems and it does not appear to have been in debt to the town again during the fourteenth century.<sup>160</sup>

The systems of exchange and reciprocity conducted by Dover priory were similar but more extensive than those for either of the two hospitals and the effect of such processes was further complicated by the priory's relationship with Christchurch priory. The various processes relating to income and outgo will not be explored in detail but it is hoped to indicate the diversity and scale of these exchange systems. Apart from the priory's intention to retain their sources of income from their share of the Dover tolls, the fish tithes, the tithes associated with the various churches and chapels, other clerical revenues from these churches, rents (including the court house used by the mayor and corporation) and other sources from their extensive agricultural and urban holdings, they received additional income from exchanges linked to five main areas: grants to the priory, enfeoffments by the priory, indulgences, testamentary bequests, casual alms. However, these sources do not seem to have been adequate at this time for a number of reasons and the balance between income and outgo was also adversely affected by heavy demands on its resources.<sup>161</sup> In respect of the exchange forms used by the priory, they were shared by the two hospitals

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<sup>158</sup> The alms-collectors were Andrew Durant de Swetone and John de Chellesfelde; Bodleian: Rawlinson MS. B 335, fol. 97v-98v.

<sup>159</sup> *CPR* 1367-1370, 281.

<sup>1</sup> The hospital owed 27s 2d in rent of which the master and brothers paid half, the mayor and commonalty remitting the rest as a gift in alms to them and for the sustenance of the hospital; BL: Add. MS. 29615, fol. 11.

<sup>161</sup> Its financial difficulties appear to have resulted from factors like the loss of its charters, in 1338 the prior testified before the barons of the exchequer that the French had taken the royal charters detailing their rights to a share in the port dues, a situation made more difficult by the barons wishing to enquire further thereby stalling the process; *CPR* 1338-1340, 17. In the same year the priory petitioned for tax exemption because the war with France had meant there was no profit from the customary dues (St Mary's hospital was highlighting the same problem), and in 1347 the priory was citing its heavy losses on account of the war with France which was reducing the profits made on passenger traffic; *CCR* 1337-1339, 302; *CPR* 1345-1348, 347. Tithe disputes with various parish clergy, like the priest at Appledore in 1317, caused problems both in collecting the money and the time needed to attend the church courts; Lambeth: MS. 241, fol. 227v. The priory was also in dispute with the town over certain ancient dues: the fish tithes dispute in the 1340s appears to have revolved around who should receive them; Lambeth: MS. 241, fol. 38-39v. The quarrel over the archipresbyter was finally resolved by the archbishop in 1389, the townspeople agreeing to enter into a reciprocal exchange with the priory through the giving of oblations at the same high altar on the four principal feast days on the understanding that the priory should reciprocate through the provision of a secular priest to serve there; Haines, *Dover Priory*, 278-279; Lambeth: MS. 241, fol. 34v. Dilapidated buildings were noted in two priory charters for property in Dover in 1332 and such problems may have influenced the prior's decision to lease holdings even though this might mean a fall in revenue (reduced maintenance costs might have offset this drop in

and although there were differences of emphasis, timing and expectation between the different institutions only a few relating to the priory will be discussed here, including the priory's own martyr, Thomas de la Hale.<sup>162</sup>

The indulgences linked to Thomas de la Hale were one of four types associated with the priory and its churches and altars, but may have been the most lucrative for the house at this period by drawing pilgrims to the priory, though whether this aided or adversely affected the shrine of St Richard of Chichester, and so St Mary's hospital is difficult to gauge.<sup>163</sup> His tomb became a centre of pilgrimage as the fame of the miracles worked there became known, possibly aided by the record of his life, martyrdom and subsequent events in the 'Vita Thome de la Hale'.<sup>164</sup> For the monks at Dover Thomas' martyrdom and miracles may have been seen as a miracle for their own house, even if the scale of the consequent offerings were much less than those received at Becket's shrine by the Christchurch monks. Initially they were fortunate in their promotion of the new cult because in the following year while visiting Dover John of Pontoise, bishop of Winchester, offered an indulgence of forty days to all those who prayed for the soul of the dead monk and six years later he appears to have offered a similar indulgence.<sup>165</sup> The cult seems to have been sustained by the miracles recorded for the saint, possibly at a time when those attributed to Becket were on the decline and archbishop Whittlesey's grant of an indulgence of forty days to all devout pilgrims who visited the tomb in 1370, the year of the Becket jubilee, is an interesting event.<sup>166</sup> However even with the backing of several of the royal household, including Richard II, and the active promotion of their devout brother's cause, the prior and precentor at Dover were unable to gain Thomas' canonisation because the inquiry commissioners included the priors of Christchurch and St Gregory's, Canterbury, who effectively blocked the proposal.<sup>167</sup>

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rents), Lambeth. MS. 241, fol. 78, 86. In 1363 the petition on behalf of the priory spoke of them needing extra income *propter sterilitatem terrarum olim frugiferarum*; suggesting problems in agricultural production; Haines, *Dover Priory*, 272 citing DCc/ Reg. H, fol. 6.

<sup>1 2</sup> Thomas' martyrdom occurred during the French raid on Dover in 1295 when the priory was invaded by a group led by men from Calais who broken down the gates, slew the servants and ransacked the buildings in their search for valuable articles. All the monks fled except Thomas de la Hale, an old and infirm monk, who confronted the raiders about their acts of sacrilege and on refusing to divulge the whereabouts of any further treasure was cut down as his namesake had been at Canterbury. He was found by the returning monks who reproached themselves for their conduct before burying him the next day before the altar of Our Lady and St Katherine where he had spent his days in prayer; Haines, *Dover Priory*, 244-247.

<sup>1 3</sup> The little wax boats offered by grateful sailors at Thomas' shrine may have impinged on the offerings made at the chapel of Our Lady of Pity on the foreshore and the presence of another potential saint may have reduced the gifts made at St Richard of Chichester's shrine in St Edmund's chapel, especially as the main centre of that cult was at Chichester; Haines, *Dover Priory*, 247.

<sup>164</sup> According to Haines the 'Vita' was the work of John of Tynemouth, the manuscript having been written in 1377 at Bury St Edmunds (Bodleian: MS. 240), and there were other accounts apparently derived from different sources; *ibid.*, 469-476.

<sup>165</sup> Lambeth: MS. 241, fol. 52, 53v-54.

<sup>166</sup> For example he was attributed to have restored a withered hand, made 4 blind men see, returned the wits of a madman, made limbs whole and brought 4 men back to life, whereas at Canterbury the miracle in 1395 was so rare that Richard II wrote to the prior congratulating him on the event; Zeiger, 'Survival of cult', 25. Haines, *Dover Priory*, 476; Lambeth: MS. 241, fol. 54.

<sup>167</sup> Haines, *Dover Priory*, 248, 477-478.

Like their contemporaries at the two hospitals the prior and convent were concerned with their institution's provisions for the living and for the dead as a consequence of their relationship with their benefactors and patron. The priory's concerns for the living may be classified as the sustenance of the monks, the provision of corrodies, the counter-gift of confraternity, the providing of hospitality, the supplying of alms and the provision of labour and other resources for the king and the town, as well as one particular drain on its funds: the long-running dispute with Christchurch.<sup>168</sup> Of these corrodies, confraternity, alms and hospitality may have been of particular importance to the priory and may also have had implications for the hospitals. The succession of elderly royal servants accommodated at the priory may have been a drain on that establishment's reserves for the reasons outlined with respect to the Maison Dieu, but could not be refused because the king continued to claim his inherited rights on this issue and, by so doing, may have reduced the pressure for places on other neighbouring institutions.<sup>169</sup> Moreover, others appear to have claimed corrodies at the priory though there were differences in the type of reciprocal exchange enacted on behalf of or by these people and only the royal corrodians were expected to be accommodated at the priory's expense, the king and his ancestors earlier gift-giving being considered sufficient for this act of reciprocity.<sup>170</sup> Influence or other favours might also be used by royal donors in their gift-exchanges with religious institutions and even though queen Isabella may not have specifically intended her earlier actions on behalf of the priory to be reciprocated by the giving of a corrody to her son's servant these connections appear to have occurred and were presumably understood by all the parties concerned.<sup>171</sup>

Alms-giving by the priory was undertaken by the almoner, who was responsible for distributing the regular alms and doles associated with particular benefactors to the house as well as pittances to those gathered outside the priory gate. It is difficult to be more precise than this because the priory register does not record those for whom it distributed doles as part of the priory's provisions for its benefactors, the only indication that such instances might have occurred is listed under the reciprocal gifts of *confraternity for Nicholas de Beere (he is the only person known to have sought this counter-gift, but for him it had the advantage that he received the prayers of the community before death as well as post*

<sup>168</sup> It is impossible to assess how much the priory spent on the struggle to retain control over its own affairs but it might be valuable to look at Christchurch's litigation costs: in the 37 years preceding 1322 it spent £3,624 on lawsuits in Rome and England concerning its dispute with Dover priory and its desire to maintain the prior's spiritual authority during vacancies of the see in the southern province; Dobson, 'Canterbury', 97.

<sup>169</sup> These included John Pyk, yeoman of the king's buttery, who entered in 1331 following the death of Richard de Dover, who himself had replaced William de Kent, a corrodian from Edward I's reign. In 1333 it was stated that John Pyk's grant was not setting a precedent but after his death his place was taken by William Gardrobier, yeoman of the wardrobe, who survived there until 1382 when his room was taken by Oliver Martyn; CPR 1330-1334, 398. Haines, *Dover Priory*, 263-264. There appear to have been 2 royal nominees in the priory during the 1350s and 1360s because in 1360 William Beaufilz, the king's watchman, for his good service took the place of John le Graunt, deceased; and in the following year William Gardrobier replaced John Pyk, deceased; CCR 1360-1364, 139, 258.

<sup>170</sup> Archbishop Reynolds seems to have considered he too had rights of placement at the priory and in 1325 the abbot of Faversham was forced upon the house, and though the prior appears to have protested strongly, his objections were overruled, his only consolation being that the abbot was paying for his place; Haines, *Dover Priory*, 261. Possibly much more agreeable to the prior was the relationship with Nicholas de Beere, a Dover citizen, who had inherited the right to a corrody from his father, the late seneschal there (in 1314 Nicholas wished to give up this privilege); Lambeth: MS. 241, fol. 27v.

*mortem*).<sup>172</sup> At his obit the almoner was to furnish one hundred paupers with a penny each at the priory's expense and it seems probable that a similar, though possibly more lavish donation would have been made in conjunction with the priory's annual acts of commemoration with respect to certain English kings and archbishops. The only other evidence for the priory's alms-giving is an account of 1530-1, where £3 8s2d was listed under the heading "Alms given according to ancient custom of the House"; and from the *Valor* where it was recorded that alms were given on twenty-seven occasions giving a total of £13 19s2d per year.<sup>173</sup> Few of these instances made explicit reference to the poor, the obit of Michael le Roche being one of the rare exceptions where it was stipulated that 4s8d should to be used for bread "to poor folks".<sup>174</sup>

Possibly of greater importance for the priory was its commitment to provide hospitality for the king and his household, other royal persons, crown officials, their foreign counterparts, papal officials and other churchmen.<sup>175</sup> This probably constant stream of people staying at the priory's guest house or in the prior's lodgings must have been a considerable drain on the institution's resources, but may have been a considerable boon to the master of the Maison Dieu whose own commitments to the furnishing of hospitality to various groups has already been noted. The king had his own chamber at the priory which may suggest that a similar act of appropriation of at least part of the house had occurred here (see St Mary's hospital), thus possibly making further difficulties for the prior who might be seen as the means whereby the king welcomed his own guests into the priory without recourse to the prior or his fellow monks.<sup>176</sup> Moreover, the 'economy of regard' between the priory and some of its guests seems to have been severely limited, leading to the need for frequent refurbishment by the prior. This problem may highlight the apparent debasement of the reciprocal exchange in this area because the original gift had been offered by the king, the priory acknowledging this through their counter-gift of hospitality. This counter-gift was now being enjoyed by the king's guests who were the guests of the prior by proxy but had themselves not entered into a reciprocal exchange with the house which may have meant they felt they owed it nothing.<sup>177</sup>

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<sup>171</sup> Haines, *Dover Priory*, 263 n. 3.

<sup>172</sup> In 1320 he entered into an agreement with the priory that he should receive the gift of confraternity in respect of a croft, a messuage, a piece of woodland and an annual rent of 4s which he was offering them. His relationship with the priory did not end at his death because they should retain his gift forever while he gained specific provisions for his soul at their expense; Lambeth: MS. 241, fol. 28.

<sup>173</sup> Haines, *Dover Priory*, 451-452. *Valor Eccl.* (Rec. Com.), i, 54.

<sup>174</sup> Haines, *Dover Priory*, 421.

<sup>175</sup> *Ibid.*, 344-345.

<sup>176</sup> For example in 1308 while the king was staying in the king's chamber of the priory he handed the great seal to the chancellor before leaving the country. Present at this meeting were a knight, 2 clerks and the bishop of Chichester; *CCR* 1307-1313, 18.

<sup>177</sup> Although the reasons for the priory's need for tax exemption were not stated in 1332, it seems likely that its reduced income represented only part of the problem and by 1363 this had been recognised because it was said that so many kings and other nobles claimed hospitality there that it was in great need; *CCR* 1330-1333, 552. The petition concerning Buckland church also mentioned that the priory had suffered from the plague which appears to have hit Dover in the previous year. Poverty and plague also seem to have visited the priory again in 1369; Haines, *Dover Priory*, 272, 274.

Although the priory was able to offer a number of counter-gifts with respect to the dead through the furnishing of intercessory services, acts of commemoration and the maintenance of devotional aids, like the lights burning at particular altars, few local townspeople or members of the local knightly families seem to have sought such reciprocal exchanges.<sup>178</sup> Similarly there is little evidence for the endowment of chantries at the priory during this same period, the exception being Ralph Basset who appears to have spent several years organising his donation to the priory.<sup>179</sup> The size of his offering and the care with which he oversaw its implementation may indicate the importance he attached to the relationship it would forge between himself and the priory, and that this in turn would supply him with the necessary prayers and masses for the good of his soul. Nicholas de Beere appears to have been less ambitious, though presumably his intentions were the same (the welfare of his soul), because he wished that as a consequence of his gift-giving his name should be recorded among those of the confraternity and that he should receive the benefits of the house: in his case an annual solemn mass at the high altar, as for a prior. This desire to be associated with the priory in death was, therefore, only apparently sought by a few people, the two listed here being a member of the nobility who presumably had relatively little contact or knowledge of the house apart from his official connections as constable, which might denote this endowment was part of a wider strategy of gift-exchange for his soul; and the second, a member of one of the town's leading families whose father had been an employee of the priory and who might have been expected to have had extensive contacts with the priory, as well as personal links with the prior. These very different types of connection seem to suggest that the leading townspeople (those who might have been able to afford some form of temporary or perpetual chantry, or other intercessory services), even those who may have had increased contacts through leasing or renting priory property, were not likely to seek this form of reciprocal exchange with the house, though whether this reflects a lack of interest in the priory, this type of commemoration, or both is not clear. Unfortunately the swift destruction of most of the town's parish churches at the Reformation makes it difficult to assess whether the townspeople of this period had endowed chantries in these churches and the testamentary evidence for the following century is equally unhelpful. However, although negative evidence is notoriously difficult to assess, this seems to suggest that the Dover citizens were less interested in chantries than their counterparts in Sandwich and that this was the case with regard to all the town's religious institutions (including the parish churches). Instead of using these institutions over which they had little or no control, even the corporation church of St Peter's was under the patronage of the priory and so Christchurch, they demonstrated their collective (corporate), and possibly personal devotion through the provision of the 'trendal' from the town.<sup>180</sup>

The 'trendal' seems to have been an important town ritual that consisted of the triennial construction of a painted candle said to be the length of the circumference of the town, which was carted by the town

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<sup>178</sup> For the mid fourteenth century the register has a record of one gift intended for the sustenance of lights in the priory church before the altars of holy cross and St Mary Magdalene; Lambeth: MS. 241, fol. 83v.

<sup>179</sup> The copies of the two licences recorded in the priory register are dated 1328 and 1337; Lambeth: MS. 241, fol. 60, 166.

porters to the shrine-keepers at Becket's shrine at Canterbury for the feast of the translation of St Thomas (7th July).<sup>181</sup> It burned daily during the mass of St Thomas and if the candle was finished before the end of the three years the shrine-keepers sent the reel back to the mayor's house in Dover, the porter receiving 6d on delivery. The mayor and commonalty then commissioned the making of the new candle and its transport north to Canterbury on the set day, the porters appear to have received 2s from the town for their work and a further 2s from the shrine-keepers on delivery.<sup>182</sup> The ritual was in operation by the late fourteenth century and was also recorded in the 'Customal of St Thomas' written in 1428 but may have been founded soon after the saint's martyrdom or during the period of rebellion under Simon de Montfort in which the town was heavily involved, that is following times of crisis when the town authorities considered it necessary to establish ideas about civic identity with reference to other groups and individuals: outsiders.<sup>183</sup> However, even though it would be interesting to know its date of origin, it is still possible to examine the gift and its implications for Dover and for others.

In trying to understand its significance to those in mid fourteenth century Dover, it may be advantageous to use Baumann's ideas again where rituals are considered to be undertaken by "competing constituencies" who address the performance of the gift-exchange process to 'Others': bystanders, spectators as interested parties, the invited guest, 'witnesses' and the outside beneficiary.<sup>184</sup> Thus the best way of approaching this investigation may be to follow the production process of the gift-exchange and its subsequent consumption. The mayor organised the making of the candle in his capacity as leader of the commonalty, who seem to have been directly involved in its funding (at least in the early fifteenth century and probably before) through the giving of donations, the rest being contributed from the town chest and so also indirectly from the town.<sup>185</sup> The use of a voluntary collection rather than applying a local tax may imply that the collectors wished to signify to the townspeople that all members of the town might be associated with the gift and they, by their collective act of gift-giving, were signifying their support for this offering. This apparently inclusive form with respect to the people of Dover may have been symbolised by the length of the candle which by enclosing the town introduced the idea of a boundary between those who were participants and those who were part of the 'Others'. The individual and collective ownership of the 'trending' by the townspeople was part of the ideology of those of the town and might provide newcomers as well as long-term residents with the feeling that they had a moral

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<sup>18</sup> Various spellings were used in the Dover chamberlains' accounts for the 'trending'.

<sup>181</sup> *Item illa longa candela contenta in quadam rota baronum uille Douorie omni tercio anno contra Festum Translacionis Sancti Thome sub forma que sequitur renouatur*; transcription kindly supplied by Mark Bateson and the translation provided by Peter Rowe from his dissertation; Rowe, P., 'The Customary of the Shrine of St Thomas Becket, a translation of the Customary with notes', M.A. dissertation, University of London (1990), 75-76.

<sup>182</sup> *Inde in tercio anno cum premissa candela pene uel totaliter consumpta fuerit uel perusta feretrarii tempore oportuno ante festum Translacionis Sancti Thome predictam rotam nudam transmittent per aliquem: conductam pro uid ad domum seu habitacionem maioris uille Douorie qui suis aliorum que baronum sumptibus ibidem nouam candelam fieri faciet cuius longitudo continebit ambitum siue circuitum dicte uille...*; supplied by M. Bateson from BL: Add. MS. 59616, fol. 9. There were 4 porters in 1429; BL: Add. MS. 29615, fol. 153v.

<sup>183</sup> Zeiger, 'Survival of cult', 13. Dating is probably impossible but a letter in the priory's register, undated though possibly late 12th century, mentions walls and fortifications of the town; Lambeth: MS. 241, fol. 36.

<sup>184</sup> Baumann, 'Ritual', 98-99, 110-111. Chapter 2, i, a.

right to see themselves as sharing in the town's unique identity. This is not to suggest that the Dover townspeople formed an homogeneous whole but that the founders of the ritual and their descendants: the leading citizens who formed the civic authorities (the mayor, and by this time the jurats), had constructed an identity for themselves as the representatives of the town which was seen as acceptable by others within the commonalty and the town in general. Thus the leading burgesses might be seen as forming one of the competing constituencies within the ritual, the leading one and one against which others were most likely to compete because they were considered to hold the knowledge of the gift-giving.

Though the chamberlain paid for the wax and other materials, the process of construction of this massive candle was presumably under the control of the mayor who nominated the candle maker and oversaw the painting of it before it was carried to Canterbury by the town porters.<sup>186</sup> By so doing the mayor, as the chosen leader of the commonalty was concerned to see that this offering of thanksgiving was well made and so reflected well on the town, being a fitting symbol of the relationship between the archbishop and the lay members of the town. This relationship had been initially forged during the primate's lifetime, and especially after his three years in exile the town had warmly welcomed the return of their archbishop who had been engaged in two struggles, the most important with the king but also with his own monks at Christchurch. These two opponents in Becket's life-history were of particular consequence to the leading citizens who periodically challenged royal authority and that of Christchurch through its satellite community at Dover. To commemorate their feelings of solidarity with the archbishop and their recognition of their common opponents the mayor and commonalty appear to have used two potent symbols: the triennial offering which represented the six years in exile (1164-1170) and the length of the candle which by enclosing the town excluded the castle and the three religious institutions, all symbols of royal power and patronage. Furthermore, by excluding the priory from this act the leading burgesses were demonstrating their allegiance to the primate and his cathedral church, not Christchurch and its priory church and it is possible they envisaged this as extending to the churches in Dover. The system of patronage which provided Christchurch with Dover's parish churches through its daughter community at Dover priory seems to have been resented by the mayor and commonalty, who may have considered that the 'trenal' was an exclusively lay offering because the churches of Dover were outside the jurisdiction of the town and so were symbolically also outside its circumference.

The public spectacle when the mayor, as the representative of the town, was given the newly painted candle on the eve of the feast of the translation was the second major event in the process of this gift-exchange because it marked the offering of the town's craftsmen (the candlemaker) to the town and its authorities. Such an event was presumably witnessed by various townsmen: some of the jurats who came to see that the act was well-done, by those townspeople who had contributed to it and who wished to

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<sup>185</sup> The first reference I have found for the collection for the 'trenal' in the Dover chamberlains' accounts was dated 1427; BL: Add. MS. 29615, fol. 124.

<sup>186</sup> For example in 1481 Hew Shreve was paid 19s2d for the wax and the making of the 'trenal', and the carpenter 12d (for repairing the reel presumably); BL: Add. MS. 29616, fol. 227.



view it before it left the town and other townspeople who had not given directly but who, through the act of association, still considered they were participants in the gift-exchange; and 'Others', the bystanders who chanced to be in the town (possibly themselves on the way to Canterbury, or who were in the town on business, or had come from the area to witness this event as something of interest, an exciting experience), the town bailiff, who as the king's officer might also witness the proceedings (officially and as an individual), though his role within the occasion might be seen in Baumann's terms as that of the invited guest.<sup>187</sup> Further groups might include members of the local clergy who may be thought of as spectators whose interest in the event was presumably primarily focused on its spiritual meaning, and possibly men like the prior, whose place there might be slightly ambiguous because he was not of the town, yet was deeply associated with it (especially the few priors who were nominated by the archbishop, not the prior at Christchurch), being both a spectator and witness, and also linked to the beneficiary, the monk-guardians of the shrine.

Having taken the candle the mayor discharged his responsibility to the town and the saint by placing it in the care of the town's porters who were to cart it to Canterbury where they were to offer it at Becket's shrine on the feast day, an offer of thanksgiving to the saint whose martyrdom had brought significantly increased trade to the town. This economic miracle for Dover might be hindered by other factors, like the war with France, but such considerations could not diminish the saint's benevolence to the town through his gift, thereby placing a moral duty on the townspeople to produce a counter-gift worthy of his charitable act and to demonstrate their humility as spiritually unworthy recipients of his munificence. By leaving their own town and travelling through the 'wilderness' to Canterbury the porters, these representatives of the town (minor civic officers), were signalling the town's surrender to its saintly benefactor who would protect them as they deliberately established their vulnerability and so demonstrated their faith in him. The journey to the shrine was thus an important signifier of earlier journeys by Becket and by Christ especially, as they like the porters had travelled to the sacred cities of Canterbury and Jerusalem. The route was presumably marked by the presence of outsiders: travellers on the road, villagers and other country workers, and the people of Canterbury. Their presence gave validity to the process, as the presence of those in Dover had done earlier, and this rite of passage for the candle and its guardians was a valuable signifier of Dover's place within the region, its relationship with Canterbury, and as a symbol of Dover's special relationship with its powerful saint.

The offering of this massive candle at the saint's most popular feast provided the mayor and commonalty with a fitting climax for their act of reciprocity which might be witnessed by an audience composed of national and international spectators from all social groups. Such a public display and its history were available for consumption by all those gathered there, and those to whom the event was recounted. The myth perpetuated through this gift-exchange was multi-layered because it was concerned with aspects of both consensus and conflict connected to Dover, those who comprised the diverse social groups within

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<sup>187</sup> Baumann, 'Ritual', 110.

the town, those predominantly from its hinterland who had lived in the town, intended to live there or who had links through family, kin and friends (such people became 'of the town' through residence or offerings to the 'trenal fund'); and 'Others' whose identity placed them as outsiders (physically, politically, socially, economically). Becket's 'support' for the town and the town's acts of reciprocity in return might suggest that he provided a spiritual legitimisation of the town's conflict with the crown, whether it was outright rebellion or a lack of co-operation with royal officers, like the constable of the castle, which was understood by the parties involved, even if it was not acknowledged or turned to other advantage, the king's own use of pilgrimage to Becket's shrine. Similarly conflicts over jurisdiction, tribute (tithes and oblations) and patronage between the leading townsmen and Christchurch in connection with all the town's religious institutions might be incorporated into the ritual by keeping the clergy at Dover on the margins and by symbolically segregating the beneficiary from Christchurch priory. Thus, the 'trenal' seems to have been constructed as a symbol of corporate identity which was intended to develop ideas about the special nature of the town that might be available for a wide range of social groups who conceived of themselves as belonging to Dover. Consequently, even though the process of the gift-exchange was controlled by the leading citizens, the potential for change continued because it needed to remain relevant to survive, thereby allowing for the possibility of negotiation and renegotiation between the constituent parties, and so kept the ritual central to the spiritual life of the town.

### *3.i.c. The late medieval period (c. 1470 - c. 1530)*

There appear to be two main topics regarding Dover at this period which seem relevant to the history of the hospitals: the harbour and its impact on the town. Like the other Cinq Ports by this period its livelihood from the sea was under threat from the effects of silting, though the town had also suffered from flooding at particularly high tides and during storms. To counter this second problem the mayor and commonalty began constructing a sea wall from the early fifteenth century which appears to have saved the remaining area of the town, but was a considerable drain on civic resources leading the mayor to seek royal aid.<sup>188</sup> The scale of the operation and the urgency surrounding its performance may be gauged from the frequency and number of entries for the wall in the town accounts during this whole period, though by the early years of the next century the fear of inundation seems to have receded and the problems of the harbour itself were becoming more pressing.<sup>189</sup> Consequently the town authorities seem to have accepted that more extensive works would be required for Dover to maintain its status as a port and work on a greater scale appears to have begun during the early years of Henry VIII's reign. However any

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<sup>188</sup> Edward IV and his brother 9 years later in 1483 granted tolls on foreign merchants and some merchandise for repairs to the walls and harbour; Statham, *Dover*, 86-88.

<sup>189</sup> For example between 1466 & 1476 repairs to the sea defences were recorded for each year except 1471 & 1472; BL: Egerton MS. 2090, fol. 101, 108-108v, 114, 117, 121, 132-133, 136v, 141v, 150. Defensive measures were also a priority, including the guns which seem to have been the joint responsibility of the priory and the Maison Dieu; Haines, *Dover Priory*, 290 citing Add. MS. 29619-29621. In 1470 the town was buying gunpowder and commissioning work on the great gun; BL: Add. MS. 29616, fol. 64.

advantage from this new initiative seems to have been short-lived because in 1522-1523 the town was apparently spending large sums on emergency repairs rather than new construction.<sup>190</sup> These acute problems of the harbour appear to coincide (and partly account for) the town's financial problems of this decade and the mayor and leading citizens decided to seek outside capital to aid the regeneration of the harbour.<sup>191</sup> Initially they sought financial support from the merchant adventurers in London but the task required funding on a far greater scale which meant that after further attempts to secure the harbour, the civic authorities decided to petition the king on the grounds that it was of national strategic importance and that the town was suffering such dire poverty that it was unable to arrest the decay.<sup>192</sup> Henry sanctioned the expenditure and work began in 1535 under the master of the Maison Dieu and John Whalley as paymaster. The king seems to have remained interested in the project until about 1544 but the vast expense and the very limited success of the works meant that after this time the level of royal funding was reduced until the later initiative under Elizabeth.

The scale of this operation and the resources necessary both in terms of manpower and materials had presumably stimulated the town's ailing economy which by the early sixteenth century was suffering from a reduction in the carrying trade due to the problems of the harbour, the declining number of pilgrims, problems associated with royal foreign policy, including heavy tax demands, and the general difficulties of the economy in the locality and region.<sup>193</sup> Yet even though the new works greatly aided those involved in the service industries (the hackney-men, carters, food producers and suppliers, the keepers of inns and hostels), the town's long-term economic trend was still one of decline. Moreover, the flood of migrant workers into the town on a regular basis for the summer months caused severe problems for the organisers of the works as they attempted to accommodate, feed and pay this army of craftsmen and labourers.<sup>194</sup> Consequently the seasonal boost to the town's economy masked these long-term problems and at the same time brought additional difficulties including the threat of civil unrest (when

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<sup>1</sup> For an assessment of the problems of the harbour and the new works; Dixon, 'Economy', 7-9, 19-20.

<sup>191</sup> The town was still providing ship service which was a considerable burden on its small number of mariners, national taxation further added to the town's problems, especially as it was expected to provision Calais; BL: Egerton MS. 2092, fol. 38, 62, 93, 118.

<sup>192</sup> The letter to the Merchant Adventurers was delivered by Sir John Clerk, the master of the Maison Dieu; BL: Egerton MS. 2093, fol. 44-45.

<sup>193</sup> The town was still liable for ship service which was predominantly the carrying of troops or stores to Calais and thus might seriously impinge on the working lives of the town's mariners; BL: Egerton MS. 2092, fol. 38, 62, 93, 118. Dover's heavy reliance on cross-Channel trade may have meant it was particularly sensitive to the crown's relations with France, it is difficult to know, therefore, how the various problems of the cloth trade which was predominantly with Flanders affected the port. However, like the east coast ports generally the long-term downward trend may not reflect the fortunes of individuals or their families, though dynastic success of more than 2 generations was exceedingly rare at this time; Bolton, *English Economy*, 283-286, 318-319. Although the 1470 Jubilee took place the number of pilgrims passing through Dover in most years had probably dropped considerably and by the next jubilee in 1520 the town may have gained little financial benefit; Zeiger, 'Survival of Cult', 20. Furthermore, the region was suffering economic problems due to a combination of royal policies and natural disasters; Clark, *English Provincial Society*, 8-9, 12-13, 22-23.

<sup>194</sup> Nor presumably was a lack of victuals the only problem because the need to maintain law and order over both the resident and itinerant work force and their neighbours had to be addressed by the town authorities through the system of the town constables and the wardmen. Consequently men were brought before the town court, like Adryan Cooper, a Fleming, who in 1522 was fined 20d for walking after 10 p.m. and using unfitting language against the watch and the mayor; BL: Egerton MS. 2092, fol. 248v.

the wages were not paid) and an increasing pool of poor workers and others who were drawn to the town in the hope of employment or as a consequence of enclosure and other changes to the region's agricultural economy.

The new harbour works also had implications for the town's leading families who had controlled the town's most important civic office, the mayoralty, during the last decades of the fifteenth century and had continued to do so at the beginning of the sixteenth.<sup>195</sup> For Dover these families might be seen as consisting of the main nuclear households in the town, its head holding both urban and rural property scattered in the surrounding parishes, though possibly in particular in the parish from which his branch of the family originated.<sup>196</sup> Marriage, friendship and shared business interests provided the cement that held this group together and although they were not wealthy by the standards of the Canterbury citizens, they were far wealthier than probably the majority of the local townspeople, a necessary prerequisite for high public office in Dover by the second decade of the sixteenth century when the town's annual expenses were likely to exceed revenue.<sup>197</sup> The 1520s seem to have witnessed a broadening of this ruling group, possibly in part a response to the town's continuing financial difficulties, but also that those who had held high office were willing to allow in those who aspired to do so. This juxtaposition of the likelihood that the leading citizens were prepared to allow an expansion of their ruling group to include certain migrants and others of rising expectation, who were drawn from the town's middling socioeconomic group, appears to have resulted in significant changes to corporate ideas about governance and civic identity which were to become of increasing importance from the mid 1530s. The change in interests of the ruling group from predominantly rural with some urban business concerns to those who were primarily active in the food and drink trades seems to have coincided with a shift in the age range of these town's officers which appears to have meant the ruling cohort in the late 1520s and 1530s comprised middle aged 'new men' and the sons of the 'old men'. It is possible this change had special significance for the events from c. 1536 which led to the destruction of the town's priory, two main hospitals and three of the town's parish churches and that the acquiring of property, building materials, goods and anything else of value for use as business capital was of far greater account to the Dover townspeople than the religious controversies of the 1530s and 1540s. Interestingly, even though the changes in the personnel of the civic government appear to show several parallels with those at Sandwich, at Dover this does not seem to have

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<sup>195</sup> For the town this appears to have meant there remained a small core of men who controlled the mayoralty, though only the Hexstall family produced men over more than one generation: between 1462-1499 Thomas and Edward Hexstall held the mayoralty for 11 years and Edward was again mayor in 1506. These leading townsmen were frequently active in business outside Dover where they held various plots of agricultural land for their own use or for rent, while William Warren (mayor in 1493) in addition to his Dover property held land in the lordships around Calais (this was inherited by his son, John, who was mayor in 1525); CKS: PRC 32/9/104.

<sup>196</sup> Dixon has discussed the town's ruling group and the changes that appear to have occurred during the 1520s; Dixon, 'Economy', 424-428.

<sup>197</sup> Dixon, M., 'Dover in the Early Sixteenth Century', Local History Diploma dissertation, University of Kent at Canterbury (1982), 12, figure 1.

produced men of strong reformist religious convictions or if it did they appear to have completely escaped detection.<sup>198</sup>

Having considered the balance between income and outgo for the hospitals and the priory as a measure of the institution's ability to negotiate the changing conditions of the fourteenth century in the last subsection, I shall attempt to examine the types of relationship that these establishments developed with their exchange partners for this period as an indication of their place within the local society. Through an examination of the types of counter-gifts the hospitals might offer and the willingness of people (individually and collectively) to furnish gifts in the expectation that the act of reciprocity might follow, it may be possible to assess the value placed on the hospital as an exchange partner. This might be further refined by investigating the degree of interest shown in alternative exchange partners who might offer comparable counter-gifts to the hospitals, like the priory, the parish church, or local hermits. The advantage of this method whereby the analysis is concentrated on the institutions as recipients, like that applied to Sandwich, rather than on the testator as donor is that this may limit the problems associated with a dependence on testamentary materials while still providing an understanding of the range and complexity of the reciprocal exchange process.

At some point during this period the town had acquired two almshouses and this extension of the hospital forms available in Dover appears to have expanded the range of gift-exchanges used by the townspeople and others. In an attempt to use all the evidence concerning gift-giving to the hospitals it has been assumed that where there was no explicit request for the counter-gift it was implicit within the bequest and was directed towards receiving prayers from the recipient. Although some forms of the counter-gift were more applicable to particular institutions, there appear to have been nine main types associated with the Dover hospitals: patronage of a place/bed, confraternity, burial, general prayers of the priest/brothers, prayers by the other inmates/poor, the prayers of named hospital personnel, an obit or similar periodic act of intercession and/or commemoration, a chantry (temporary or permanent), labour by the hospital staff (including the provision of hospitality). Such acts of reciprocity were presumably sought by a diverse range of people but the surviving evidence (testamentary materials, the town accounts, a few *in vitam* grants) appears to show that they may be divided into four categories: townspeople from Dover, people from the town's rural hinterland, individual townspeople from the other Cinque Ports and Canterbury, the corporation of Dover.

The first of the two acts of reciprocity that might be especially applicable to the living was the provision of a place as one of the inmates at any of the four hospitals, though the value of the place and the type of

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<sup>198</sup> At Sandwich men like Thomas Holye, William Norres and Richard Butler (only William was not a town office holder in the 1530s) were protestant activists in both the town and surrounding parishes; *L & P*, xviii, pt. 2, 299, 311. Anti-clericalism seems to have had a long history in Dover but it does not seem to have developed into doctrinal radicalism, instead it may have been fuelled in the 1530s by fears of a French invasion and the opportunities for land-hungry townsmen; Clark, *English Provincial Society*, 29, 37.

person who might fill it seems to have varied widely. Similarly the way the patronage system for placements was organised appears to have differed considerably between the hospitals which may have had implications for the process of reciprocal exchange and degree of advantage gained by the hospital through the exchange. For St Mary's hospital it seems likely that the king retained his right to claim corrodies at the house but there is no evidence to suggest the crown used this opportunity which presumably meant that the only residents there apart from the brothers were the poor and pilgrims, so leaving no permanent record. The priest brothers appear to have been drawn from the local wealthy families, men like John Hebynge whose family was prominent in Folkestone and Simon Templiman of the leading Dover family, which may have required them to pay an entry fee to the hospital. The small number of resident brothers, in 1499 there were nine brothers, the master and a steward, may have severely restricted the chances of entering the hospital, especially for those not wishing to enter holy orders because only three of the brothers and the steward were lay men.<sup>199</sup> Although it might be coincidence that in the year Sir John Hebynge was ordained as a priest at the hospital his kinsman and namesake, a draper in Folkestone, made his will in which he bequeathed his messuage, stable and two lodges to the Maison Dieu to hold forever on the death of his wife (they were also intended to facilitate specific acts of intercession), it may denote a gift-exchange which was intended to acknowledge his kinsman's advancement through the patronage of the master there.<sup>200</sup>

There are no other indications from the testamentary sources for the town or its hinterland that might imply a desire to enter any of the Dover hospitals or that benefactors were seeking such places on behalf of a family member or aged servant and instead the only hospital used in this way was St Bartholomew's at Sandwich.<sup>21</sup> This may suggest that testators selected other means of providing for their dependents, that St Mary's had stopped accommodating corrodians once the crown ended the practice or that the prospect of joining one of the almshouses or the brothers and sisters at Bartholomew's, even if there were no more lepers, was not an attractive alternative for those able to afford the relatively modest entry fees at 'honest' hospitals elsewhere.<sup>202</sup> Yet there was possibly an alternative in Dover to the hospitals because it appears the priory was continuing to admit corrodians, including women, and Joan Bayley seems to have been one of a number of such persons lodged there in 1536.<sup>203</sup> Such a charitable act by the prior

<sup>199</sup> The only surviving rental for the hospital lists the brothers, those in holy orders each received 26s 8d per year and the lay brothers 20s; BL: Add. MS. 62710, fol. 2v.

<sup>2</sup> *Register Morton*, i, no. 433. CKS: PRC 17/5/90.

<sup>21</sup> For example, in 1464 John Baker of Folkestone intended that his wife should have one of the best corrodies at St Bartholomew's, Sandwich for life; CKS: PRC 17/1/164. Preference was still being shown for the Sandwich hospital in the 16th century when William Gybbe of Hythe sought a corrody for his daughter in his will of 1527; CKS: PRC 32/14/210.

<sup>22</sup> William Gybbe intended that his daughter should enter St Bartholomew's, Sandwich or some other 'honest' hospital; CKS: PRC 32/14/210.

<sup>203</sup> Her gift-exchange with the previous prior had been in the form of a £20 entry fee which seems to have provided her with some form of lodgings within the precincts, though presumably secluded from the monks, and the reference to this group may imply the prior had been offering maintenance agreements to local people of modest means or without families to generate greatly needed income; Haines, *Dover Priory*, 332. However the evidence of reciprocal exchanges for the furnishing of accommodation is limited to indirect sources like the inventories of the Maison Dieu and the priory which seem to suggest both establishments included a number of chambers which might have provided short or long-term hospitality. The naming of Richard Elam's chamber and the room assigned to John

might enhance his own spirituality and that of his house through its worthiness, being especially efficacious if the recipient also enjoyed a good reputation and this situation was reported to be the case regarding Joan. She may have expected to end her days in the priory which may have severely reduced the financial value of the gift to the institution, a situation that remained a problem for religious houses during this period unless the corrody was renegotiable.

The priory may have retained the patronage of St Bartholomew's hospital in Dover but there are no surviving records to indicate how they used this asset, nor whether the hospital had been able to maintain its resident community of sixteen brothers and sisters recorded in the late fourteenth century. Whatever the state of the hospital, however, the mayor and commonalty seem to have felt it necessary to found two almshouses, the first was in existence by 1488 (at Wall gate) and the second was operating before 1498 (at Butchery gate). Both houses were under the control of the corporation which seems to have been prepared to spend part of the town revenue on the maintenance of these wooden buildings although there is nothing in the town accounts concerning the sustenance of the inmates. Presumably they managed to survive with the aid of family, friends and neighbours who may have brought them food and clothing as well as any money they were able to earn while living there.<sup>204</sup> For the local poor (the probable recipients of this civic largesse) the desire to reside in the town's almshouse may have required them to petition members of the town government who held the patronage and this may have necessitated some form of reciprocal exchange between the two parties. It seems unlikely that there was an entry fee and instead the inmates may have been selected for their honest and good conversation and these standards may have been required of them throughout their residence there, though whether they were expected to work and/or beg on behalf of the house is unknown. Through their offer of housing to those whom they considered suitable and deserving, the civic authorities may have provided a vital asset for a few townfolk, possibly especially the old, injured or infirm whose ability to work was extremely limited at a time when the opportunities for employment may have declined considerably. Even though the numbers aided through this patronage were probably extremely small this may have been of less concern to the town government than their ability to maintain public order which they may have felt was an integral part of their gift-exchange with the town in their role as good governors.

Although the evidence is confined to the testamentary sources, it appears very few people from the town and its hinterland sought the counter-gift of confraternity either at the town's religious institutions or those in the vicinity. The only two exceptions to this were Gylys Love and Isabel Wyke who both apparently wished to be associated with St Mary's hospital and Isabel included the request that her name

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Whalley, the paymaster of the harbour works, at the priory in the inventory of 1535 may imply these were used for lodging outsiders; Walcott, 'Inventories St Mary's', 278; *L & P*, ix, 241.

<sup>204</sup> This kind of arrangement was used by inmates and their families at St Mary Bethlehem hospital in London; Tucker, P., 'The Medieval Hospital of St Mary Bethlehem', paper given at the Wellcome Institute, London (1996).

should be recorded in the “mortelage among the brothers and sisters”.<sup>205</sup> The apparently unique nature of this bequest makes it particularly interesting because *post mortem* gifts to the Maison Dieu were rare (6 for this period, representing under 10% of Dover testators), she was the only woman of the six and her married status may imply that the provisions she detailed in her will were of special concern and that she was not prepared to leave their execution to her husband without the guarantee of law. Personal connections may have formed the link between Isabel and the hospital because one of the witnesses to her husband’s will was Simon Templiman, a brother at St Mary’s, and he may have suggested that her gift to the brothers was a means of providing all that was necessary in consideration of the seven works of mercy thereby securing her a place among the company of the hospital: the community of the living and the dead.

The absence of bequests to parish fraternities by the testators of Dover seems strange, especially in a town where long-term residence over more than one generation was rare and where visitors and migrants might considerably outnumber the indigenous population on particular occasions so that it might be expected that the parish church and its fraternities would have become the substitute for family and friends.<sup>206</sup> However, this apparently low level of support for such guilds may reflect a more general attitude towards the parish church by the wealthier townspeople, who may have been concerned by the continuing dominance of the priory over the parochial life of the town, and that as a result they were under the control of the arch-preditor of the region, Christchurch priory. St Mary’s hospital was, therefore, the only religious institution outside this hierarchical structure, but it may have suffered a lack of favour by the townspeople due to the king’s position with respect to the place, the other outside force in the life of the town. The lack of bequests to the parish fraternities in the wills from the town’s hinterland seems to mirror the position at Dover and appears very different from the country parishes around Sandwich where the bequest of 4d to “all the lights of which I am a brother” was relatively common.<sup>207</sup> For the parishioners in Dover’s rural hinterland the networks of support provided by family and neighbours might have been sufficient for their temporal concerns and more spiritual matters were fulfilled by alternatives to the fraternity system.<sup>208</sup> Consequently, even for those living in Buckland, the parish just to the north of the town and so most in contact with the two major hospitals and the priory, the desirability of becoming part of these religious communities through confraternity was apparently

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<sup>205</sup> She left 2 bequests to the hospital, 40s for this privilege, the sum being divided among the brothers, and a further 10 marks to the master and brothers so that they should pray for her soul, her father’s and mother’s souls and those of the departed faithful; CKS: PRC 32/4/109. CKS: PRC 32/12/172. Sweetinburgh, ‘Role and place’, unpublished paper.

<sup>206</sup> St Mary’s did have a fraternity of St John the Baptist, however, there is no record of this or any other fraternity in the churchwadsens’ accounts though this may be due to the first dated account being 1536; BL: Egerton MS. 1912, fol. 13.

<sup>207</sup> From the testamentary evidence there were fraternities at East Langdon (St Augustine, Allhallows), at Ewell (Our Lady, St Peter, Holy Cross, St James), at Folkestone (St Euswithe, Our Lady, the palm cross, Corpus Christi).

<sup>208</sup> Alternatively, the small population size of many of these parishes may have restricted the number of fraternities and consequently part of the gifts to the church generally were channelled towards the fraternity.



insufficient, instead the gentry members from this area appear to have looked further afield to north-west Kent and London.<sup>209</sup>

The counter-gift of burial at the Maison Dieu or priory was sought by very few Dover testators and instead over 90% of the townspeople and their rural counterparts hoped to be buried in their parish church or churchyard.<sup>210</sup> Even though it might have been expected that most testators would choose their own parish church for their interment, and presumably the funeral service, this lack of interest in the town's religious institutions mirrors the attitude of the majority of the town's leading citizens towards these same establishments with respect to the offer of other counter-gifts. Of those who did seek burial at the hospital the case of Gyls Love has been discussed elsewhere and family connections may explain the choice of Sir Robert Long whose uncle Sir John Clerk was master there.<sup>211</sup> Familial connections had presumably provided Sir Robert with the living of Eastbridge in Romney Marsh because the advowson was held by the Maison Dieu and he may have wished to honour this link by seeking burial in his uncle's church, though his choice of the altar of St Anne may reflect his personal devotion. He was prepared to give a considerable sum to his uncle for the privilege of burial there (20s) which was in addition to the 40s bequeathed to Sir John and the provision of further cash gifts to the church where he was buried for his three funeral days. This provision was to cover the placebo, dirge and a trental of masses at each of his three funeral days and on each occasion each brother at the hospital should have 12d for his labour and each secular priest there at the dirge and mass was to receive 4d. His desire to strengthen his links with the community of the hospital *post mortem* may have led him to give gifts to some of the brothers (he was presumably acquainted with them) and to the hospital church, the high altar in particular being well served by his gift-giving. However, he seems to have been prepared to follow his uncle's wishes over this matter because he stipulated that if his uncle refused to give him a licence to be buried there he should be buried in St Mary's church, Dover. For the hospital this had the advantage of retaining the service payments for its own use because part of the master's duties was to find a priest at St Mary's and the proximity to the Maison Dieu meant it was easy for the priest brothers to attend services there. The priest retained at St Mary's church by the hospital was Sir Robert Yong who seems to have been a friend of Sir Robert's and this mutual regard between the two men may also have been important with respect to Sir Robert's second choice of burial place.

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<sup>209</sup> For example Thomas and Jane Frognall engaged in gift-exchanges with the parishes of Lynstead and Graveney, and Westminster abbey or the Savoy in London; CKS: PRC 32/8/97, 17/13/89.

<sup>210</sup> Burial at the Maison Dieu: Thomas Petytt [1501], Gyls Love [1514], Sir Robert Long of Eastbridge, Romney Marsh [1529]; at Dover priory: Robert Lucas [1484], John Otway [1497], Sir Thomas Ryche of Buckland [1499], Henry Fravell [1514], Roger Coost of West Langdon [1525]; CKS: PRC 32/7/29, 32/12/172, 32/15/371, 32/2/613, 32/4/180, 32/5/54, 32/11/114, 17/17/56. Those seeking burial away from their parish church: Joane Sherman [1464] wished to join her late husband at St Mary's, Robert Fooche [1491] did not specify his burial site, William Lovell [1492] sought burial outside the town, William Horn [1498] wanted to be buried in the castle church, John Warmyngton of Poulton requested burial at St Radigund's [1500], Simon Tenderby of Hougham at Dover castle church [1504], John a Bygge [1509] in the churchyard of St Martin-le-Grand; CKS: PRC 32/2/454, 32/3/304, 32/3/340, 32/4/191, 17/8/235, 17/9/46, 32/10/8.

<sup>211</sup> He made his will in 1529 but the probate date of 1537 post-dates his uncle's death by 2.5 years; CKS: PRC 32/15/371. Sweetinburgh, 'Role and place' unpublished paper.

Thomas Petytt's choice of burial place at the hospital presumably did not reflect this high level of personal regard between the two exchange partners but may have been related to the reputation of the institution because he did not mention the master or any of the brothers by name in his will made in 1501.<sup>212</sup> His pious bequests were to his own parish church of St Nicholas and the curate of St John's parish church, all part of the church of St Martin-le-Grand and one of his executors was Henry Fravell who was to favour the priory in his own testament. He did not record any children in his will only his wife and this lack of successors may have influenced his decision, preferring to be commemorated in a community which might last forever rather than relying on the community of his parish which may have been less secure in its subordinate position to St Martin's, especially as that church seems to have suffered from neglect in the previous decades.<sup>213</sup>

Whether the prior adopted a policy of promoting his church as a worthy place of burial at a time when the house was acutely short of funds for rebuilding is unclear but Robert Lucas, a parishioner at St Peter's, apparently sought burial there in 1484, and in addition, he gave 33s 4d towards the making of the cloister at the priory.<sup>214</sup> However, if this was a deliberate strategy in the 1480s its effects were extremely limited because even though the priory gained two testamentary gifts from wealthy Canterbury citizens and royal grants from Richard III and Henry VII, by the time of Warham's visitation in 1511 it was complaining that the Dover townspeople were failing to pay their mortuary gifts.<sup>215</sup> Of the others who sought burial at the priory, Sir Thomas Ryche may have been influenced by personal connections and matters of patronage.<sup>216</sup> In terms of income and outgo the priory may have gained little from his burial and the associated reciprocal exchange but Sir Thomas had probably been a faithful servant of the priory and his bequest and its public enactment may have highlighted the plight of the martyred monk whose house was again under threat, though this time from chronic financial difficulties. Similarly the priory probably

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<sup>212</sup> CKS. PRC 32/7/29.

<sup>213</sup> Problems relating to the structure of St Nicholas' church were recorded in 1467 and in Warham's visitation of 1511 the church was again under threat from neglect (St Martin-le-Grand's damaged steeple was harming St Nicholas' church); Haines, *Dover Priory*, 289; *Kentish Visitations*, 134.

<sup>214</sup> CKS. PRC 32/2/613.

<sup>215</sup> Henry Trewonwell [1483] may have been a migrant from Cornwall who had been successful in business and was able to engage in a series of gift-exchanges of this kind with religious houses in Canterbury and the Dover area, he also aided St Radigund's as well as Dover priory which may suggest his contacts with these institutions was not exclusively through Christchurch but may imply he had connections with these houses (the priory held a book belonging to Henry) and the area. Edward Mynot [1487] was an extremely wealthy citizen of Canterbury who had regularly served in civic office which allowed him to implement a large number of *post mortem* gifts to parish churches and religious institutions, his gift-exchange with Dover priory may have been influenced by his wife who seems to have had connections with the Fuller family there because he does not appear to held land in the area; CKS: PRC 32/2/583, 17/5/67. Haines, *Dover Priory*, 294, 295. *Kentish Visitations*, 22.

<sup>216</sup> In 1499 when he made his will Sir Thomas was vicar of Buckland and this living was under the patronage of the priory which may have influenced Sir Thomas who seems to have had a good working relationship with his patron, especially the late prior by whom he wished to be buried. In addition to his personal affinity with the late prior Sir Thomas was keen to associate himself with the martyred monk, his namesake, because apart from his burial before the altar of the blessed Thomas de la Halys he gave 8d to the same altar. This gift was one of only three where he specified the recipient and the other two also concerned altars in the priory church, an affection for the priory which was apparently not matched by any other testator in the area; CKS: PRC 32/5/54.

gained little financial benefit but Henry Fravell's desire to be buried in the priory church may have been seen as a prestigious event because he was a leading citizen of the town.<sup>217</sup>

By the second half of this period Dover testators were far more likely to specify the services they sought at their three funeral days and this greater emphasis on a more regulated system of intercession might have been expected to reduce the incidence of more general acts of intercession funded by the sale of the testator's assets.<sup>218</sup> As a consequence of this it might be expected that the small number of testators seeking intercessory prayers from the monks and brothers would continue to fall even further due to this concentration on the parish. This scenario, though with reservations, may have occurred with respect to the priory because there was only a slight increase in the level of *post mortem* gift-giving over the period which probably reflects the overall growth in the number of Dover testators and the greater wealth of a few of the leading citizens compared to their counterparts from the late fifteenth century, though there was also a slight increase in those from the town's hinterland supporting the priory.<sup>219</sup> One testator during this period made a bequest to St Bartholomew's but the greatest difference seems to have occurred in relation to the Maison Dieu where the number of testamentary bequests from Dover citizens increased and the number from the hinterland also rose slightly.<sup>220</sup> As for the priory, this growing desire to provide *post mortem* gifts for the Maison Dieu and its community of priest-brothers may reflect the greater wealth of the leading townsmen compared to their predecessors, but the priory's much more limited

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<sup>217</sup> However, his choice in 1514 may reflect familial considerations because his mother was buried there and proximity to her seems to have been more important, also the site of their burials, before St John's altar, may reflect her choice because there is nothing in his testament to suggest a particular devotion to St John. Furthermore his three funeral days were to be celebrated at St Peter's church as well as the priory which may imply the main focus for his commemoration and services of intercession was his parish church. Consequently for this former jurat and friend of many in the town government, the corporation church of St Peter remained a vital part of his strategy to be remembered in the town, an idea he facilitated through a series of bequests to St Peter's to be enacted for his soul and for the poorer members of the parish and the town; CKS: PRC 32/11/114.

<sup>218</sup> In the late 15th century 13 out of 76 Dover testators specified their funeral services and in the early 16th the figures were 53 out of 87.

<sup>219</sup> For the priory: Robert Lucas [1484] aided the priory and especially the building of the cloister, Johanna Plesynton [1495] bequeathed her largest flagon to the priory, Sir Thomas Ryche, the vicar of Bukland [1499] made gifts to the priory church, John Pocok (mayor in 1501) and Henry Fravell (wealthy jurat) bequeathed 20s for the master and brothers to pray and 12d to each brother, respectively. John gave the same sum to Langdon abbey for the same purpose which may suggest he was primarily seeking to expand the number of religious praying for his soul. Two other Dover men supported both the priory and the Maison Dieu: Richard Fyneux (mayor 5 times and wealthy rural land holder) gave the prior 5s, each monk 6d and each novice 4d, Robert Ruttier (jurat) bequeathed 6d to each monk and 4d to each novice; CKS: PRC 32/2 613, 32/3/223, 32/7/85, 32/11/114, 32/13/23, 32/14/1. From 0 in the late 15th century the priory saw an increase to 2 in the early 16th from testators in the town's hinterland: Roger Coost bequeathed all his sheep except 8 to the priory for the high altar and for the good of his soul (the sub-prior was his confessor), Edward Prescote [1531] of Guston who had links with several leading men of Dover gave 6s 8d for repairs to the priory; CKS: PRC 17/17/56, 32/15/147. There was little support from the Canterbury testators: William Clerk [1463] bequeathed 26s 8d to the priory, his only gift to a monastic house, though he did support the Canterbury friars and the two hospitals of Northgate and Harbledown, for Henry Trewonwall [1483] books may have been the currency of exchange between himself and the singularity of his gift may suggest the close relationship between the exchange partners and the likelihood that this would be extended *post mortem*, while [1487] Edward Mynot's wife's connections with the Fuller family from Dover may have influenced him to include Dover priory among his beneficiaries; CKS: PRC 17/1/417, 32/2/583, 17/5/67.

<sup>220</sup> For St Bartholomew's: in 1518 Robert Ruttier bequeathed 3s 4d towards repairs there and he was the only testator who left bequests to the town's three religious institutions; CKS: PRC 32/14/1. However, as one of the county's lazar houses it presumably received a small gift from Edward Mynot of Canterbury's executors and it may

success in this area, in contrast to the hospital's greater ability to tap into this market of exchange partners, may suggest a greater regard for the personnel of the hospital and in particular the master (the hospital's other function of care for the poor does not seem to have been the issue here) because presumably the intercessory services of the priory and hospital were similar.<sup>221</sup> This increase from five in the first half of the period to ten Dover testators who gave gifts to the hospital generally or its master and brothers were clustered in the late 1510s and early 1520s which coincides with a greater degree of public activity by the master in particular on behalf of the town, suggesting a greater local awareness of the hospital and its staff as suitable exchange partners within the spiritual economy. For example, John Colley may like his father and brothers have been involved in the brewing trade and this trade had presumably gained considerably from the attempts made to renew the harbour under the supervision of Sir John Clerk, the master at the Maison Dieu.<sup>222</sup> John's support for the supervisor of this work may not have been due to his business interests alone because he intended that Sir John or his successor should oversee his will, receiving 13s 4d for his pains.<sup>223</sup> Moreover, if he had no living heirs on the death of his wife his house and barn were to be sold and the hospital was to receive 10 marks from the proceeds for which he expected to receive the counter-gift of prayers for his soul.

This idea about the value placed on the spiritual work of the hospital and its priest brothers through the secular activities of its master for the town is interesting because it may suggest that the townspeople were more likely to value the intercessory work of the hospital once its staff had demonstrated its worth in other areas, in this case the harbour, a work of charity for the good of the town.<sup>224</sup> Such ideas may have had most relevance to those within the town government, and possibly especially those 'new men' from the food and drink trades who were acutely aware of the problems facing the town in the early decades of the sixteenth century if nothing was done about the harbour.<sup>225</sup> Thus Robert Dyer's bequests to the master and brothers in 1527 may indicate his acknowledgement of the master's work for the town through his management of the harbour project, an attitude that seems to have been similar to Robert's because he had been the mayor in the difficult years for the town of 1522 and 1523 and the experience had left the town in his debt.<sup>226</sup> He may also have influenced others of the justice of aiding the hospital at a time when its resources were being diverted for the town's advantage and his support of the hospital in this way appears to coincide with his year as mayor in 1522 when he witnessed the testament of his

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have been among the 4 lazar houses which were to receive bequests in Richard Lambisfelde's will [1488]; CKS: PRC 17/5/67, 32/3/185.

<sup>221</sup> Sir John Clerk was to receive gifts from William Waren, Gylys Love, Richard Fyneux, Robert Ruttier, Robert Dyer, CKS: PRC 32/9/104, 32/12/172, 32/13/23, 32/14/1, 32/15/158, 32/15/371.

<sup>222</sup> Margaret his widow was indicted for brewing and selling above the mayor's price; BL: Egerton MS. 2092, fol. 213; Dixon, 'Economy', 400-401.

<sup>223</sup> CKS: PRC 32/12/89.

<sup>224</sup> Earlier testators (all except 1 were parishioner's of St Mary's, the church held by the hospital) had sought intercessory counter-gifts, like Thomas Toke [1473] who bequeathed £3 over 3 years for the brothers to pray for his soul and Roger Bocher [1489] who gave the master 10s and the brothers the same to pray for his soul, but such people were extremely rare in Dover, CKS: PRC 32/2/279, 32/3/228.

<sup>225</sup> Dixon, 'Economy', 427-8.

<sup>226</sup> CKS: PRC 32/15/158.

fellow town officers, John Browne and John Halyday.<sup>227</sup> Furthermore, the early years of Henry VIII's reign mark a degree of integration of the master and hospital into the civic ceremonial life of the town which may imply a public recognition of the place as an institution which was now perceived as relevant to Dover, and it is possible the inclusion of the prior at the same time was linked to the master's rather than his and his institution's worthiness as exchange partners with the town.<sup>228</sup>

Those from outside the town may also have been influenced by the activities of the master and the probable enhanced reputation of the establishment, though as at Dover personal connections with Sir John may have been equally important for some testators. For example, Elizabeth Yoklett of Ewell was the daughter of Thomas Hempstede who had bequeathed two acres to the master and brothers and she confirmed her father's grant in her will of 1500.<sup>229</sup> The transmission of ideas and influence through personal and familial networks might be extended to include other means like the case of Nicholas Howlett, a barber of Folkestone, whose bequest in 1514 of 40s to the master and brothers was linked to his connections with St Mary's parish in Dover.<sup>23</sup> Other links through place may account for William Poysh's bequest of forty waders to the master in 1521 because William was a land holder in Colrede, a parish where the hospital held land, and he may have had knowledge of the master and the hospital, possibly as a tenant or through his neighbours.<sup>231</sup> However in the case of Thomas Howgym of Hythe, it is possible his own ideas concerning the value of St Mary's hospital to a man devoted to Our Lady may have reinforced his choice, which also drew on networks of friendship and kinship, to produce his reciprocal exchanges for the benefit of his soul and the well-being of the hospital and its staff.<sup>232</sup>

The town was home to a considerable number of religious because apart from the parish clergy and other priests associated with the town's parish churches there were monks and priest-brothers at the priory and

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<sup>227</sup> CKS PRC 32/13 191, 32/13 127

<sup>228</sup> The first year that the prior and master were listed in the extant records as receiving wine at the 4 principal feasts celebrated by the corporation was 1517. BL Egerton MS 2 92, f 1 146v

<sup>229</sup> Three years after Sir John became master of the hospital Stephen Wolett of Ewell [1487] intended the master should receive 10 waders, 10 ewes and 1 lambs which may suggest a personal connection, though more likely he was influenced by local knowledge of the hospital, CKS. PRC 17 4 142. Sir John had witnessed her father's will three years before but she seems to have wished to strengthen the relationship between the master and her family and as a consequence she named him as overseer, CKS PRC 17/7 214, 17 6 237. Personal knowledge of the hospital and its staff may account for the books bequeathed in 1487 by Sir Thomas Clerke, a chaplain at Sandwich, to the house's already extensive library, and such gifts suggest they may have been seen as singular objects by both exchange partners, CKS: PRC 17/4 123

<sup>230</sup> CKS PRC 17/12/455.

<sup>231</sup> CKS. PRC 32/14 26. Similarly, links through place might also be fostered through the hospital's extensive Romney Marsh holdings because the Godfrey family were important land holders in the area, having interests in both rural and urban businesses and William Godfrey's choice of the master as the overseer of his will seems to have been an extension of these connections; CKS PRC 32/3 142. Presumably the actual collection of rent from the hospital's holdings in the region was undertaken by 1 of the priest-brothers, like Sir John Hebyng's account of their holdings in Whitfield, Colrede and Little Pising in 1500, BL: Add. MS. 62710.

<sup>232</sup> His gift of 20s to a hospital dedicated to Our Lady may have been part of his charitable strategy to highlight this pious connection and his status as a member of the prestigious fraternity of Our Lady in Hythe parish church to which only the leading citizens belonged. His bequest to the master of the Maison Dieu may signify his personal connection and/or knowledge of Sir John Clerke, while friendship with the family of Sir John Knyght may account for Thomas' gift to him (there were members of the Knyght family in Hythe, including William for whom Thomas was a feoffee), CKS PRC 32/10/51

two hospitals. Of these various groups only those connected to the parishes were most likely to be considered by the Dover testators in terms of their spiritual well-being and for the whole period about one in five included a specific bequest to such a priest, usually their own parish priest or less frequently a chaplain, though only Edward Hexstall favoured the archipresbyter at St Martin-le-Grand.<sup>233</sup> The priest-brothers at the Maison Dieu did receive a few bequests, though on an individual basis two seems to have been the maximum.<sup>234</sup> The testamentary evidence does not always suggest the connection between the benefactor and beneficiary, for example it is not clear what linked Sir William Baker and his benefactor, John Stace of Hythe, but in other cases the links seem to relate to the parish church of St Mary and kinship.<sup>235</sup> The testamentary reciprocal exchanges conducted with Sir John Soly, one of the priest-brothers, in the late fifteenth century seem to be connected to his position of curate at St Mary's church and his duties there on behalf of the parishioners.<sup>236</sup> This type of relationship also occurred during the early sixteenth century when the hospital's priest at the parish church received at least four testamentary gifts (possibly seven as three testators named the position not the incumbent), while Sir Robert Long, the incumbent at Eastbridge on Romney Marsh, was given her best table by Elizabeth Vagham.<sup>237</sup> Personal and familial links appear to have dominated Sir Robert Long's gift-exchanges with the master and brothers and he may have been a frequent visitor to the town because he held property close to the hospital and Sir Robert Yong, the priest at St Mary's parish church, had borrowed a number of books from him which he had not returned.<sup>238</sup> These two priests may have been influential among the testators of St Mary's parish, especially in the 1520s with respect to the giving of bequests to the hospital. Their presence in most of the witness lists and/or as executors of the hospital benefactors for this period may indicate their desire to aid their own patron, Sir John, and that in this way by their actions on his behalf they were providing him and his establishment with acts of reciprocity in recompense for his gifts to them.<sup>239</sup> This seems to suggest that personal connections were important in the choice of the professional who should pray for one's soul and for the testators of Dover and the surrounding region the master of

<sup>233</sup> CKS: PRC 32/9/160. However, in part this may reflect the poverty of the parish clergy as a consequence of their subordination to the priory. At the 1511 visitation it was reported that the parson of St Nicholas' paid the prior 11s a year while the benefice was only worth 5 marks; *Kentish Visitations*, 133.

<sup>234</sup> For the late 15th century: Sir Thomas Fuller and Sir John Soly each received 2 bequests, Sir William Baker 1 bequest; for the early 16th century: brother John Knight, brother Burnell and brother Noole each received 1 bequest. Interestingly neither Sir John Hebyngne nor Sir Simon Tempilman, both of whom had family connections in Dover (and also Folkestone for Sir John) appear to have been named by any of the testators as beneficiaries, though in the case of Sir Simon this may be connected to his dispute with the master and brothers of the house which was investigated at the 1511 visitation; *Kentish Visitations*, 25.

<sup>235</sup> It is possible Sir William's standing within the hospital was significant because he seems to have been one of the senior brothers at this time and was elected master there 4 years later; *CPR* 1476-1485, 95; CKS: PRC 32/2/433.

<sup>236</sup> In addition he may have had kin in Dover and Folkestone. Thomas Dogett [1486] bequeathed 8d to him and a decade later Thomas Bocher left him 2s6d as the curate to pray for his soul; CKS: PRC 32/3/129, 32/4/195.

<sup>237</sup> Sir Robert Yong received bequests from Joyce Smith, Richard Inglott, John Halyday; CKS: PRC 32/14/15, 32/13/196, 32/13/127. Elizabeth Vagham CKS: PRC 32/14/3.

<sup>238</sup> Sir Robert Long left bequests to three of the priest brothers, Sir Henry Wood, brother Burnell and brother Noole, as well as to Sir Robert Yong of St Mary's church; CKS: PRC 32/10/52, 32/15/371. Kinship may also have been the link for both bequests relating to Sir Thomas Fuller, one from his brother William, who left him four marks, and it is possible Anne Mynot of Canterbury, who left gifts to both William and Thomas may have been of the same family. Her gift of a piece of silver to Sir Thomas, and further gifts of bedding if his brother died before his 17th year may imply a personal acquaintance, especially as she specified that he should pray for her soul; CKS: PRC 32/2/546, 17/5/227.

the Maison Dieu and his priest-brothers were better favoured than the prior and his monks, thereby implying that Sir John was a more respected figure in the town.<sup>240</sup>

Even if the master and brothers at the Maison Dieu were considered valuable exchange partners by 14% of the Dover testators, the poor accommodated at their house were apparently not seen in this way and none of the house's benefactors mentioned the institutional poor in their testaments. Yet it appears from the *Valor* that the hospital was continuing to aid the poor both inside and outside its gate, and that as warden of the new harbour works the master made considerable efforts to ensure the labourers were fed and paid.<sup>241</sup> Moreover, the hospital appears to have accommodated some children, though it is not clear whether they were orphans, part of the song school or some other form of educational establishment.<sup>242</sup> The care of the orphans was under the authority of the mayor and he may have housed some of them at the hospital or at the priory, though others may have been accommodated in the houses of the leading townsmen.<sup>243</sup> This apparent lack of recognition by the leading citizens of the hospital's charitable activities, at least in terms of their testamentary giving, may imply they considered the hospital had sufficient resources for this work. St Bartholomew's hospital was equally bereft of such gift-exchanges, but its work for the poor may have been severely limited by this time and this may partly account for the foundation of the town's almshouses, though even these received few testamentary bequests: there were two bequests to the Dover almshouse in the 1490s and a further two in the 1540s.<sup>244</sup> Three of these donors were widows and the bedding they provided was presumably thought to be especially suitable, the almshouse may have needed a frequent supply of such common household items. It seems likely that the benefactors perceived this charitable act primarily in terms of the counter-gift for their neighbour and similar motives may have applied to those giving casual alms to the almshouses.<sup>245</sup> Such concerns for the

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<sup>23</sup> Sir Robert Long witnessed Robert Dyer's will, was executor and witness for Richard Inglott and executor for John Halyday; Sir Robert Yong was executor and witness for Robert Dyer.

<sup>240</sup> For example at the 1511 visitation Sir John acted on behalf of Robert Ruttier who was accused of withholding tithes from St James's church; *Kentish Visitations*, 131. There are possibly three known connections with the priory monks: Sir Thomas' (the vicar of Buckland) desire to be buried next to Humphrey, the late prior, a possible link where Dm. William the son of Robert Randulff of Dover (he was to pray for his parents' souls in exchange for the proceeds of the sale of a barn) may have been at the priory but Haines does not record the name in his list of monks, and Edward Prescote [1531] of Guston who bequeathed 10s to Sir Anthony Northbourne, a monk who also served as a priest at Guston because it was under the patronage of the priory, for which he was to complete a trental of masses in his own time; Haines, *Dover Priory*, 376-380; CKS: PRC 32/5/54; 32/15/147.

<sup>241</sup> *Valor Eccl.* (Rec. Com.), i, 56. For example in 1523 Sir John paid for some of the work out of his own purse; BL: Egerton MS. 2108, fol. 61.

<sup>242</sup> The only testamentary record concerning the children was Richard Inglott's bequest of 4d to each of the children of the church in the Maison Dieu; CKS: PRC 32/13/196.

<sup>243</sup> The priory register contains a copy of the ordinances relating to orphans in the Cinq Ports which may relate to its educational provision for the town because there were 3 schools in the precincts in 1536: a grammar school, a school for novices and a song school; Haines, *Dover Priory*, 349-352.

<sup>244</sup> The first two bequests were probably to the almshouse at Wallgate and the later gifts seem to imply the town was again only running 1 almshouse. Johanna Dransfeld of St Nicholas parish [1492] bequeathed a mattress, a pair of sheets and a covering and 3 years later Alice Parker of St Peter's parish gave a pair of sheets, while Jone Spalding in 1541 gave a mattress, a pair of sheets and a coverlet with a tester, John Halyday's bequest made four years later was 20s for the maintenance of the house; CKS: PRC 32/3/316, 32/4/77, 32/21/15, 32/22/58. The lack of such gift-exchanges with St Bartholomew's may imply that the townspeople (individually or collectively) did not consider the house was their responsibility or concern and that it remained part of the duty of the priory.

<sup>245</sup> St John's at Sandwich appears to have received a few offers of bedding which were given in the form of casual alms-giving; CKS: Sa/Ch 10J A1.

poor may also have influenced the civic authorities to keep the town's almshouses repaired and to swap one of them with Oliver Lythgo's house which was intended to provide better facilities.<sup>246</sup> Yet altruism may have been only one facet of this official largesse because the town was experiencing a massive influx of seasonal labour from the second decade of the sixteenth century which presumably meant an increase in the numbers of the town's poor and the consequent risk to law and order, especially at times of dearth in the town and neighbouring countryside. The extant Dover town records do not appear to show the degree of civic control that the mayor and jurats of Sandwich attempted to use against the itinerant poor in particular, but neither do they appear to have employed the methods of poor relief used by the authorities at Lydd during the fifteenth century, and again in the 1520s.<sup>247</sup> Instead the mayor and jurats apparently gave almost nothing to the poor before 1500 in the way of casual alms, though they were prepared occasionally to give alms to individual poor people from about the second decade of the sixteenth century which suggests that they did not have a policy for the management of the poor but reacted to individual needs when they saw fit. This meant that some poor people were escorted out of the town, others were given alms and some were paid to work for the town.<sup>248</sup> Nor did the mayor confine this corporate gift-giving to the town, though his gifts of alms to a poor man in Romney at the meeting of the Brodhull seems to have been a symbolic gesture of civic largesse.<sup>249</sup> The only exceptions to this *ad hoc* system seem to have been the employment of George from St Bartholomew's in the 1490s to clean the market place and his replacements, Thomas Richardson and his successors, presumably once George became too old or died (but there is no indication they were from St Bartholomew's); and the paying of the watch and town sergeant to keep a lookout for vagabonds at night.<sup>250</sup>

Though apparently less generous than their counterparts in Sandwich during the fifteenth century, the proportion of testators from Dover who aided the poor had risen to one in six for the first three decades of

<sup>246</sup> For example in 1498 the corporation were financing work on both houses, again in 1499, in 1505-6 they paid for repairs to the door of the almshouse in Bekyn street, a year later they had the almshouse at Butchery gate repaired and in the following year they swapped houses with Oliver Lithego for the benefit of the poor; BL: Egerton MS. 2107, fol. 58v, 61, 104v, 110, 117v.

<sup>247</sup> Although in part this may reflect the survival of the evidence: the chamberlains' accounts for Dover furnish more details compared to the Sandwich treasurers' accounts but the Dover archive has nothing to rival the Sandwich Year Books, yet the corporation of Dover appear to have shown little interest in the poor there in the late fifteenth century whereas at Sandwich there seems to have been the beginnings of a new, harsher policy and these differences became more marked in the early sixteenth century; Chapter 2, i, c. For probably most of the 15th century until the time of Richard III, the civic authorities at Lydd seem to have distributed corn to certain poor townspeople at Christmas and Easter, *Royal Commission on Historic Manuscripts*, 5th report & appendix, 519. Because of the acute difficulties experienced in Lydd during the 1520s the corporation again seems to have drawn up a list of eligible paupers who were to receive regular municipal food doles; Dymmock, S., 'Accumulation and poverty in Lydd c. 1450-1550', paper given at the postgraduate conference on 'Poverty', University of Kent at Canterbury (1996).

<sup>248</sup> Prior to 1500 the only entry in the surviving records was for 7d to be paid to a poor man for his labour in 1471, while in 1514 Thomas Richardson was paid 15d to lead a lame man to Canterbury and 2 years later Thomas a Cryles was paid 22d for conveying away a mad woman, 5d was paid in 1517 in alms to poor people and in 1523 a poor man was paid 1d for carrying thorns; BL: Add. MS. 29616, fol. 85v; Egerton MS. 2092, fol. 97, 146v, 202, 260v.

<sup>249</sup> Similarly, the 4d paid to a friar of Hythe to say a mass was to be seen as a gift to one of the special categories of the poor and that in return the town authorities were in receipt of this religious man's reciprocal gift; BL: Egerton MS. 2092, fol. 390. The mayor of Sandwich had previously aided the poor using a similar symbolic gesture: in 1490 the mayor gave 1d to a blind man at Romney during the meeting of the Brodhull; CKS: Sa/Fat 9.

<sup>250</sup> BL: Egerton MS. 2107, fol. 88; 2092, fol. 39, 88, 97, 145v, 146, 146v, 170v, 308 [in various years between 1514 & 1527].



the sixteenth century.<sup>251</sup> In addition, at Dover there seems to have been a shift from indiscriminate giving, the limiting factor being the total amount of bread or cash to be distributed as acts of charity, though possibly the executors were assumed to know the local poor, to a more limited distribution where some testators stipulated which group(s) within the poor should benefit and were more precise about when this should occur, a result in part of the increasing desire by sixteenth century testators to include details about their three funeral days.<sup>252</sup> Yet very few of the testators specifically stipulated that the poor recipients should pray for them, but this may reflect the idea of common knowledge and that the gathering of the poor at the church, possibly around the bier, was enough to persuade them to pray for their benefactor as a measure of gratitude and reciprocity.<sup>253</sup> By staging the event it might have been expected that the poor would act appropriately and this seems to be exemplified by Henry Fravell's bequest to poor maidens of the town for their marriages (he was 1 of 4 who targeted this group) because he stipulated that each should receive 6s 8d at "the gospel time of the mass or masses at the time of their marriage".<sup>254</sup> The giving of alms at the obit was another occasion that was staged, although in this case the focus of attention was on the empty bier and the poor were presumably in no doubt about what was expected of them.<sup>255</sup> Yet testators in the sixteenth century rarely stated that their obit should include specific donations to the poor (only 1 in 4) and the churchwardens' accounts appear to confirm the often exclusive use of the bequest for masses and other intercessory services.<sup>256</sup> The reasons for this are not clear but may in part stem from the high level of transience of the local population, the majority of the poor may not have been considered to be local (and suitable). Also the perception that the prayers of the poor were possibly less valuable than those of the professionals at this long-term form of commemoration and intercession, but that at the three funeral services the additional prayers of the poor were more valuable due to the immediacy of these *post mortem* events and that in consideration of one's

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<sup>251</sup> For Dover 1470-1499: 3 testators in 75 wills [4%] specifically mentioned the poor, though there were another 7 who gave to charitable deeds which might be considered to have included the poor; the Sandwich figure for the same period was 17 bequests [10% of testators]. For Dover 1500-1529: 14 bequests in 81 wills [over 17%]; the Sandwich figure being slightly lower 23 in 167 wills [over 13%]. However, the Sandwich testators appear to have aided the poor through the town's hospitals, especially pre 1500 and to St John's and St Anthony's, while such testamentary concern for the institutional poor at Dover seems to have been confined to the 4 bequests to the almshouse (2 in the 1490s, 2 in the 1540s). Though it is possible the different styles used in the writing of these testaments between the 2 towns may partly account for such differences.

<sup>252</sup> For example Thomas Toky [1484], who had frequently been a town jurat and was the father of Isabel Wyke, stipulated that at his burial and 12 month's mind a total of 6 quarters of wheat were to be distributed as bread, William Horn [1498] bequeathed part of the cash received from the sale of his lands to be distributed to the poor, while Johanna Toky [1509] intended that at each of her 3 funeral days 1 seme of wheat should be given as bread to the poor by her executors and John Symon [1518] intended £6 13s 4d should be distributed to poor maids for their marriage following the death of his wife; CKS: PRC 32/2/614, 32/4/191, 32/10/17, 32/12/124. An interesting variant on this was Richard Fyneux's [1518] bequest of 1 vestment each (valued at 13s 4d) to 30 poor churches; CKS: PRC 32/13/23.

<sup>253</sup> The staging of the events seems implicit within the details of Richard Fyneux's provisions: on the day of his death each poor man was to receive 1d, on each Friday between then and his month's mind 13 poor people should receive 1d each, at his month's mind each poor person received 1d and each poor child a loaf of bread, and at his 12 month's mind each poor person received a penny loaf of bread and each poor child a 1/2d loaf of bread; CKS: PRC 32/13/23.

<sup>254</sup> CKS: PRC 32/11/114.

<sup>255</sup> Interestingly testators rarely seem to have highlighted the symbolic worth of their gift-giving at events like their obit, an exception being Alice Palmer [1494] who intended penny doles should be given to 13 poor people at her obit for 20 years; CKS: PRC 32/4/82.

neighbour, in addition to one's soul, the testator might only hope to aid a symbolic number of the poor and this might be expected to have had the greatest impact as an act of remembrance at these funeral services.<sup>257</sup>

For the early sixteenth century one in five testators from the town's hinterland aided the poor in this way which may imply the importance of familial and fictive kin networks, as well as the possibility of shared ideas between people in the town and its hinterland based on family, business and other connections. For the fifteenth century, benefactors seem to have used a variety of approaches, including a bequest to the type [4b] almshouse at Folkestone, but from the sixteenth century there seems to have been a much greater emphasis on distributions of bread, ale and meat at the three funeral days.<sup>258</sup> Yet it is possible the use of the funeral feast by these testators as a time for one's neighbours rather than specifically for the poor may highlight ideas about community and good standing in addition to the more spiritual concerns of commemoration and intercession.<sup>259</sup> This sense of charity and conviviality may have been in John Upton's mind when he made his bequest for the annual "yevale" on the feast of the nativity of St John the Baptist in his home parish of Westcliffe where the holder of his lands should provide a quarter of wheat as bread and a quarter of malt as ale for those of the parish.<sup>260</sup> Through this informal aid to his neighbours, friends and the local poor he seems to have been demonstrating similar ideas about care in the community as those who founded type [4b] almshouses and such attitudes may have seemed increasingly incompatible with the values and activities displayed by hospitals like the Maison Dieu.

The testamentary sources seem to indicate that the increase in the formalising of the funeral in the sixteenth century may have stimulated a desire to increase the time of such intercession through the use of obits, possibly suggesting their confidence in the long-term value of this gift-exchange, but also may imply a degree of apprehension by some testators to store up as much spiritual collateral as possible through the use of a wide range of intercessory services. Although such services were used by wealthy testators who sought them as part of their intercessory provisions, other apparently far less wealthy townsmen (the middling sort) made no written provision except for their obit.<sup>261</sup> This may suggest that wealth was not the only limiting factor among those who were sufficiently able to make wills and it is

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<sup>256</sup> Although the churchwardens' accounts only survive from 1536 they do include 1 obit about which there are few details. The first mention of the poor receiving doles from this obit is for 1547 but it says as of old custom, though it seems likely they had received very little in the past; BL: Egerton MS. 1912, fol. 33.

<sup>257</sup> Consequently Richard Fyneux was unusual in his obit, though this was partly related to his greater wealth and so larger bequest of 13s 4d to be used annually of which 3s 4d was to be distributed to the poor; CKS: PRC 32/13/23.

<sup>258</sup> The almshouse appears to have belonged or was known as the house of William Petit. In 1468 Alice Reade of Folkestone bequeathed to the relief of the poor there a blanket, a pair of sheets and an undercloth; CKS: PRC 17/1/310.

<sup>259</sup> Like Thomas Curtyer's intention in his will dated 1528 where he wished his executors to provide at each of this funeral days four dozen breads and a vessel of beer for "the company rich and poor"; CKS: PRC 17/18/98.

<sup>260</sup> CKS: PRC 17/19/36.

<sup>261</sup> For example Thomas Feasy in 1521 bequeathed 4d to the high altar of St Peter's church, he made very few other bequests either to his parish church or his wife and she was to see that 6 masses were performed at each of his 3 funeral days and then 2 masses at his obit for the remainder of her life; CKS: PRC 32/13/55.

possible age was an important criterion.<sup>262</sup> Yet whatever the motivation, and this was presumably almost as diverse as the number of testators, the conceived need for such services in the sixteenth century did provide the Maison Dieu and its church of St Mary's with a high proportion of these reciprocal exchanges. This appears to represent a much greater use of these two institutions because none of the late fifteenth century testators intended their obit should be celebrated at the hospital church and of the four parishioners at St Mary's who sought obits, only John Fuller and Roger Bocher appear to have expected the priest-brothers would be involved in the arrangements.<sup>263</sup> Of the three testators from Dover's other parishes who planned obits, two intended that they should be held at their parish church and the third intended it should be undertaken at St Paul's, Canterbury, possibly her natal parish.<sup>264</sup> For the sixteenth century St Mary's favoured status was apparently due to the higher percentage of parishioners from there who intended their obits should be celebrated at the site of their burial and thus the place deemed most appropriate for their commemoration because at least in the short-term they would be remembered by family, friends and neighbours.<sup>265</sup> The advantages of having one's obit held at the Maison Dieu may have been perceived to be different and the assumed continuity of the institution itself was part of the attraction. For example William Waren of St Peter's parish had intended that his obit at his parish church should be organised by his widow and then his son from the revenue of certain lands, but that after his son's death the lands should pass to his cousin who was then responsible for the transfer and subsequent enactment of the obit at the Maison Dieu.<sup>266</sup> In addition the integrity of Sir John Clerk may have persuaded a few testators of the value for having their obit at the hospital under his supervision if their original arrangements failed through the death of the heir or the neglect of the organiser. Such arrangements may not have been unwelcome for the hospital because the services sought by the testator may not have seriously impinged on the spiritual life of the house, there were priest-brothers available and these prayers on a single day in the year might be accommodated unless they coincided with another anniversary. Furthermore, obits for a designated number of years did not commit the master and his staff to a never-ending cycle of prayers which might be difficult to continue if the value of the gift declined or the cost of the counter-gift increased and were thus preferable to those designated "forever" even when this meant returning the gift. Consequently Sir John may have considered the arrangements John Browne

<sup>262</sup> It is difficult to determine age from the testamentary sources except possibly in terms of wide bands because of the likelihood of second marriages and the presence of children from more than one marriage, but many of those who mentioned their obit do not appear to have had young children which may suggest this type of intercession was favoured by older rather than younger men. This age group may have had stronger links within the parish based on long-term residence or business connections and had at least some family members within the neighbourhood.

<sup>263</sup> John Fuller seems to have had a brother at the hospital, Sir Thomas, and this link was probably significant in his decision that following his wife's death the hospital should receive a message and in exchange the priest-brothers were to celebrate at St Mary's church annually in July forever for his soul; CKS: PRC 32/2/547. Roger Bocher's choices similarly display his confidence in the priest-brothers because apart from his annual obit which was to continue during the lifetime of his executor, he wished the master and brothers should pray for his soul; CKS: PRC 32/3/228. Of the other 2, William Horn intended his obit should be at Newynton church (Newynton church and the castle church were the sites of his commemoration and intercession) and Johanna Plesynton seems to have expected the churchwardens at St Mary's should organise her obit; CKS: PRC 32/4/191, 32/4/49.

<sup>264</sup> William Joly chose St John's, his parish church, for his obit, and Alice Palmer similarly selected St Peter's, while Cecily Rawlyn expected the vicar at St Paul's, Canterbury, to organise her obit at his church; CKS: PRC 32/3/206, 32/4/82, 32/2/551.

<sup>265</sup> Even Sir Robert Long appears to have preferred St Mary's church to the church of the hospital for his obit and only Gyls Love intended his obit should be performed there from the beginning; CKS: PRC 32/15/371, 32/12/172.

had put in place for the continuation of his obit, should his family and the churchwardens at St Nicholas fail within the ten years, were satisfactory because they provided the hospital with the farm of certain lands and a tenement in Dover for the remainder of the ten years, the master providing in recompense an annual trental of masses for the same period.<sup>267</sup>

The testators of Dover's hinterland were equally likely to specify the celebrating of their obit and also as at Dover the parish church was the favoured venue for these acts.<sup>268</sup> However, the Maison Dieu was involved in three reciprocal exchanges with respect to obits with men from outside the town, though only one from the town's hinterland. This exchange between Sir John Clerk as overseer of the will and William Mowbrey of Colrede was intended by William to safeguard his young sons, provide a suitable custodian of his lands and supply him with an obit for the benefit of his soul.<sup>269</sup> The hospital also gained from the exchange because it produced further local prestige for the master as he demonstrated his pastoral care for those under his authority which might enhance the chances of future gift-giving from others in the parish and as joint, but senior, custodian of William's property for his young sons there were presumably commercial opportunities for Sir John which would not be detrimental to William's three sons or the execution of the obit at Colrede church.

The hospital's reputation within the region may have been decisive for the other two men who sought the provision of obits from the Maison Dieu because Thomas Walton of Hythe, a leading citizen of the town and livestock farmer with interests in several parishes, sought a similar undertaking from St Sepulcre's at Canterbury and Sir Thomas Penyston, a priest at Romney seems to have seen the Maison Dieu as his most important source of intercession.<sup>270</sup> Testators from Dover do not appear to have shown any interest in the priory or the monks in terms of their obits or other long-term acts of commemoration which may reflect local knowledge and local priorities and feelings towards the establishment. Such local considerations may not have been applicable in consideration of the region where knowledge, reputation and suitability of the recipient institution may have been measured differently by wealthy townsmen from Canterbury, members of the county gentry or wealthy, crown officials. For such people Dover priory with its links to Christchurch and its long history in the town may have seemed a valuable exchange

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<sup>266</sup> CKS: PRC 32/9/104.

<sup>267</sup> CKS: PRC 32/13/191.

<sup>268</sup> This idea might be thought to represent a positive choice on the part of testators, though it may signal a reluctance to use the religious houses because testators seem to have preferred to be commemorated by those who had known them during life and at the churches where they had regularly worshipped. One way of possibly achieving the advantages of the local church and the use of known worthy professionals seems to have been tried by Stephen Kepon of Folkestone in 1522 because he intended that the Grey friars of Canterbury should visit Folkestone church annually for 10 years where they were to celebrate a trental of masses for his soul, receiving 10s a year for their labour. His widow was to maintain a chamber in his house for their use when they came down from Canterbury with candles, other things and their food and drink and at their visit she was to give them 5s; CKS: PRC 17/17/237.

<sup>269</sup> CKS: PRC 17/13/56.

<sup>270</sup> Thomas Walton's widow was to have the profits of his tenement at Cheriton for life, his daughter was to inherit but if she died without issue the tenement and accompanying land were to pass to the Maison Dieu on condition an obit was celebrated on behalf of his soul, and he made a similar provision with respect to St Sepulcre's CKS: PRC

partner with respect to the provision of intercessory services, either at the priory or at the donor's place of burial where other acts for his soul were to be undertaken.<sup>271</sup>

Although the testator's parish church was the most favoured site by the leading citizens of Dover for the provision of temporary chantries, a few townspeople did take the opportunity to extend the commemoration of their soul outside the town and such desires may reflect natal, familial or business connections with the parish concerned. The Maison Dieu was involved in staffing the perpetual chantry sought by John Hebynge of Folkestone in 1489, whose kinsman was a brother there, for his soul, his wife's and the departed faithful, whereas all the chantries associated with the hospital through the church of St Mary were temporary foundations.<sup>272</sup> However, the provision of a chantry priest by the hospital seems to have lapsed in the early sixteenth century and at the visitation of 1511 the master was called upon to rectify this omission.<sup>273</sup> The master's apparent reluctance to supply a chantry priest in addition to the parish priest is interesting and may suggest that he did not consider the expense warranted, possibly because there were insufficient commissions, though conversely the lack of a chantry priest may have dissuaded testators from seeking to use St Mary's for their temporary chantries. From the records it is not clear whether the priest had been originally attached to a perpetual chantry, and if so for whom, or whether his position was totally dependent on the Maison Dieu. Yet whatever the previous history of the chantry, the master's inaction at this time may have persuaded testators to seek other priests as exchange partners for this form of intercession.<sup>274</sup> Only Robert Ruttier appears to have involved the master in his chantry provision which may reflect the strength of the relationship between the two men, although he was to act in conjunction with the mayor and town clerk in the sale of Robert's lands and tenements in the event of his son dying without heirs, part of the cash thus raised to be used to provide a priest for a year at St Mary's church.<sup>275</sup> Yet even he was not prepared to use the hospital's church for his chantry, though he did include a second reversionary clause where the lands involved should pass to the master

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32/9/135. Sir Thomas Penyston in 1517 bequeathed 4 marks to the Maison Dieu for an obit to be celebrated annually for 8 years; CKS: PRC 32/12/65.

<sup>271</sup> Two men sought reciprocal exchanges with the priory: Edward Mynot, a wealthy, senior town official from Canterbury expected that his gift of 20s to the prior should produce the counter-gift of the attendance of the monks at his month's mind where they were to celebrate a requiem mass for his soul, presumably in Bishopsbourne church at the site of his elaborate tomb which was to be constructed next to his mother's grave; Sir John Scott, a wealthy man and royal official (the lieutenant-governor of Calais and warden of the Cinque Ports), seems to have considered that for both partners the balance between income and outgo was satisfactory, he was to receive intercessory services at his obit and a 100 masses over the year and the priory was expected to use the land profits to repair its buildings which were still in need of repair; CKS: PRC 17/5/67; Haines, *Dover Priory*, 294-295.

<sup>272</sup> The priest-brothers were to receive 2 lodges in Folkestone following the death of John's wife which they presumably rented to local fishermen, and it seems likely the chantry was to take place at the hospital's church, though it may have been transferred to St Mary's church at a later date; ; CKS: PRC 17/5/90. The longest temporary chantry at St Mary's was 2 years for the soul of Johanna Plesynton; CKS: PRC 32/4/49.

<sup>273</sup> *Kentish Visitations*, 132.

<sup>274</sup> In 1503 Henry at Wod included in his will the provision that following the death of his daughter his lands and tenements should be sold by his executors and that 10 marks should be used to pay a secular priest for 1 year to celebrate at St John's church for his soul and the souls of his parents, wife and brother, his ancestors and benefactors; CKS: PRC 32/7/86. This use of the executors to organise the chantry priest was also employed by Johanna Aldaye in 1532 because they were expected to hire a good priest immediately after her death for £10 to celebrate for her soul for 1 year at St Mary's church; CKS: PRC 32/15/257.

<sup>275</sup> CKS: PRC 32/14/1.

and brothers if his son failed to produce an heir and that they should in recompense pray for his soul as they saw fit. The one Dover testator who employed members of the regular clergy was Henry Frevell, a wealthy townsman and jurat, who seems to have had sufficient resources to enable him to use a wide variety of strategies and personnel in his search for intercession.<sup>276</sup> Even though his burial at the priory may have persuaded him to seek the intercessory services of a monk for a year there, the monk being licensed by the prior and receiving ten marks, he also sought the good offices of a priest to celebrate at St Peter's church for a year and a second, being a "quireman", to celebrate the mass daily for a year at six in the morning during summer time and an hour later during winter. This suggests that he considered the provision of a morrow mass, even if only for a year, was a charitable act on behalf of the town which might be seen as demonstrating his concern for his neighbours as well as being a particularly meritorious deed in the eyes of the almighty.<sup>277</sup>

There is little to indicate that the Maison Dieu was continuing to offer hospitality as a counter-gift for its royal patron during this period and similarly the master rarely seems to have been active on the crown's behalf as he had been a century earlier.<sup>278</sup> This may be due to a number of factors influenced by the political conditions nationally but may also relate to its declining status as a royal institution through a lessening of its value to the crown and the apparent local recruitment of the hospital staff. On a local level during the late fifteenth century the master seems to have occasionally aided the town government, though these activities were mainly concerned with the provision and storage of building materials and other stores for the sea defences.<sup>279</sup> Though useful for the civic authorities they conferred little status on the hospital and because the other main contacts between the master and the mayor were at the town court with respect to local taxes, rents and petty disputes, the level and type of interaction between the leading townspeople and the hospital may have confined it to the margins of Dover society. However, this changed when the master became one of the wardens of the harbour works, thereby engaging in a number of tasks on behalf of the town and its citizens and it is this labour which appears to have become the hospital's main act of reciprocity aside from its intercessory and charitable services.<sup>280</sup> The most important work that Sir John undertook as a charitable gift to the town was the new harbour works which seems to have triggered a series of counter-gifts by a number of Dover testators, especially in the late

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<sup>276</sup> CKS: PRC 32/11/114. Henry Trewonwall of Canterbury is the only other known testator who sought this form of intercessory service at the priory, though in his case he provided 5 marks for the monks to pray for the soul of John Hender, a priest, which may represent a daily mass for 6 months; CKS: PRC 32/2/350.

<sup>277</sup> The provision of masses in the town seems to have been inadequately organised or funded because it was reported at the visitation in 1511 that the only mass celebrated daily at St Martin-le-Grand was the passenger mass and at St Mary's church the master was ordered to insist that his parish priest celebrated the mass at least on 2 days a week; *Kentish Visitations*, 132, 134.

<sup>278</sup> The priory seems to have had a similar relationship with the crown and the town at this time, though there were 3 main differences: the priory's expensive and long-running dispute with Christchurch meant its financial position was bad, the priory buildings were in a poor state requiring costly repairs and none of the later priors were active on behalf of the town which meant they (and the priory) were not favoured locally as Sir John and the hospital became in the early 16th century. St Bartholomew's seems to have had almost no public profile in the town by this period.

<sup>279</sup> For example in 1472 the Maison Dieu was supplying the town with elms to repair the sea wall; BL: Add. MS. 29616, fol. 100.

<sup>280</sup> The accounts book for the harbour works was better kept following the appointment of Sir John and Richard Fyneux as wardens in March 1518; BL: Egerton MS. 2108, fol. 25.

1510s and early 1520s. His activities may have enhanced the hospital's reputation as well as his own, thus causing the hospital to be a less marginal institution with respect to Dover society, for example the gift-exchanges with the mayor and jurats, and this may have meant its value as an exchange partner may have increased in terms of its intercessory services and its status as a worthy institution with which the leading townsmen and others wished to be associated. The prayers by its priest-brothers were sought by a growing, but still small number, of the leading townsmen and others, though the brothers were rarely named by testators except for the master. This seems to confirm that the hospital owed its greater involvement in these reciprocal exchanges to the actions and personality of Sir John, who was called upon to undertake the task of executor or overseer of the wills of those in the town and its hinterland on nine occasions, especially in the 1510s. This might involve the master in the overseeing of the testator's property, the testator's young children and the provision of intercessory services in his church, or more commonly the parish church of the testator. Through such tasks the master was in contact with a wide circle of people in both the town and its hinterland, which might in turn provoke further reciprocal exchanges and was probably an important factor in the hospital's wider reputation and status within the region, but this seems to have ended following his death and the appointment of Sir John Tomson as his successor.<sup>281</sup>

However this concentration on the Maison Dieu, and to a lesser extent the other hospitals and priory should not disguise the fact that all these religious institutions appear to have remained peripheral for the vast majority of the townspeople. Even though the activities of the master at the Maison Dieu during the second and third decades of the sixteenth century seems to have produced a greater awareness of the hospital which was apparently reflected in the cluster of testamentary bequests, this interest was still confined to a small proportion of the town's leading citizens, in particular certain members of the civic authorities who were personally acquainted with Sir John. This continuing general lack of interest was probably fuelled by the high levels of migrant workers and others who were seasonal residents there and feelings of transience and a lack on continuity may have prevailed among certain sections of the populace which was in marked contrast to those few families who had managed to remain in Dover for several generations. Yet if the leading townspeople, the testators, were not seeking reciprocal exchanges with the town's religious houses within the spiritual economy through their *post mortem* provisions they were apparently also reticent about giving to the town's parish churches.<sup>282</sup> This seems to have been especially true in the late fifteenth century: of several towns investigated in the area the Dover testators were apparently the least concerned with the actual church building and its ornaments, but this group were particularly willing to provide for the votive lights within their parish church.<sup>283</sup> Though no more than a

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<sup>281</sup> In 1533 Christopher Hales wrote to Cromwell stating that Tomson was in no way fit for the mastership; *L & P*, vi, no. 1148.

<sup>282</sup> They were apparently not going to St Martin-le-Grand which was in need of repair in the 1460s; Haines, *Dover Priory*, 289.

<sup>283</sup> Using a crude comparison between the testators of Dover, Hythe, New Romney, Folkestone and the rural parishes of Dover's hinterland it might be possible to provide indicators of the relative interest of the different town groups for the period 1470-1500. Bequests to: own church fabric: Dover 23.5%, near Dover 26%, Folkestone 36%, Hythe

very rough comparison this may suggest that the leading townspeople of Dover saw their responsibility to the parish in terms of its activities not its structure because that was the duty of the priory, and also the Maison Dieu with respect to St Mary's (though this does not explain the apparent absence of fraternities). For the early sixteenth century the level of testamentary bequests to the town's parish churches appears to have risen considerably in comparison to the late fifteenth with respect to the church fabric while support for the votive lights in the parish remained high.<sup>284</sup> Even though this needs to be qualified because the testators were only a small percentage of the town's population and were biased towards the wealthy and possibly longer-term residents, the trend is interesting, especially as a large majority of these testators were from the parishes of St Mary's, St James's and St Peter's, the three which would survive the 1530s and 1540s at the expense of St Martin-le-Grand and its constituent parishes. This apparent increased concern for the parish church seems to have been matched by the townspeople's continued support for the 'trending' which was produced and carted to Christchurch as before, the last occasion being 1531 at a time when pilgrim offerings at the shrine had fallen to almost nothing.<sup>285</sup> As a symbol of the town's special relationship with the saint the 'trending' remained an important political and religious statement about the town and ideas about inclusion and exclusion with respect to outside authority. Thus even though there seems to have been a slight move to include the Maison Dieu, and to a lesser extent the priory in the life of the town (the civic gifts of wine and the testamentary bequests to these institutions), the civic ideology does not appear to have changed, and may even have been keenly embraced by the younger men among the corporation in the 1530s which meant that when the opportunity came to destroy these 'outside' religious institutions there was little opposition.

### 3.ii. The history of the town's two hospitals

Having examined the choices people and institutions made with respect to gift-exchange at particular points in the town's history as a means of analysing the place of the hospital in these processes, it is now worth trying to construct the social history of the hospital from these 'stills' to provide some form of 'moving picture' and so place the hospital at the forefront rather than its being one of the many actors on

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63% o, Romney 30%; own special church fabric: Dover 18%, near Dover 29%, Folkestone, 28%, Hythe 21.5%, Romney 24% o; own named lights: Dover 67% o, near Dover 57%, Folkestone 71.5%, Hythe 32%, Romney 51%, own unnamed lights: Dover 23.5%, near Dover 15% o, Folkestone 8%, Hythe 1.5%, Romney 3.5%; fraternities: Dover 0%, near Dover 0% o, Folkestone 7%, Hythe 20% o, Romney 25% [these include reversionary bequests]. These towns were selected because Folkestone is the nearest to Dover, Hythe probably had a similar size population to Dover and Romney, though smaller was suffering from decline economically and demographically, a situation that may also have applied to Dover in a less extreme form.

<sup>284</sup> Using the same method as for the late 15th century about half of Dover's testators made bequests to their church works/fabric, for the 1510s and 1520s over a third gave something specific or to a specific piece of the church fabric and even though the percentage giving to named lights dropped in the 1510s, in the decades either side over two-thirds of testators made this type of gift. The small number of extant testaments from the 1530s make any comparison meaningless.

<sup>285</sup> In 1514 the wife of the mayor gathered 10s 8.5d from the townspeople towards that year's costs, in 1522 the mayor gathered 23lbs 13oz. of wax from the gifts of the people, 3 years later the mayor collected the full costs from the townspeople and in its last year he was almost able to collect the full cost, the town having to pay 4d; BL: Egerton MS. 2107, fol. 84, 104v; Egerton MS. 2092, fol. 39, 71v, 238, 305, 357v. Zeiger, 'Survival of Cult', 41.



the set. This might be best achieved by considering each of the two hospitals under the following headings: foundation, readjustment, later history, destruction. This provides an assessment of the hospital's ability to respond to the changing conditions both inside and outside the hospital with special reference to the apparent long history of anti-clericalism in Dover and the town's seeming antipathy towards the monarchy.

*3.ii.a. St Bartholomew's hospital*

1. foundation	1141
2. founder	2 brothers, monks at Dover priory by authority of archbishop Theobald and consent of Dover priory
3. foundation gift	the parents' goods of the 2 monk brothers, piece of land from Dover priory
4. size	initially 20, fell to 16 by late 14th century
5. inmates	lay brothers & sisters (first pilgrims & poor, later lepers & poor), priest
6. patronage	Dover priory
7. own chapel	yes
8. <i>in vitam</i> grants	few, mainly first 100 years, lay people (aristocrats/knights from Kent, east Kent townspeople, very few from Dover), range of reciprocal exchange forms
9. diversification from 14th century	unclear, non-lepers, poor, entry fee (start date unknown)
10. casual alms	probably important (use of proctors, hospital gate & chapel, indulgences)
11. testamentary benefactors	almost none

The hospital's foundation in 1141 at a time when civil war was still episodic may suggest that it was founded in response to these conditions of hardship for the local population. This charitable initiative by the two brothers at the priory may have been intended to emulate the episcopal foundations of Canterbury and Chatham, thereby providing this important port with comparable provisions for the town's poor, and possibly within a short time the local lepers. The priory's support for this project through the gift of a piece of land in Buckland to the north of the town allowed the prior a large degree of control over the foundation while the site was well-placed for a leper hospital being away from the town but alongside one of the main roads into Dover with its own water supply. By employing this prominent position for the town's first hospital at a time when such foundations were becoming increasingly common the prior was establishing his and his house's credentials as a locally important religious institution which was able to respond charitably to the needs of the town and surrounding countryside, but did not require or desire Christchurch priory's permission or approval.

However, this initial endowment of a site and the value of the goods of the two monks' parents was presumably insufficient to sustain the hospital community, even though the site may have included a small area to grow vegetables and to keep a few livestock. Assuming the prior did lobby the papal representatives who stayed at the priory, he might then be considered to be engaging in further gift-exchanges with the hospital in his role of patron on its behalf with the pope, and that through this complex inter-relationship of exchange partners the prior may have hoped to gain papal interest in his struggle for independence from Christchurch. For the inmates at St Bartholomew's papal and archiepiscopal recognition and aid in the form of indulgences were probably an important element in the hospital's early history as it struggled to promote itself in an attempt to generate casual alms-giving and *in vitam* grants. Although competition between the different religious houses might have been expected to reduce the gift-exchanges involving small hospitals, in Dover this may have been less important than the apparent lack of interest generally in the town's religious establishments and/or that the townsmen had (unlike their counterparts in Canterbury) insufficient resources to engage in anything other than small-scale gift-exchanges: a very few grants of small plots of land and presumably some casual alms-giving. Instead during its early history the hospital seems to have been better served by benefactors who were not of the town but had connections with the place through their office-holding for the crown or through their land holdings in the area. For men like William de Say in the late twelfth century and Hamo de Crevequer in the early thirteenth St Bartholomew's served as an additional and complementary institution for their gift-exchanges, so providing them with added worth in its role as a charitable institution within the totality of their charitable strategy. This worth, in addition to the merit of the deed given in pure and perpetual alms, might consist of the prayers of the grateful poor and lepers and those of the hospital's professional, the chaplain, which may, during the early life of the hospital, have comprised only a small part of the inmates' day but as the list of benefactors grew these acts of gratitude and intercession may have become a growing burden on the community.

Probably from the beginning the brothers and sisters, the resident inmates, had to pay an entry fee which may have meant the selection was less based on total poverty and need but on relative needs and ability to pay of suitable candidates, the destitute being relegated to the dole queue at the priory and possibly at St Bartholomew's, though some may also have received short-term shelter at the hospital. The size of the entry fee was comparatively moderate, though most known fees are from the later medieval period which may indicate that it was a greater barrier to admittance than first appears, especially if the house predominantly accommodated lepers whatever the degree of segregation. For those lepers able to afford the fees and who were willing to be part of this semi-monastic existence the hospital may have offered a gift-exchange that they felt was favourable, particularly over the longer-term and as the effects of the disease became more debilitating. In addition by entering the hospital at a time when they might have been considered to be leaving the world, the lepers may have considered their new community did not offer total isolation because their value was recognised by the hospital, their labour, and by the world, their prayers. Their exchange partner, the hospital (though it is probable the prior as patron set the fees)

may have been heavily reliant on these entry fees and the work done by the inmates in an attempt to generate a small income and to be as self-sufficient as possible for their well-being within the limitations of the house's charitable obligations. The ordinances of the house recorded in the fourteenth century register appear to stress this commitment to the farming of its small local holdings but the lands outside Buckland were presumably rented out from the start, the management of which may have been in the hands of the priory's sub-prior as hospital warden and so may represent part of the ongoing gift-exchange between these two institutions.

The small endowment St Bartholomew's had received from the priory does not seem to have stimulated a desire among the local population to aid the hospital during its early history and those townspeople who were prepared to engage in reciprocal exchanges with the house through *in vitam* grants during the mid thirteenth century used a range of exchange forms, including those which were closer to the commodity-exchange end of the continuum, thereby implying that in a limited capacity the hospital had entered the land market. This diversity of exchange systems brought the grantor a lump sum, an annual rent or spiritual benefits in the form of specific prayers or very occasionally the counter-gift of confraternity which suggests that the grantors considered their demands were socially and spiritually acceptable. Even though they were engaging in reciprocal exchanges with a poor institution devoted to the needs of the poor and the lepers, these grantors may have believed its subordinate position with respect to the priory and the priory to Christchurch meant the onus for its survival rested with these establishments. Consequently they still saw themselves as operating within the systems of reciprocal exchange which might ensure the spiritual benefits accruing to the benefactor, but that because the patronage and jurisdiction belonged by default to Christchurch then that institution was equally able to provide temporal benefits for the grantor. Thus at a time of heightened awareness of the power exercised over the life of the town by outside institutions when the civic authorities were beginning to engage in a struggle with the town's other outside authority, the king, the townspeople may have felt it was inappropriate to give their gifts in free alms, preferring to receive some tangible reward for their benevolence or a defined spiritual counter-gift. This form of exchange with the hospital required a known level of outgo to be undertaken by the recipient which at times may have been less than the income, for example the value of the land in relation to the price paid or the offer of confraternity which may not in itself have greatly added to the work of the place, but did have the disadvantage that it might be monitored by the donor's relatives or friends. Through this move away from the unspecified counter-gift the master may have been aware of his greater responsibility to fulfil the reciprocal act thereby reducing the risk of losing the initial gift which in itself would be disadvantageous (assuming any part of the counter-gift had been given and the balance between income and outgo was not totally in the donor's favour), and the probability that the failure to implement the counter-gift might adversely affect the reputation of the hospital and so reduce the likelihood of further reciprocal exchanges.

For most of the following century St Bartholomew's appears to have been able to maintain its income at a higher level than its outgo, although it may have experienced some short-term difficulties in the 1290s, possibly as a result of the high royal tax demands and its continually fragile financial position.<sup>286</sup> These difficulties appear to have persuaded the master to lease three pieces of property in the town, each for sixty years, and this expedient action may have been the precursor of similar grants made after the Black Death and especially in the 1360s.<sup>287</sup> This greater flexibility in the management of the hospital's holdings and the consequent lowering of its property maintenance costs was a policy which had also been adopted by the priory and even though the master at the hospital held the seal, it seems likely that significant changes to the hospital's assets might have required approval by the prior and some charters state this. Although such a move away from direct management of the hospital's property might be assumed to have significantly aided the master's finances, otherwise why do it, the lack of evidence for the rent levels or of the state of the buildings in the town or the numbers of vacant holdings mean it is difficult to investigate whether the master was acting from a position of strength or weakness, but the latter seems more likely considering his other policies to supplement the house's income. Further evidence of the hospital's financially weak position may be the lack of new *in vitam* grants after 1337, a short-fall that was unlikely to be rectified by *post mortem* gift-giving and that the total assets of the hospital by the 1330s were not extensive, most grants having been small plots of small multiples or fractions of an acre which were scattered in the neighbouring parishes.

Other measures concerning exchange appear to have been adopted by the hospital, some possibly from early in its history, yet these may have had less to do with the master's policy than been part of the institution's obligation to its benefactors. The multi-function of the hospital, its care for the poor, pilgrims and the resident lepers, as well as its chantry function provided the house with a range of counter-gifts that were available to donors at a presumably unspecified, negotiable price, but the stronger exchange partner was the donor. This weaker position of the hospital, especially with respect to the priory meant that the hospital was required to retain at least one chaplain to celebrate mass daily for the hospital's benefactors and even though this priest was presumably available for additional commissions, the master may at times have had to employ a further chaplain to supplement the hospital's chantry facilities, though the obligations placed on the chaplain by those seeking confraternity were apparently included within the liturgical life of the hospital's chapel. Such short-term expedients may not have seriously damaged the hospital financially but may have diverted resources from other areas of its work, possibly at times when these facilities for the poor were in particular demand, for example the 1290s and 1310s, the first following heavy taxation demands and the action of the purveyors and the second due to the agricultural disasters of harvest failure and livestock disease. Furthermore, although it is not known when the hospital's resident community was reduced to sixteen brothers and sisters rather than the twenty at its foundation, this had occurred by the late fourteenth century. The reasons for this were said to be the

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<sup>286</sup> Mate, 'The Impact of War', 761-762.

<sup>287</sup> Bodleian: Rawlinson MS. B.335, fol. 16, 26, 27v.

poverty of the place, not that it had lost its inmates to the plague or that recruitment of lepers or others was proving difficult which in addition to the evidence previously cited may suggest that its financial difficulties pre-date the Black Death and that this may have worsened an already deteriorating situation. The likely reduction in its charitable work for the sick-poor due in part to its reduced income and that their care was in the hands of fewer sisters may have occurred at a time when the town's other hospital and the priory were also reducing their commitments to the poor. Consequently the early fourteenth century may have been a very difficult period for the town's poor and those who migrated there from its hinterland, though it is difficult to know whether these institutions ever made much impression on the level of poverty, but presumably for certain individuals they meant the difference between life and death. Moreover, the assumption that the poor will always be there was a pertinent reminder of their role in the reciprocal arrangement with the rich thereby recalling Christ's teaching, the necessity for both groups in society and the function of the hospital as the mediator between them, a role it also exercised between the living and the dead.

Possibly in an attempt to maintain in particular the hospital's work for the poor and sick-poor, the master sought to extend the hospital's catchment area for donations by sending out proctors to gather alms for the house. The level of success of these measures is almost impossible to gauge but the frequency with which hospitals used them seems to suggest that it was a successful device or that hospital masters were so desperate they were forced to try every method. St Bartholomew's may have met with limited success on the first occasion in 1330 because the master does not seem to have repeated the measure for over a decade and when he did in 1346 it was for two years and included an indulgence which made it more attractive, though how much more lucrative the second expedition was is difficult to judge. The arrival of the Black Death may have severely reduced the value of these measures, at least in the short-term, and this may partly explain the hospital's use of the alternative measures previously described and that when conditions for begging were considered to be more favourable, the master again turned to this pursuit with possibly a greater degree of success. Thus the condition of the hospital seems to have stabilised by the reign of Richard II and even though the master was leasing a few agricultural holdings in Deal and Sholden, the length of the lease was far longer being up to ninety-nine years in two cases.<sup>288</sup> This suggests that the master had been more successful than his counterparts at the leper hospitals of Romney and Hythe because the hospital of St Stephen and St Thomas, Romney, had become little more than a chantry chapel for the Fraunceys family and the one at Hythe seems to have been refounded as a hospital for the poor by the bishop of Rochester, Hamo of Hythe.<sup>289</sup> The hospital's readjustment to provide aid for the poor and sick-poor as well as its chantry facilities were apparently sufficient to retain its existence as a hospital even though the level of support from the local community remained muted.

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<sup>288</sup> Bodleian: Rawlinson MS. B.335, fol. 19, 85v-86.

<sup>289</sup> Butcher, 'St Stephen and St Thomas', 20-21. CPR 1340-1348, 427.

Yet even this level of support for the hospital was apparently not sustainable, or not in terms of *post mortem* gift-giving which was an important feature of charitable testamentary bequests at Sandwich to both St John's and St Anthony's hospitals during the second half of the fifteenth century. A total absence of bequests to a particular hospital was not uncommon in Kentish towns, for example St John's, bishop Hamo's first foundation at Hythe was apparently rarely aided in this way whereas the bishop's second foundation, later dedicated to St Bartholomew, was relatively well-supported through both *in vitam* grants and testamentary bequests, and both had been founded to house the poor. These differences are frequently difficult to explain and may have been the result of complex ideas about reputation, patronage, function, status and fashion which were related to personal connections and the willingness to aid the poor generally. With respect to St Bartholomew's at Dover it is not clear whether the sick-poor were still accommodated at the hospital under the care of the resident community but the community did include men like poor George.<sup>290</sup> The founding of the civic almshouses in the late fifteenth century may not discount this idea because it seems probable that the numbers of local poor in the town may have been rising due to the problems of the local economy and, moreover, the numbers so aided were probably a small fraction of those in need. Furthermore, if St Bartholomew's was providing for the type of person accommodated at the 'harbinge' of St John's, Sandwich, then it might be expected that these people were recent migrants or members of the itinerant poor or sick-poor and so were unlikely to be the type of person favoured by the town authorities for their almshouses. There may have been a greater overlap in the type of person at the almshouses and the brothers and sisters at St Bartholomew's, but the presumed retention of an entry fee and the labour in the chapel, sickroom and fields may have dissuaded some from seeking a place there, and such people may have attempted to enter the almshouses instead. Consequently it might be argued that the hospital probably continued to accommodate small numbers from a variety of groups among the poor and that this worthy charitable action might have expected to have been supported by the local townspeople.

This may imply that the lack of reciprocal exchanges with the hospital was due to other factors and although it was not in the town and therefore not particularly visible, its long history in the area seems to discount any idea of a lack of knowledge of its existence and working practice. It seems more likely, therefore, that its attachment to the priory may have had a detrimental effect on the level of support it enjoyed, possibly especially in consideration of the will and testament, a public document that displayed the maker's ideas, aspirations and prejudices, whereas the giving of casual alms may have been a more accepted practice. Similarly the occasional presence of the brothers and sisters in the town, clothed in the uniform associated with the priory, may through this visual display of jurisdiction and hierarchy have accentuated feelings about the place of the hospital as being part of the 'Other' in Baumann's terms.<sup>291</sup> Thus the hospital's long history in the shadow of the priory may have confirmed to the testators of Dover their right-thinking in ignoring St Bartholomew's especially as a group they apparently showed little

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<sup>290</sup> Above, i, c.

<sup>291</sup> Baumann, 'Ritual', 98-99.

interest in the poor, a policy many of them had adopted while members of the town government, their most positive step being the founding of the municipal almshouses. In addition these attitudes seem to have continued through the early decades of the sixteenth century because even though the number of testators leaving bequests to the poor had risen above the level found at Sandwich, the leading citizens from neither town could be described as generous. This appears to suggest that attitudes to the poor in Dover, whether inside or outside an institution, were relatively similar to the ideas described by McIntosh.<sup>292</sup> Yet for a town that might have been expected to have had an expanding population of the poor and so likely to adopt harsh methods against them, the mayor and jurats of Dover do not appear to have generally used such measures and it may be that this apparently low priority concerning the poor during life influenced their provisions for the poor at death.

For hospitals like St Bartholomew's this period in Dover (c. 1500) may mark an important change in the attitudes of the leading townspeople to such matters as the treatment of the poor, especially in terms of how and why with respect to the institutional poor and those living in their own homes in the town. It seems that the citizens were less interested than their predecessors of the fourteenth century with the modified leper hospital type, nor were they concerned with the type of reciprocal exchanges available to the donor which seem to have been of importance to William Millet at Dartford. Their preference for small almshouses based within the concept of neighbourhood and town, a form that was to become increasingly favoured in Elizabeth's reign (though in part a consequence of the loss of so many earlier hospitals) may be part of the growing awareness of humanist writings and possibly at ports like Dover, a knowledge of the changes that had already occurred with regard to form and function at some hospitals in the cities of the Low Countries, Paris and the Italian city states.<sup>293</sup> How far if at all this was linked to attitudes of anti-clericalism considered to be prevalent in certain areas of Kent is difficult to establish, and may be too broad a term for the attitudes displayed by the leading men of Dover. Because even though they appear to have displayed a long history of obstruction against the priory's collection of parish dues from the town and only provided the house with limited support throughout its existence, they did not display the level of violent antagonism shown by the Canterbury corporation against Christchurch at this period.<sup>294</sup> In addition, their testamentary support for the town's secular clergy, and possibly increasingly the fabric of the town's parish churches outside St Martin-le-Grand by the second and third decades of the sixteenth century may imply that the leading townspeople saw the focus of their spiritual, and more especially charitable interests to be the parish church, thereby complementing the role of the almshouses. Such people seem, therefore, to have been constructing an ideology that saw the parish (clergy and churchwardens) in some way added to the town (mayor and jurats) as the moral guardians of

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<sup>292</sup> McIntosh, 'Local responses', 212.

<sup>293</sup> Paris seems to have seen the founding of specialised hospitals from the 14th century which were intended to provide medical care; Geremek, *Margins of Society*, 170-171. The rise in the [4b] type almshouse for this period has been charted for 8 counties in the south-east and midlands by McIntosh; 'Local responses', 220-221. For the European perspective; Slack, *Poverty*, 8-9; Henderson, J. (ed.), 'Charity and the Poor in Medieval and Renaissance Europe', *Continuity and Change*, 3 (1988), 145-148.

<sup>294</sup> Dobson, 'Canterbury', 148.

the community which might be articulated through the charitable work of both institutions. This partnership based on responsibility for their fellow townfolk might be considered to be offering a similar service to that initially provided by the priory and hospital: alms to those outside and sustenance for those inside, but there were important differences. First, the gift-giving was now primarily in the hands of the laity who controlled who and how much should be given and secondly the emphasis within the process of exchange had altered, there was a greater concern for the body rather than a total focus on the soul which in turn seems to have led to a less explicit desire for the counter-gift of prayers for the donor. This is not to deny that most benefactors might expect the grateful poor to pray for them, but that they seem to have considered the professionals at their parish churches were better able to furnish them with these services of intercession.

Thus by the 1530s there seem to have been those within the town government of Dover who may have felt they were better able to care for the commonalty than these outside institutions, and of greater concern to the hospital, that they might be able to make better use of the hospital's assets for the greater good of the town. Yet altruism was not the only motive, nor were the interests of the town always of primary concern because there were those like John Bowle who may have coveted the hospital's lands for some time and who at the first opportunity seem to have demolished the place and presumably carried off everything of value.<sup>295</sup> John Bowle was an innkeeper in the town who seems to have been one of the 'new' men described by Dixon whose prosperity brought him into contact with the leading citizens and officers at the castle, and who was first elected jurat in 1531 before holding the mayoralty in 1539-40, the year St Bartholomew's was dissolved.<sup>296</sup> The destruction of a large part of the priory and St Martin-le-Grand was apparently carried out by other leading townsmen, but he also seems to have prospered from this demolition (he used the churchyard of St John's to keep pigs) and at his death in early 1557 he was still holding part of the hospital's property: a fulling mill with seven acres and one yard and a meadow of nine acres in the parish of Buckland.<sup>297</sup> It is not known where the last inmates of the hospital went to once their hospital had been closed, and though it is possible some may have been aided by the civic authorities there is nothing to indicate this in the chamberlains' accounts.<sup>298</sup>

### *3.ii.b. St Mary's hospital*

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|---------------|--|
| 1. foundation | early 13th century                         |
| 2. founders   | Hubert de Burgh, appropriated by Henry III |

<sup>295</sup> Haines, *Dover Priory*, 50-51.

<sup>296</sup> Dixon, 'Dover Early Sixteenth', 39.

<sup>297</sup> In his will he bequeathed nothing to the poor and nothing except twelve pence to the high altar of his parish church of St Mary, though he wished to be buried in St Katherine's chancel in St Mary's and his widow was to organise a trental of masses in connection with each of his three funeral days. The majority of his extensive estate being inherited by his family; CKS: PRC 32/26/145.

<sup>298</sup> The only reference seems to be that a year after its dissolution the late master, John Honeywode, appears to have entered a tenement previously leased by the hospital but for which the lessee had refused to pay (he may have intended to have it for his own use); BL: Egerton MS. 2093, fol. 212.



3. foundation gift	extensive lands in Dover's hinterland
4. size	unclear, probably 12-16 staff
5. inmates	priest-brothers (under rule), lay brothers & sisters
6. patronage	crown
7. own chapel	yes
8. <i>in vitam</i> grants	mostly founder's successors, otherwise rare (knightly families of region, townspeople)
9. diversification from 14th century	chantry, possibly few non-royal corrodians
10. casual alms	probably important (shrine of St Richard of Chichester, hospital gate & chapel)
11. testamentary benefactors	clusters linked to penultimate master (especially 1510s & 1520s), majority local (town & hinterland), explicit reciprocity (intercessory services, care of testator's estate for heirs)

Dover's second hospital was the creation of Hubert de Burgh, possibly to provide for the growing number of pilgrims passing through the town and to replace St Bartholomew's which may primarily have housed lepers by the early thirteenth century. These early gift-exchanges with its patron may suggest that Hubert was principally concerned about neighbourly considerations as well as the merit of his deed and that more tangible provisions for his soul were of less importance at this time. The endowing of a church there by his patron, Henry III, may have been a welcome addition to his hospital but also seems to have signalled his loss of the patronage and may explain why the premier place of intercession for his soul was at Westminster rather than Dover where he appears to have been well-liked and respected by the townsfolk. Henry's confirmation of Hubert's gifts to the hospital and his own provided the place with considerable land holdings to the north of Dover and on Romney Marsh, the patronage of several churches, certain valuable rights and privileges and a tithing of the issues from the port of Dover. This range of gifts presumably allowed the master to adopt a flexible management policy in an attempt to produce an adequate revenue to finance the hospital's main work of caring for the pilgrims and praying for their benefactors and patrons in the new church, and to produce foodstuffs and other produce from the direct-farming of at least part of the demesne. It seems probable that from the early 1230s (within a few years after the dedication of the church) there was a greater emphasis on the recruitment of priest-brothers and that the few other brothers were primarily working on the hospital's holdings, while the sisters were caring for the pilgrims under the control of one of the priest-brothers or the master. Henry may have been responsible for this change in emphasis, either directly through his patronage or through the desire for specific counter-gifts which might only be provided by a staff of priests. However, it seems likely he intended the hospital to provide at least a degree of care for the pilgrims and the retaining of the sisters there may be explained by this desire. Consequently he appears to have gained considerable counter-gifts from his reciprocal exchanges, both in terms of the spiritual provisions initiated for his soul

and those whom he nominated and with respect to his own reputation as the guardian of his people and the nation's premier saint. He also appears to have gained more tangible rewards in the form of hospitality for his chancery clerks in particular, but at times at least part of his household appears to have stayed there and this provision of temporary accommodation was an increasingly significant part of the exchange between the two partners. Yet the ability to provide hospitality was an important part of the function of a medieval household and an institution was equally expected to signal its wealth and status through its consumption and that of its guests. Consequently the master was obliged to furnish his guests with a high level of hospitality with limited regard for the costs involved because in part he might recoup his expenses through the provision of further gift-exchanges, either with the king or members of the royal family, or other benefactors who wished to be associated with this prestigious charitable institution.

Even at this early stage in the history of the hospital the dominance of the king within the relationship may have been obvious to the master, and though he was presumably exceedingly grateful to his royal patron, he may have welcomed the chance to supplement the hospital's income through the offerings made at the shrine of St Richard of Chichester. The arrival of this saintly man a few days before his death, his consecration of their new chapel and his desire that his entrails might be buried there for the sustenance of the poor through the mediation of the hospital aided the institution financially, but may have considerably enhanced its status as a sacred site and increased its reputation as an important pilgrim hospital. This higher profile of the hospital within the locality and region may have also expanded the demands placed upon it by the poor pilgrims seeking shelter there, but may also mark the beginning of a limited interest in the establishment by local townspeople. Prior to this the few known donors seem to have belonged to the minor nobility who may have seen the hospital as part of their charitable strategy, its value based on its reputation rather than personal acquaintance of the place or its staff. These new, local benefactors sought explicit counter-gifts from St Mary's whereas the earlier benefactors predominantly followed the earlier form of alms-giving and the first known request for confraternity dates from this period. Such a counter-gift might be thought to be of particular value from a local institution because the donor and his descendants were presumably able to monitor its implementation, possibly over several generations.

The control of both the town's hospitals resided in the hands of outside authority and in the case of St Mary's in particular this may have been resented by the leading townsmen who may have believed this charitable institution should be under their jurisdiction. Its greater status than St Bartholomew's and its function as a pilgrim hospital, a group of persons to whom the town was indebted for their stimulation of the town's economy, might have meant the mayor was eager to appropriate this symbol of the link between Dover and St Thomas. Such a tangible demonstration of the importance of Becket to the town might mirror the relationship established by their counterparts at Sandwich between that town and St Bartholomew which the leading citizens of Sandwich had apparently used successfully in their construction of a unique civic identity of value in their struggle against Christchurch and the crown.

Furthermore, they like the citizens of Dover were about to continue their battle against outside authority, on this occasion the king (c. 1260) and whereas the men of Sandwich might draw on their governance of the town's hospital as an illustration of their charitable concern and good governance of the town, the men of Dover were not able to use this potent symbol. Instead the king retained his jurisdiction over the hospital which may have meant the men of Dover sought another symbol to display their relationship with the town's saint that was presumably intended to demonstrate similar values of good governance, and in this case they provided the inclusive symbol of a candle, the 'trendal'. This may suggest that by the late thirteenth century St Mary's hospital had become irrevocably linked to the crown in the eyes of the civic authorities and that its place was considered to be outside the town. This attitude seems to have had far reaching consequences for the hospital, including possibly its ultimate destruction.

However in the shorter term, the hospital appears to have suffered from problems of poverty. This situation was officially recognised in 1325 when the house sought tax exemption from the crown and such problems appear to have continued until at least the mid-century. The chronology of the hospital's difficulties seem generally to follow those described by Mate for Christchurch priory because even though St Mary's seems to have had certain difficulties in gaining its share of the port dues from the constable at the beginning of the century, it does not appear to have suffered in the French raid of 1295 (the Maison Dieu being one of the few buildings to survive) and the business of the house appears to have continued without much difficulty until the second decade of the new century.<sup>299</sup> In 1320 they received a royal licence to acquire lands, tenements and rents valued at 100s a year but seem to have gained nothing at the time because two grants from Richard II's reign refer to it and they surrendered the licence in 1410 having finally gained its full value.<sup>300</sup> Their desire to acquire greater assets may have been prompted by the heavy royal demands placed on the house during this period, especially the provision of hospitality which appears to have been occasionally extended to other members of the royal family apart from the king as 'guests' of the chancery.<sup>301</sup> This meant that at a time when the various sources of revenue collected by St Mary's were all probably under threat or had recently declined, for example the possibility of war with France over Gascony in 1323 and the agricultural disasters of the previous decade, the outgo continued to rise because of the demands for hospitality placed on the house: the boarding of royal corrodians for life and the accommodating of short-term royal and other guests. Thus even though hospitality was a measure of the lord's largesse and so was an important part of the economics of consumption (in terms of accommodation, food and wine, and entertainment), for the master at the Maison Dieu the apparent appropriation of his position as head of the household by the king and secondly, the chancellor, may have greatly added to the hospital's expenditure on consumption

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<sup>299</sup> Mate, 'The Impact of War', 771-778; Statham, *Dover*, 56.

<sup>300</sup> CPR 1317-1321, 492, 1377-1381, 370; 1391-1396, 164.

<sup>301</sup> Edward II's eldest son was lodged there in 1325; CCR, 1323-1327, 503.

because the chancellor may have considered it was expedient to seek a higher level of hospitality for himself and his 'guests' than the lower status master may have believed appropriate.<sup>302</sup>

In spite of these difficult times for the hospital which were reflected in the negative balance between income and outgo during the last decade of Edward II's reign and his son's rule, the Maison Dieu appears to have entered Richard II's reign as a wealthy and important local religious institution.<sup>303</sup> The master appointed in 1378 may have been a significant asset to the house because Valentine de Bere was presumably a member of the locally prominent de Bere family who had been in the town for several generations, and it may have been his influence or knowledge of his appointment that prompted the two grants in mortmain and a further grant acquired without licence in the following year and in 1392.<sup>304</sup> These grants extended the hospital's holdings in Romney Marsh and provided it with the rents from fifteen shops and two messuages in Dover.<sup>305</sup> One of the donors of the town rents was Beatrice Salkyn and the value of these new assets may be measured by her inclusion in the *Valor* as one of those for whom the hospital celebrated annually. Interestingly these grants were followed by several more in 1410 including both property and rents from the town but few of these benefactors seem to have been local townspeople, for example Nicholas Haute was a knight and two others were clerks which suggests local support remained minimal and that any revival of interest in the hospital was confined to the lesser nobility and local knights.<sup>306</sup> Moreover, Nicholas Haute and his brother had already engaged in a gift-exchange with the priory concerning the lease of part of their land holding for thirty years and these acts may form part of his charitable strategy, especially his gift to St Mary's, because the rents the house received were for the maintenance of a lamp to burn daily before the high altar in the hospital's church. Gifts of this nature where the donor did not specify the counter-gift or sought provisions like that of Nicholas' may have been welcomed by successive masters because they required little of the institution's resources and seem to have occurred at a time when royal demands on the place had decreased. Royal corrodians are not listed in the records for this period and the loss of territory to the French crown may have significantly reduced the amount of accommodation sought by the chancery and others at the Maison Dieu thereby allowing a larger proportion of its income to be spent on the poor and pilgrims, and on those whom the master wished to entertain rather than those thrust upon him. This positive balance between income and outgo, both in terms of the specific reciprocal exchange and the totality of the hospital's position appears to have improved further in 1448 when St Mary's gained a licence to acquire in mortmain lands and rents worth £40 per year for the sustenance of the poor and pilgrims and a royal grant in frankalmoin of lands in Thanet forfeit from George Browne's estate following the unsuccessful

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<sup>302</sup> Dyer, *Standards*, 53-55.

<sup>303</sup> Though it probably only came to the notice of many of the townspeople through its patronage of St Mary's church and its small amount of town property.

<sup>304</sup> *CPR* 1377-1381, 177. His namesake had been bailiff of the town in the last years of Edward I and during his son's early years; Lambeth: MS. 241, fol. 73, 80. The previous master appears to have been a pluralist, being a canon at Wingham and a king's clerk; *CPR* 1367-1370, 168, 171.

<sup>305</sup> *CPR* 1377-1381, 370; 1391-1396, 147, 164.

<sup>306</sup> *CPR* 1408-1413, 212.

rebellion in 1483.<sup>307</sup> Through such acquisitions and other land management strategies successive masters seem to have been turning away from Dover for their support and this may have meant the hospital continued to be perceived as a royal institution and that although its work for the poor might be recognised by the townspeople it was insufficient to generate much local interest except for the very occasional testamentary bequest where the donor hoped for the reciprocal gift of prayers for his soul.<sup>308</sup>

This locally marginal place of a probably regionally important institution appears to have changed in the second decade of the sixteenth century, and most particularly after the appointment of Sir John Clerk as one of the two wardens in charge of the harbour works in 1518.<sup>309</sup> He seems to have viewed this work as an act of charity on behalf of the town because the town owed him money from the first year of his appointment and he also appears to have used part of the premises of the Maison Dieu for storage of building materials, sea coal and possibly a place to make the mortar.<sup>310</sup> His personal generosity seems to have included paying for certain work done and he may have influenced others to similarly pay for set amounts of work because the town seems to have been unable to fund the operation.<sup>311</sup> Apart from his organisational skills, he was prepared to petition the Merchant Adventurers on behalf of the corporation which required him to visit London and he seems to have ridden there on several occasions.<sup>312</sup> Through this work he became well-known to the people of Dover and his frequent contacts with the civic authorities appear to have meant he was well regarded by these leading citizens and such men may have also become more aware of the work of the hospital. Even though this did not lead to gifts for the hospital's work with the poor it does seem to have produced a few reciprocal exchanges in respect of the other area of the hospital's work: intercession and commemoration. Sir John was not the only member of the hospital's staff who was recorded in the testamentary sources for the town and its hinterland but his name was the most numerous, yet possibly few were as intimate with the master as Giles Love who seems to have built a strong relationship with him before his greater local renown from 1518. However, there were a number of prominent Dover testators, others from the town's hinterland and even men from Romney, Hythe and Canterbury who wished the master to organise their services of intercession, act as guardian of their children and manage their estates for designated heirs, while others provided Sir John with gifts which might imply personal esteem and friendship.<sup>313</sup> The hospital was consequently engaged in a greater number of gift-exchanges with local townspeople than possibly ever before (although this

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<sup>307</sup> CPR 1446-1452, 131; 1476-1485, 406.

<sup>308</sup> For example in 1472, John Barbour, the master, leased 2 mills to Robert Salter, a miller at River, he was only to take one of the mills after the completion of a previous agreement between the master and John le By of Ewell; Statham, *Dover Charters*, 251-252. It is possible by the late 15th century the master was adopting a leasing policy for its financial advantages and also because of problems over staffing shortages at the house: in 1457-8 the master sought papal permission to present brothers under age for holy orders because the hospital had recently suffered high death rates from the pestilence; Seymour, 'Hospital in Later Middle Ages', 258.

<sup>309</sup> BL: Egerton MS. 2108, fol. 25.

<sup>310</sup> BL: Egerton MS. 2108, fol. 26v, 28, 44v, 55, 70, 75.

<sup>311</sup> In 1523 Sir John gave the use of his horse and cart and the labour of 3 men; in the following year Sir Robert Yong, the curate at St Mary's, gave 6s 8d toward the repairs; BL: Egerton MS. 2108, fol. 61, 63v.

<sup>312</sup> BL: Egerton MS. 2093, fol. 44-45.

<sup>313</sup> For example in 1521 John Williamson of Canterbury bequeathed to Sir John a silver standing cup with a cover; CKS: PRC 17/15/101.

assessment cannot take into account casual alms-giving) and this cluster of testamentary bequests may suggest that St Mary's was beginning to be seen as a Dover institution rather than a royal establishment. Thus even though most benefactors seem to have considered the hospital church and the priest-brothers in terms of an additional or complementary service for their souls, this appears to have been a considerable extension of the hospital's intercessory provision which may previously have been dominated by services for various kings, a few aristocrats and several members of the lesser nobility, but very few Dover townfolk.

However, there may have been one particular disadvantage for the hospital of its higher profile within the locality and region, and Sir John appears to have recognised this during his serious illness in 1533 when he remarked that it was unlikely any of the brothers might be allowed the mastership because such a post was likely to be coveted by the crown "for it (the hospital) is named very rich."<sup>314</sup> He appears to have been correct in his assessment because soon after his death in 1535 Jean de Ponte, the French friar, was petitioning Cromwell for the mastership with the promise that if Cromwell gave him the place he would send him a detailed inventory of the hospital's valuables, presumably so that they might share the proceeds.<sup>315</sup> Cromwell seems to have had his own plans for the house because he appointed Sir John Tomson, the parson at St James's, to the mastership in January 1535 and within the month had sent his own servant to Dover to make an inventory of the place.<sup>316</sup> Tomson had sought Cromwell's favour before in 1533 when he condemned the ungodly behaviour of his fellow clerics, both regulars and seculars and he also seems to have courted royal favour by providing a new plan for the harbour works, a project he wished to head.<sup>317</sup> For the hospital their new master was probably a disaster because he seems to have spent most of his time on the harbour works and had apparently become involved in the factional disputes within Dover society. Furthermore, he was frequently engaged in acrimonious disputes with the royal paymaster of the works because he spent well over the budget and seems to have been totally ineffectual and apparently unconcerned when the priory was looted, an incident that might have been expected to worry the head of a neighbouring religious house.<sup>318</sup> Presumably the three priest-brothers and the two lay brothers, who had signed the oath of acknowledgement of the royal supremacy in 1534, attempted to continue the work of the hospital, the priest-brothers celebrating for the souls of the benefactors and the lay brothers, with the wife of one of them, caring for the poor in the infirmary and organising the hospital's farm when time was available.<sup>319</sup> This apparently small staff was even smaller in 1544 when the hospital was surrendered because only the priest-brothers and the master signed the

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<sup>314</sup> *L & P*, vi, 413.

<sup>315</sup> *L & P*, viii, no. 64.

<sup>316</sup> Cromwell had been alerted to Tomson's character by Christopher Hales who called him "the worst priest I have ever known"; *L & P*, vi, no. 1148. He was only once recorded in the Dover wills when he witnessed Robert Stilman's will in 1537; CKS: PRC 32/19/30. John Anthony, Cromwell's servant seems to have weighed the silver as well as counted all the livestock and deadstock held by the house; *L & P*, viii, no. 96.

<sup>317</sup> *L & P*, vi, no. 65; vii, no. 1170.

<sup>318</sup> *L & P*, ix, no. 734; x, no. 146, 214, 347, 614, 640, 985, ; xi, no. 275, 289, 745, 1254, 1321; xii (2), no. 982, 1108, 1229, 1230.

<sup>319</sup> *L & P*, vii, no. 769. Walcott, 'Inventories St Mary's', 278-279.

declaration which might infer that during his mastership the hospital had almost ceased to function.<sup>320</sup> It seems probable that this situation had been recognised by the brothers and at least one of the priest brothers was already working among the townspeople, Sir William Noole was said to be their confessor by several parishioners from St James's who made their wills before 1544.<sup>321</sup>

Consequently its change of function to a victualling yard may not have been very different from its last few years as a hospital because it seems likely that Tomson's obsession with the harbour works had turned the hospital premises into a builder's yard. Furthermore, even before the surrender the hospital was labelled as 'the king's' which seems to suggest that the crown had reappropriated its house and was using the buildings for its own use under Tomson.<sup>322</sup> He may have readily agreed to these changes especially as he was involved in a gift-exchange with the crown in 1543 on his own account which probably sealed the fate of the Maison Dieu when he received the rectory of Edberton in Sussex and at the same time became one of the king's chaplains.<sup>323</sup> He received a considerable pension in 1545 of £53 6s 8d while his fellow priests received £4 or £6 13s 4d and they had to wait until the following year.<sup>324</sup> Initially at least two of the priest-brothers remained in the town, Sir William appears to have retained his connections with the parish of St James while Sir Henry Wood seems to have helped at St Mary's church until 1551 and in this way they may have retained the spirit of the old hospital through their spiritual and pastoral activities for the benefit of the local townspeople.<sup>325</sup>

### 3.iii. Summary

The intention here has been to produce a second case study comparable to that of the town of Sandwich which would expand the type of hospitals investigated, in terms of function, patronage and wealth. Dover is appropriate for a number of reasons: the town was another head port of the Cinque Ports Federation with a long history as a defensive and mercantile centre that had suffered attack on several occasions from forces both inside and outside the kingdom, and by the late medieval period its livelihood was also under threat from natural forces. Furthermore, the Dover hospitals complemented those at Sandwich because one was a leper hospital and the other a hospital for pilgrims, the former having strong links with the local priory and the latter being under royal patronage. The ecclesiastical structure at Dover was more complex than at Sandwich, thereby providing a different range of choices for the townspeople within the

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<sup>320</sup> *L & P*, xix (2), no. 728.

<sup>321</sup> Raynold Alye (1540), John Taverner (1543); CKS: PRC 32/18/10, 32/19/43.

<sup>322</sup> *L & P*, xix (1), no. 724.

<sup>323</sup> *L & P*, xviii (1), no. 346.

<sup>324</sup> *L & P*, xx (1), 678; xxi (1), fol. 139v, 144v, 191v.

<sup>325</sup> Sir William was named as his 'gostly father' by Thomas Bannester in October 1544, he was named as William Lewes' executor in May 1545 and witnessed Richard Creke's will in August 1545; CKS: PRC 32/19/33, 32/19/64, 32/20/15. Sir Henry was paid 16d for helping in St Mary's church at Christmas in 1547 and in 1551 he was paid for riding to Canterbury on behalf of the church; BL: Egerton MS. 1912, fol. 34v, 50v. He also witnessed and was the 'gostly father' of William Envyer, yeoman, in 1548 and this William may have been one of the lay brothers named in 1535; CKS: PRC 32/22/14.

spiritual economy and so introducing a greater variety of exchange partners. Also, as at Sandwich, the leading citizens sought to construct their own civic identity at times of crisis. In the case of Dover this may primarily have happened in the 1260s when the town joined the other Cinq Ports in their support of Simon de Montfort. The 'trending' offering at Becket's shrine from the barons of Dover may have formed an important part of this identity and as a consequence provides an interesting alternative to Sandwich and its St Bartholomew's day procession with the offering of candles to the saint in his hospital.

This chapter has followed the same format as that on Sandwich. The first time period chosen was the mid thirteenth century because it covered the appropriation of the *foundation and patronage* of St Mary's hospital by Henry III from Hubert de Burgh and the few *in vitam* grants that were received by St Bartholomew's hospital about a century after its foundation. For St Mary's this included an analysis of how and why this institution became a royal establishment, what this may have meant in terms of the counter-gifts expected by the king and his successor and the implications for the hospital's function. In addition, the effect this appears to have had on the likelihood of the house receiving further gifts was noted, and in particular the seeming lack of interest shown in the place by the local leading townspeople. As a counter to this apparent local indifference in terms of these land grants, the possible value of the shrine of St Richard of Chichester and the provision of casual alms was investigated and this gives other indications of the importance of the hospital within Dover society. Although St Bartholomew's was under the patronage of the local Benedictine house this does not appear to have improved its chances of receiving *in vitam* grants. The hospital was involved in a small number of these reciprocal exchanges which might be classified at various points along the continuum, including some exchanges that suggest the hospital was involved in a small way in the local land market. Others apparently sought spiritual counter-gifts, like the services of a priest or the offer of confraternity, and these more explicit expectations might be seen as characteristic of the changes occurring within such exchange processes during this period. The place of the hospital's mother house, the priory, was assessed and it too seems to have been operating in the land market, having received few grants in free alms. The range of exchange partners both it and St Bartholomew's were engaged with was also examined, especially the provision of indulgences from senior churchmen and their value to the recipient establishment. Also explored was the matter of ecclesiastical jurisdiction within the parochial system and the implications of this for the priory and the townspeople. The repercussions of this subordination of the town's churches to the priory, and so Christchurch, were manifested in the choices taken by the citizens with respect to the systems of reciprocal exchange they were prepared to undertake. These appear to have been limited, regarding the priory and hospitals, and may also have been less than at Sandwich in terms of the parish churches.

Having examined the diversity of exchange forms used by the hospital's exchange partners in the mid thirteenth century (though mostly towards the gift-exchange end of the continuum), the next sub-section was used to investigate the relationship between income and outgo and the reasons why these houses were claiming poverty by the mid fourteenth century. The relationship between the hospital and its patron



was seen as critical and was more significant for the Dover houses than the different levels of income each received. Thus, even though St Mary's gained far more revenue through the management of its large estates, its patronage of various churches and the alms it received, its outgo was also far higher due to the demands placed upon it by the crown in terms of hospitality for a wide range of groups nominated by the king and chancellor and the placing of a series of royal corrodians at the hospital who received board and lodging at the house's expense. Edward III was prepared to grant St Mary's tax exemption on certain occasions, which may imply a degree of concern for this royal institution, but other hospitals under other patrons were similarly able to gain such exemptions thereby suggesting that regard between the king and his hospital was not the primary factor in their relationship as exchange partners, especially as the king continued to place corrodians there. In contrast St Bartholomew's may have enjoyed a relationship with the priory involving a degree of regard between the two partners, and although the priory did not provide further assets for the hospital in the form of land grants, the prior continued to look after the interests of St Bartholomew's.

The apparent lack of support for either hospital by the people of Dover, possibly as a reaction to the patrons of these institutions, has been noted. Dover priory's unsuccessful battle against Christchurch and its consequent subordination to that house adversely affected local support for both Dover priory and St Bartholomew's. Similarly in consideration of the Maison Dieu, the crown as patron represented an outside authority claiming temporal jurisdiction over the town, just as Christchurch through Dover priory claimed spiritual jurisdiction, and the mayor and jurats, the leading citizens, may have sought to demonstrate their opposition to these outsiders by refraining from undertaking reciprocal exchanges with these charitable establishments. Instead the townspeople appear to have constructed a gift-exchange with their saint, Thomas Becket, by their symbolic offering of a giant candle at his shrine every three years, producing a ritual which made an important statement about the town of Dover.

The third sub-section examined the period around 1500 using testamentary bequests and other sources where possible, to provide an indication of the strength of the exchange networks between the wealthier people of Dover, their counterparts in the town's hinterland, the civic authorities and the various religious institutions in the town, the institutional poor, and the poor in the town. In this way it was intended to produce a picture of the relative incidence of these networks and so the place of the two hospitals within these systems of exchange and reciprocity. In addition to the differences between the levels of testamentary support for particular houses/groups this information might provide evidence of the changing exchange networks over time, like the incidence of clusters of bequests to a certain institution which might in turn relate to the personnel of the house and perceptions of the worthiness of the recipient. Worth might be seen in different ways, being possibly related to the status and reputation of the house or certain personnel within it, the status of the patron, the activities of the house's inmates both inside and outside its gates and the perceived value of this to the local community, and the institution in relation to others within the locality. The best documented example of this was the cluster of

testamentary bequests apparently linked to Sir John Clerke, the master of St Mary's, especially in the 1510s and 1520s when he had been appointed as one of the wardens of the harbour works, and his subsequent work on behalf of the town. This sub-section also included an examination of the type of counter-gifts sought by testators, which indicated the relative importance of different forms of intercessory services chosen, as well as providing a suggestion of how testators saw their reciprocal exchanges in relation to the three-fold duties to God, their neighbour and themselves.

The second section used these time periods as a means of providing a social history of the two Dover hospitals which was based on the systems of exchange and reciprocity employed by the hospitals and their exchange partners. Moreover, having examined the place of the hospital at various times during its history in terms of the other institutions in the town, of the town and outside it, as well as the responses of individual townsmen, it was possible to chart the history of the particular institution within the context of the local society. St Bartholomew's seems to have become a leper hospital within a few years of its foundation. It appears always to have been a poor house because both the original endowment and the *in vitam* grants it received were small in number and in value, but it may have been aided on several occasions by its patrons, the various priors at Dover priory. Its relationship with the town seems to have been influenced by this link between the priory and the hospital throughout its history and at no stage does St Bartholomew's appear to have enjoyed any real measure of local support. Even though it apparently accommodated the poor and possibly the sick-poor from the mid fourteenth century and may have continued to do so until its dissolution, this does not seem to have produced alms for the hospital in terms of testamentary bequests, but it may have received casual alms at its gate or via the proctors. However, the history of its dissolution seems to suggest that local interest in its charitable work was minimal and it seems to have been lost without any local opposition.

In contrast the Maison Dieu was the richest hospital in the county, although its outgo sometimes outstripped its high income so that it suffered poverty during the fourteenth century. It was founded for the care of poor pilgrims, receiving considerable resources during the first fifty years provided to a large extent by its royal patron. Although extremely valuable, these early reciprocal exchanges required the hospital to pay a high price, both in terms of the counter-gifts sought by various kings, but also that this seems to have severely reduced its favour among the local people who were apparently unwilling to aid a royal foundation. It may, however, have been successful in collecting casual alms through its shrine of St Richard of Chichester, though it is not clear whether this was valuable in the longer term. During the fifteenth century the hospital was very occasionally seen by testators as an additional exchange partner which might provide intercessory services, but it was the hospital's penultimate master who seems to have brought it to the attention of a larger percentage of the leading citizens. As a result St Mary's was involved in a number of reciprocal exchanges with testators from the town and its hinterland, and with the mayor and jurats. However, the death of Sir John and the activities of his successor seem to have

once again placed the hospital out of favour with many of the leading citizens, and when the crown came to dissolve the house they were ready to participate in its destruction

## Conclusion

The main aim of this thesis was to investigate the social history of the hospital by examining its role and place within medieval provincial society. Rather than concentrating on an assessment based on foundation, function, administration and resources it seemed more appropriate to employ a form of analysis which looked at the relationships and connections the hospital established with those within its community and those outside. The value of Davis' exchange theory (summarised in Chapter 1, vii. a.) was that as an inclusive construct it allowed an investigation of all the exchanges in which the hospital was involved. However, it seemed advisable to concentrate on exchange and reciprocity because this form of exchange was widely used within the spiritual economy, an area of special importance for the hospital. The challenge of producing a method that allowed for a systematic exploration of the systems of exchange and reciprocity for a long period and for the county of Kent was overcome by employing two units of analysis: the region and the town, and by applying a complementary approach which combined system with process through the use of chronological sections and the history of the hospital.

From the histories produced for the hospital models, which were summarised in Chapter 1, vii. b. (also see Appendix 1), and the individual hospital histories produced for Sandwich and Dover in Chapters 2 and 3, it became clear that regional factors had been significant in the development of the county's hospitals. One factor that seemed significant with respect to the early (late 11th century and early 12th century) development of the hospital in Kent was the presence of the archbishop at Canterbury and the fact that there were several well-endowed, pre-Conquest Benedictine monasteries at the cathedral cities of Canterbury and Rochester, and at Dover. These wealthy religious establishments were able to follow the archbishop's example by founding or patronising the hospitals in the vicinity of their house thereby enhancing the prestige of their own foundation. As a result of the type of founder all these early hospitals were urban foundations and there is no evidence of rural leper colonies or hospitals in Kent.

The universal incidence of urban hospitals was maintained by the other group of hospital founders: the townsmen. The predominance of this type of founder from the late twelfth century may have been a reflection of the considerable number of small, ancient urban settlements close to the old Roman road between London and Canterbury and the pre-Conquest towns of the Cinque Ports Federation. For such men the founding of a hospital by or in their town was an important spiritual act and also demonstrated their social responsibility for the town and possibly its hinterland. These hospitals were characteristically small and even though some had a chapel and priest, they were principally founded to house the poor/infirm within a secular community. The small number of inmates indicates that the authorities employed a discriminatory system of charity, probably from their foundation and few hospitals appear to have offered beds for the sick-poor. This meant the classic picture of the sick lying in their beds and gazing at the high altar was unlikely to occur in Kent. The townsmen remained the dominant group of

founders in Kent for the rest of the medieval period and their hospitals similarly retained the same characteristics of being small, urban, for the poor/infirm and, unlike some of those under monastic patronage, the hospital community did not live under a religious rule. Moreover, these hospitals maintained the same pattern of distribution, being concentrated in the northern corridor between London and Canterbury and at the Cinq Ports. With respect to the late medieval almshouses, though slightly more widespread including a few in the Wealden towns, the type [4b] was the dominant form and its role as a place for the care of the poor/infirm under lay (but rarely civic) governance suggested stronger lines of continuity from the earlier Kentish houses for the poor than between this earlier form and the type [4a] almshouse.

There were very few aristocratic/royal foundations in Kent which may in part reflect the small number of aristocratic families in the region and the fact that for most of them their main land holdings were outside the county. A few of the minor aristocracy were prepared to found small religious houses and/or to support certain hospitals and though such benefaction may have been important locally, regionally in consideration of the number of foundations, this group were of relatively little consequence. Similarly certain knightly families were important locally as founders and patrons, like the de Sandwich family and St Bartholomew's hospital, but their overall involvement in the region's hospitals was extremely limited. Royal involvement mirrored that of the aristocracy where Henry III took the name of founder of the two aristocratic foundations at Dover and Ospringe. The size of the endowment such benefactors were able to provide was far greater than any received by the hospitals founded by the townsmen or the senior churchmen; only Lanfranc's hospitals had received substantial foundation grants, which meant that royal patronage was significant in Kent in terms of the importance of these two hospitals. In addition to their considerable wealth these houses displayed a number of different characteristics compared to the other lay foundations of the townsmen. For example, like some of the hospitals under monastic patronage they were staffed by a number of priest-brothers who lived under a religious rule, though unlike those hospitals the institutions at Dover and Ospringe may have offered some opportunities for education and learning. Other differences related to the functions of these institutions, because even though the aristocratic founders had intended their primary role to be the care of poor pilgrims, Henry III modified this. One of their principal functions became the provision of intercessory services for the king, his ancestors and other benefactors. Furthermore, the complex reciprocal exchange relationship between the crown and the hospital was characterised by exploitation rather than regard for the house which meant that the various kings expected the hospitals to provide hospitality for the royal household and to sustain the former crown servants sent there.

The international significance of Becket's cult drew vast numbers of pilgrims to the county and it seems likely that the majority would have travelled to Christchurch along two main routes: Watling street between London and Canterbury and the road from Dover to Canterbury, a probable third way being via Maidstone, the next bridging point upstream on the Medway. Although the urban settlement pattern was

probably the primary reason for the concentration of the county's hospitals along these same routes, their siting may have been enhanced by being positioned at bridging points and close to ancient healing wells. Such small houses, whether initially intended for the poor or the lepers, may have given overnight shelter to a few poor pilgrims, but this level of provision would have been totally inadequate for the numbers involved. Only three hospitals were specifically founded to provide for the poor pilgrims, though St Bartholomew's at Dover seems initially to have favoured this group, St Mary's hospital at Strood included poor pilgrims among the poor it accommodated and the monastic houses were similarly expected to aid them. The largest group of hospital founders, the townsmen, seem to have shown little interest in such provision, their priorities being the local poor and infirm for whom they felt a social and religious responsibility. Instead the pilgrims were favoured by those with broader concerns, the aristocracy, Henry III and a few senior churchmen, whose symbolic aid for Christ the pilgrim suggested ideas about pastoral care by both the secular and religious authorities in England. Interestingly even Eastbridge, the only burgess foundation for the pilgrims, *did not remain under lay control and it was one of the very few hospitals which changed from lay to ecclesiastical patronage.*

For Kent the incidence of civic patronage seems to have been extremely significant with respect to the role of the hospital, its place within provincial society and its long-term development and survival beyond the Reformation period. The leading townsmen, and to a lesser extent their knightly neighbours, began founding hospitals in the late twelfth century and their successors continued to do the same throughout the medieval period of which a considerable number were under the patronage of the local civic authorities. The rest were predominantly governed by the townsmen's heirs and assigns which frequently meant his peers among the leading citizenry and possibly a local cleric and/or a town officer. For the founder this system of patronage placed a moral as well as legal duty on his nominees, and by inference the other leading citizens, to protect and sustain his hospital through their alms-giving, the selection of suitable inmates and their monitoring of the welfare of the house. Although the later medieval type [4b] almshouse founders may have been less concerned with the longevity of their creations, they did consider the short-term maintenance of their charitable establishments and so were equally attentive to their governance. This apparent confidence in the collective responsibility of the leading citizens and the desire for the hospital to remain outside ecclesiastical governance appears to have been especially important for the townsmen of the Cinq Ports, but was also found at the cathedral cities of Canterbury and Rochester, for example Simon Potyn's hospital of St Katherine founded in 1316. Recognition of the worthiness of the local civic authorities to govern the town's hospitals was not confined to the townsmen and in the mid fourteenth century this view was endorsed by bishop Hamo with respect to his two hospital foundations at his home town of Hythe. The different circumstances of St Mary's hospital at Strood meant civic governance was not a feasible option and when he revised the ordinances he placed the hospital under the jurisdiction of Rochester priory.

For the civic authorities their role as patron demonstrated their social and religious responsibility for the poorer and weaker members of the town, but as shown in Chapter 2 their acts might also provide them with political advantages. The construction of the myth and ritual by the civic authorities of Sandwich concerning the foundation and patronage of St Bartholomew's hospital was an important example of their symbolic use of the relationship between the town and hospital. By forming their narrative of the events and the consequent annual act of gift-exchange at particular times of crisis for the town in their struggle for autonomy, the mayor and jurats had constructed a civic ideology which highlighted their social responsibility for the commonalty. This message was intended for the consumption of a number of audiences both inside and outside the town, and may have been of special interest to their compatriots at the other Cinq Ports, possibly influencing Dover's own construction of their inclusive symbol, the giant 'treadal'.

The role of St Bartholomew's within the civic ideology was based on the systems of exchange and reciprocity enacted between the mayor and the hospital and, following the demographic crises of the mid fourteenth century, the special relevance of this relationship was again apparent in the ordinance concerning the disposal of the property of deceased orphans. However, the political and social advantage of such patronage might become an arena for conflict which was seen to occur at Sandwich in the fifteenth century concerning the right of election of the inmates. The dispute between the common assembly and the mayor was symptomatic of the tensions within the commonalty at a time of increasing economic difficulty and the further conflicts involving the hospital in the early sixteenth century continued to demonstrate its relevance in the political and religious life of the town, though this relevance was lost following the religious changes of the 1540s

It was also found that the place of St John's hospital in Sandwich was connected to the political and social life of the town through its governance by the civic authorities. Their use of the hospital as a central part of their strategy for vagrancy and the poor suggested ideas about containment and control. This departure from the traditional notion of voluntary entry and the problem of keeping undesirables out seemed to mark an early attempt at what Pullan called the 'redemptive' role of charity, and its use in Sandwich may indicate the influence of continental ideas regarding the treatment of the poor.<sup>1</sup> As a result of such measures the relationship between the hospital's resident community and the civic authorities was seen to deteriorate which prompted a number of disagreements between the two parties and consequently a widening of the social divide between the new brothers and sisters and their patrons compared to their predecessors of the fifteenth century. Yet for the mayor and jurats their manipulation of the town's hospital was undertaken for the maintenance of order and so the good of the commonalty which remained their prime objective.

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<sup>1</sup> Pullan, 'Support', 181-182.

The hospital's involvement in the spiritual economy reflected both its charitable and its religious roles, but the balance between the two varied for different hospitals and over time. Although the principal charitable activities of the hospitals were conducted within the house or at its gate, some extended their works of charity into the community, for example to the maintenance of bridges and roads which increased the public profile of the institution. There is little evidence to suggest that the majority of Kent's hospitals provided relief for the sick-poor, poor pilgrims or the poor who sought out-relief at the hospital's gate. In part this reflects the paucity of the hospital archives but more significantly the only hospitals known to have provided out-relief were the few pilgrim hospitals, which may suggest these charitable acts were seen as linked.<sup>2</sup> Instead most hospitals directed their charitable provision towards accommodating resident inmates, either the poor/infirm or lepers. However, in terms of the number of beneficiaries of this institutional charity the chance of receiving a place at one of the county's hospitals was extremely limited regardless of the category of inmate, and for those seeking residential care the presence of more than one hospital in the town does not appear to have significantly increased the chances of success. For example, assuming the population structure for Sandwich was comparable to Tuscany for the same period (14th and 15th centuries) I have calculated that the likelihood of entering one of the hospitals in old age was at best 1 in 100 for the townsfolk of Sandwich, but that the hospitals' wider catchment areas which included the town's hinterland would have made these odds even more prohibitive.<sup>3</sup> This imbalance between 'supply' and 'demand' presumably meant that the hospital authorities applied certain selection criteria for most of the medieval period. The evidence from Sandwich confirmed this and indicated that relative poverty had been used from c. 1300 which suggested that the hospital's charitable role did not rest solely on the numbers aided but also on those on whom this aid fell.

The hospital's role within the spiritual economy in terms of its religious duties varied considerably between hospitals, but the monastic and royal foundations were characterised by a far greater emphasis on the time the inmates spent in the hospital's chapel compared to the early burgess foundations and especially the type [4b] almshouses. However, the almsfolk of the small number of type [4a] almshouses were expected to fulfil their obligation to the founder through the saying of large numbers of certain prayers, and this devotional activity was also intended to aid their own salvation. Except for a few, poor, early foundations and the type [4b] almshouses, the hospital was likely to have a chapel where divine service was celebrated daily and the chaplain administered the sacraments to the hospital's lay community. In addition the hospital was able to offer a variety of intercessory services to prospective benefactors and these have been discussed using the evidence from Dover.<sup>4</sup> Like the hospital's charitable activities, its religious role was not confined to the premises. Certain houses were responsible for a number of parishes where they held the advowson, and a few priest-brothers also acted as chantry priests.

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<sup>2</sup> For example, St Mary's at Dover used over 20% of its annual revenue and possessions for poor relief (at a ratio of 4:1 between the poor inside and doles to those outside); *Valor Eccl.* (Rec. Com.), i, 56.

<sup>3</sup> Herlihy, D. & Klapisich-Zuber, C., *Les Toscans et leurs familles* (Paris, 1978), 375.



Although similar spiritual counter-gifts were available to the benefactors of other religious houses and the parish, it might have been expected that the additional charitable dimension of the hospital's role within the spiritual economy would have induced benefactors to aid the house as a way of fulfilling the three-fold spiritual obligations. Yet even during the hospital's early history some institutions received very few *in vitam* grants and for most the numbers were minimal by the late thirteenth century. Furthermore, the evidence indicates that for certain houses under ecclesiastical or crown patronage in particular, the early fourteenth century was difficult financially, and two options apparently favoured by these hospitals were the offer of indulgences and the use of proctors to gather alms. The repeated use of such measures may suggest their effectiveness for some houses, but like any assessment of the value of casual alms it rests mainly on the circumstantial evidence of the hospital's survival or the fact that it stopped claiming poverty.

For the late medieval period the hospital's ability to offer a range of spiritual services may have attracted support through the giving of casual alms although this was not reflected in the testamentary evidence. Testamentary support for hospitals in Kent may be characterised as local and limited, and even within the small percentage of such bequests, variable. The apparent differences in these levels of support for the different hospitals, between the different towns and between the town and country, were noted for the region generally in Chapter 1, vii. c. and were described in detail for the two towns in Chapters 2 and 3.<sup>5</sup> Although the likelihood of support seemed to be dependent on a complex range of factors the significance of which varied over time, personal and local connections between the hospital and the townsfolk (individually, collectively) appeared to be of primary importance leading, on occasion, to clusters of bequests to certain hospitals. Unfortunately in terms of the debate between Cullum and Rubin this evidence from Kent is too late because both agree that by the late fifteenth century charitable provision had declined, including benefactions to the hospitals. Yet the presence and continuing foundation of type [4b] almshouses in the county, even though the numbers were small, does suggest that some townspeople in Kent did prioritise their neighbourly considerations within the three-fold duties. This may imply that the type of aid given to the institutional poor in Kent was similar to Cullum's findings for Yorkshire for the slightly earlier period and that in both counties this reflected feelings of social responsibility by the leading citizens for the poorer members of their provincial community. Similarly, the relatively low level of *post mortem* bequests to the poor compared to Cullum's findings (though in part this may reflect different analytical methods) may reflect a lack of interest in the anonymous poor, and that instead the testator targeted his charitable provisions towards the known poor and poorer people of the town or parish. Consequently, the testators' bequests to the anonymous poor were primarily concerned with the spiritual merits of the gift in terms of their duty to God and themselves which explains why they frequently employed religious symbolism and were prepared to leave the details of the distribution to their executors. However, I think the evidence from Kent reflects a lesser narrowing

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<sup>4</sup> Such provisions from the county's hospitals have also been examined; Sweetinburgh, 'Role and place' unpublished paper.

of the meaning of charity than that described by Rubin for Cambridge because even though charity was dispensed through the family and the fictive kin networks, there were others outside these groups who received bequests whom their benefactors classed as being 'of the town'. Thus in the provincial towns of Kent the point of demarcation for those to receive help and those to be ignored (or banished) was the sense of *communitas*: they belonged to the town.

This sense of belonging was also significant for the hospital and was in part aided by its flexibility and the multiplicity of its roles. Although the success/survival of an individual hospital was dependent on a complex range of factors, its ability to respond to the changing circumstances and demands of those inside and outside its walls was extremely important. The hospital model that was forced to change the most was the leper hospital and it was found that the most successful late medieval leper houses were those which had become multi-functional through their provision of accommodation for the poor(er) and their ability to offer spiritual counter-gifts to prospective benefactors. In terms of the reciprocal exchanges the pilgrim hospital was able to generate, it seems to have been highly dependent on those benefactors who sought its intercessory services, though at Dover and Ospringe their royal patron also made use of its counter-gifts of short-term and long-term hospitality. Although most hospitals for the poor were able to offer the services of a professional, their chaplain, to conduct the intercessory services, most benefactors appear to have preferred the prayers of the lay community there. This suggests that it was the charitable role of this type of hospital which attracted its benefactors who saw its role, like the multi-functional late leper house, as a provider of places for the poorer members of the community. Moreover, the adaptability of the house for the poor to provide a range of different types of place may have aided its survival so that, as at St John's hospital in Canterbury, it was seen as a provider of accommodation for the aged or infirm relatives and elderly servants of the leading citizens as well as a place of retirement for members of the local yeomanry and the moderately wealthy citizens of Canterbury.

The hospital, therefore, through its multiplicity of roles, participated in complex systems of exchange and reciprocity with a large number of exchange partners, which to a greater or lesser extent involved it in the political, economic, spiritual and social life of the local community, the region and, on occasion the nation. The capital assets it received at foundation and as *in vitam* grants required management within the complex structure of the hospital's household as the master (and in some cases the patrons) responded to the current circumstances of the market by, for example, changing to a policy in the mid fourteenth century of leasing the hospital's property. For the well-endowed house its actions as a land and property holder necessitated participation in a number of local courts, while its spiritual holdings might require attendance at the church courts. Moreover, as a producer and consumer the hospital community was involved in the commercial life of the town, and occasionally further afield, while fairs in their own grounds brought the people of the region to the house.

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<sup>5</sup> Appendix 1; Sweetinburgh, 'Role and place' unpublished paper.

This public profile in the market place might enhance the likelihood of further reciprocal exchanges in other spheres where, for example, the local townsfolk wished through their alms-giving to be associated with their local charitable institution. The merit of the deed and the fulfilling of the three-fold obligation brought benefactors to the hospital, but some houses sought to stimulate such actions through the promise of indulgences or the presence of relics. By opening their chapel for the use of local fraternities and as a place of sanctity and meditation, the hospital authorities were extending their charitable role to those outside the gate, thereby symbolically placing the hospital in the town. In addition, where the house held the advowson or its staff ministered at the local parish church, its role and exchanges within the parochial part of the spiritual economy ensured it was not a forgotten institution, though disputes or charges of neglect might damage its reputation. Where the hospital received the parochial gifts of its inmates in return for providing the sacraments, the hospital community might be considered apart from the spiritual life of the local parish but at the type [4b] almshouses the almsfolk remained of the parish and at Milet's type [4b] almshouse their daily presence in the parish church was a living reminder of his first act of charity.

For certain hospitals their position within the ceremonial life of the town brought symbolic gift-exchanges with the civic and parochial authorities, like the wine given to the master of the Maison Dieu at Dover on the four main feast days. Such exchanges allowed the master to join the social life of his peers within the town government. In contrast on a much more informal basis the visits to the local alehouse, the 'Pelican', by the brothers and sisters of St Bartholomew's at Sandwich on the eve of certain feast days provided them with opportunities as a community to maintain their social contacts with those of the town. However, exchanges like those involving the master at the Maison Dieu were also indicative of his place in the political life of the town, and, as at St Bartholomew's at Sandwich, these public, symbolic, reciprocal exchanges were intended for a number of audiences in the town and for 'Others'. Consequently the withholding of an exchange might be equally significant, possibly signifying times of tension and the likelihood of change in the relationship between the exchange partners. Thus even though the hospital in Kent might be considered a minor player in the networks developed through the various systems of exchange and reciprocity seen within provincial society, its long-term survival seems to have been dependent upon its ability to become involved in the economy of regard at a local, regional, and where possible national level.

## Appendix 1: Model Hospitals

### The leper hospital model

1. foundation	range late 11 <sup>th</sup> – early 14 <sup>th</sup> century, 12 <sup>th</sup> century
2. founders	bishops, religious institutions, lay men
3. foundation gift	variable, relatively poorly endowed
4. size	under 6-60, about 13
5. inmates	lay men & women, priests, monks
6. patronage	episcopal, monastic, lay
7. own chapel	Most
8. <i>in vitam</i> grants	small, local, within 100 years after foundation, lay donors, few grants from mid 14 <sup>th</sup> -15 <sup>th</sup> century under patron's successors
9. diversification of function from 14 <sup>th</sup> century	non-lepers (including sick-poor), chantry, corrodies, lepers
10. casual alms	wide range of contributions
11. testamentary benefactors	small percentage of will makers, clusters over time, majority local, connections with house, explicit reciprocity [masses, corrodies]

### The model hospital for pilgrims/travellers

1. foundation	late 12 <sup>th</sup> –mid 13 <sup>th</sup> century
2. founders	aristocracy, crown, townsmen, bishops
3. foundation gift	reasonably well-endowed
4. size	variable, 10-12
5. inmates	lay men & women, priests [under rule]
6. patronage	episcopal, crown
7. own chapel	probably all
8. <i>in vitam</i> grants	founder's successors, local, from foundation to c. 1300, variable size
9. diversification of function from 14 <sup>th</sup> century	corrodies, poor, chantry, fraternity
10. casual alms	probably important, variable
11. testamentary benefactors	clusters over time, majority local, explicit reciprocity [masses, corrodies]

### The model hospital for the poor/infirm

1. foundation	range late 11 <sup>th</sup> – early 14 <sup>th</sup> century, late 12 <sup>th</sup> – 13 <sup>th</sup> century
2. founders	bishops, lay men, towns, clerics
3. foundation gift	Variable
4. size	6-60, often 12-16
5. inmates	lay men & women, priests
6. patronage	episcopal, lay, civic
7. own chapel	probably most
8. <i>in vitam</i> grants	small, local, lay donors, from foundation to 15 <sup>th</sup> century, founders successors
9. diversification of function from 14 <sup>th</sup> century	fewer poor, corrodies [some aged], chantry
10. casual alms	wide range of contributions
11. testamentary benefactors	very variable between houses, clusters over time, majority local, some explicit reciprocity [corrodies, prayers]

### The almshouse models

	<i>4a Type</i>	<i>4b Type</i>
1. foundation	mid 14 <sup>th</sup> – c. 1500	mid 15 <sup>th</sup> – 16 <sup>th</sup> century, ? from early 14 <sup>th</sup>
2. founders	townsmen, bishop, gentry	townspeople, parish clergy, civic
3. foundation gift	reasonably well-endowed	poorly endowed, reasonable
4. size	about 6-12	about 1-5, up to 12
5. inmates	lay men & women [long-term]	lay men & women [long-term]
6. patronage	lay, civic, lay+clergy	lay, civic, lay+clergy
7. own chapel	own/local parish church	? local parish church
8. <i>in vitam</i> grants	rare, ? important locally	? rare
9. diversification	aged, corrodies, poor	aged, poor, corrodies
10. casual alms	? little, variable	? little
11. testamentary benefactors	0 – rare, local	0 – rare, local

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