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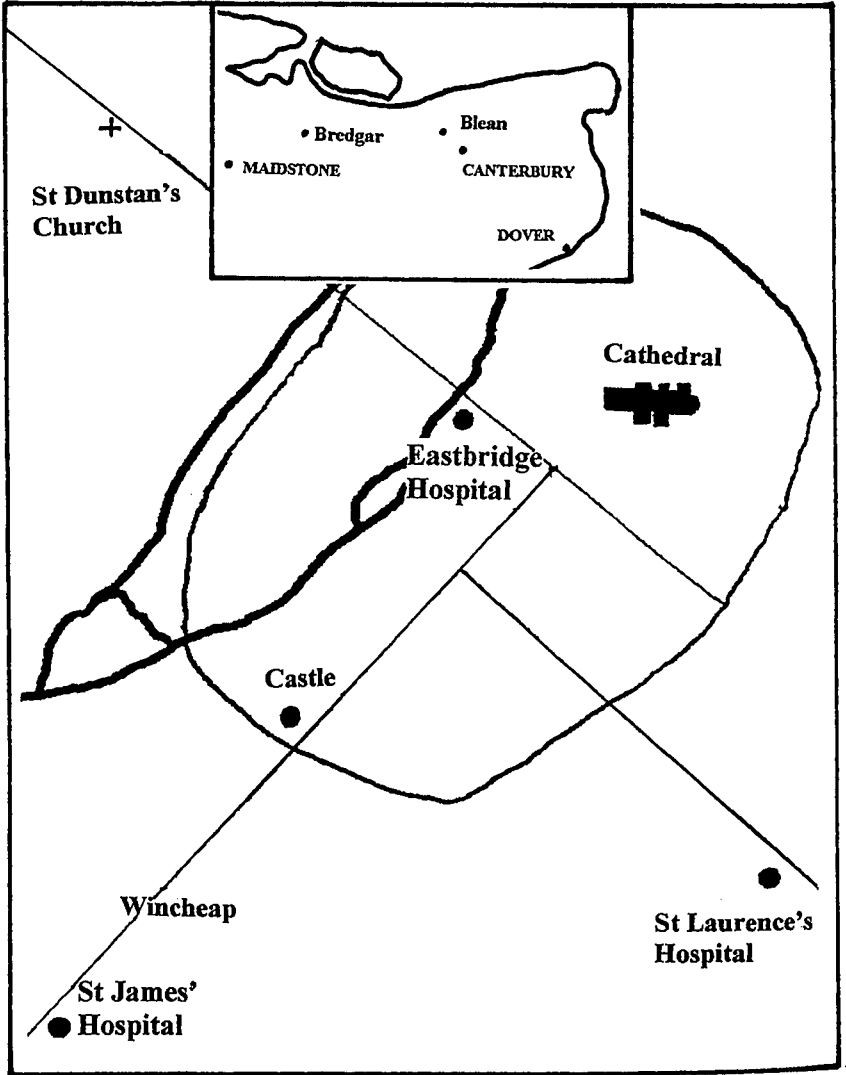
SUPPORTING THE CANTERBURY HOSPITALS:
BENEFACTION AND THE LANGUAGE OF
CHARITY IN THE TWELFTH AND THIRTEENTH
CENTURIES

SHEILA SWEETINBURGH

The majority of Canterbury's medieval hospitals were founded during the twelfth and thirteenth centuries, some for the care of lepers, and others for the poor, including poor pilgrims accommodated at St Thomas' or Eastbridge hospital. These houses were relatively well endowed by their founders, and all received additional grants of land, property, rents and other gifts, particularly during the first sixty to a hundred years after their foundation. This essay will examine particular groups of benefactors associated with three of the Canterbury hospitals for this early period and try to assess their nature and motives. The investigation will concentrate on two sets of questions relating to the benefactors and their charitable giving: first, what were the grants and what does the language of benefaction tell us about them; and second, who were the benefactors and were there connections between them of family, kinship, locality, lordship and patronage. Because of the quality and quantity of the surviving evidence the hospitals selected for the case studies were two leper houses, St Laurence's and St James', and the pilgrim hospital of Eastbridge rather than the Poor Priests' hospital or Maynards spital, the other two Canterbury hospitals founded during this period. Before examining these hospitals, however, it is necessary to consider contemporary views of medieval charity.

The nature of medieval charity

For medieval men and women the need to be counted among the righteous at the day of judgement was of great importance and the means of achieving this was encapsulated in the seven corporal works of mercy. By following this exemplum and so fulfilling his spiritual



Map 1 Locations of the Hospitals in Canterbury; (inset) other Kentish places mentioned in the text.

duties Everyman, through his good deeds, was able to achieve salvation. These spiritual obligations have been categorised as the fulfilment of the Christian duty to God, to one's neighbour, and to oneself.¹ The duty towards God was founded primarily on the Biblical tradition, commonly mediated through the confessional and liturgy, and the many representations of these teachings in wood, glass and stone. Saints' lives provided further examples, especially the life and works of St Francis, who portrayed the dual duty to God and one's neighbour by cherishing the poor. The coming of the friars to England in the early thirteenth century marked an even stronger emphasis on the doctrine of pastoral care, the friars reaching their lay audience through sermons and their mendicant life style.²

A further refinement that specifically bridged the duty to God and one's neighbour was the identification of the recipient poor with Christ. By aiding the poor, donors were symbolically seen to be aiding the human Christ and so were mirroring Christ's own concern for humanity.³ Through his charity, therefore, the rich man showed that his stewardship of God's created riches was just, so demonstrating the righteousness of the binary division between the rich and the poor. By stressing the mutual interdependence of the rich and the poor in the charitable act, medieval theologians were able to assign specific roles to both parties, the poor man, as recipient, providing the rich with the opportunity to gain salvation through the giving of alms. This meant that charity was viewed as more than a one way act of almsgiving and instead was considered to be a process of reciprocal exchange of gift and counter gift. The rich offered the act of charity (the gift) and the poor indicated their worthiness for the task of providing intercessory prayers (by avoiding envy and sloth) for their benefactor (the counter gift).⁴

Thus charity for one's neighbour was an integral part of the medieval Christian ethos, both in terms of the rights of the poor to receive such charity and the intrinsic value of the charitable act as a meritorious deed which gave spiritual fulfilment to the donor. Yet who constituted one's neighbour was seen as a contentious issue, and in broad terms there were those who saw merit in unselective giving and those who sought to select the recipient poor. It has been suggested that selection became more widespread from the late fourteenth century because a growing number of potential donors were unwilling 'to trust the merit and disposition of the poor as social and charitable partners'.⁵ Benefactors increasingly selected individuals and institutions according to their worthiness (being respectable and deserving) and on their merits in terms of their actions (gratitude, prayers), while those seen as unsuitable were not merely rejected by potential donors, but might be subject to official discrimination and

censure.⁶ The language of charity came to discriminate in favour of those who were 'familiar' and 'similar'.⁷ However, there has been some dispute among historians over the chronology of this change. It has been noted, for example, that certain ecclesiastical institutions had adopted a selective policy of alms giving from at least the thirteenth century, whereas other benefactors, particularly members of the laity, continued to see the merit of indiscriminate giving throughout the Middle Ages.⁸

The fulfilment of charitable obligations involved an essential interdependency of benefactor and beneficiary in a system of gift giving and reciprocity. Those who chose unselective charity, for example, might anticipate reward for the intrinsic merit of the charitable act but also from the numerous grateful beneficiaries. This relationship was at the heart of an exchange process which was intended to provide for the material and spiritual needs of those involved, which for the donor, his family and friends, included the important concerns of intercession and commemoration. Although the doctrinal issues associated with the notion of purgatory had not been fully developed by the thirteenth century, benefactors believed that by providing material support for their chosen charitable institution they would secure or ease their own path in the afterlife.⁹ In the twelfth and thirteenth centuries this was expressed through the language of free alms tenure where the nature and extent of the spiritual services provided by the beneficiary was not defined.¹⁰ In these circumstances, the services were under the control of the recipient, their provision forming part of the ongoing cycle of reciprocity between the benefactor and beneficiary. In the later medieval period the growing influence of the doctrine of purgatory and changing social and economic conditions meant that donors frequently placed precise demands on the recipient institution. Such a contractual relationship often had severe long-term consequences for the house involved. It was no longer part of an exchange system with the living, through the provision of an ongoing cycle of gifts and counter gifts, but was expected to provide a never ending cycle of spiritual benefits with a donor who had long since died.¹¹

With regard to charity and the hospital during the twelfth and thirteenth centuries, it would appear that benefactors were able to fulfil all three facets of the spiritual duty through their grants to the hospital. The act of giving brought its own reward, and, in addition, the hospital community, as worthy recipients, could provide their benefactors with appropriate spiritual services. Yet in a society where poverty was endemic and disease widespread, there was considerable competition among the needy to receive such largesse.

By the later thirteenth century support in the form of grants had fallen markedly, especially for the leper hospitals. This was due to a number of factors, not least the presence of those seen as possibly more worthy recipients – pilgrims, the poor and sick, and the voluntary poor, the new orders of friars – at a time when the number of lepers may have been on the decline. And for hospitals more generally, the desire to curtail land transfers to the dead hand of religion through legislation like the revised Statute of Mortmain of 1279 was presumably a powerful disincentive to the making of such gifts, causing potential donors to seek other methods of benefaction.¹²

This would suggest that the expression of charity was variable in terms of time and space, so providing benefactors with the opportunity to use different strategies as a means of gaining various spiritual and other benefits. Consequently, when looking at matters like almsgiving to a particular hospital as a way of trying to understand the motives of benefactors, it is important to emphasise that those engaged in charitable giving were involved in a complex decision making process, where their choices and the priority they gave them were the product of their own ideas, the pressures and attitudes of those around them, and the dictates and conventions of society.

St Thomas' (Eastbridge) hospital

Edward son of Odhold, the founder of St Thomas' hospital in c. 1180, failed to provide his house with an endowment sufficient to sustain its prosperity during the economic difficulties of the late twelfth and early thirteenth centuries.¹³ It seems to have been saved from destitution by an amalgamation with William Cokyn's hospital of St Nicholas and St Katherine at the beginning of the thirteenth century, the new united hospital receiving all Cokyn's possessions after his death.¹⁴ St Thomas', or Eastbridge, hospital continued to serve the poor pilgrims arriving in Canterbury to visit Becket's shrine, their numbers rising rapidly during the early thirteenth century, especially after the translation of the saint's bones to the new shrine in 1220. For the master, brothers and sisters at St Thomas' this may have been a time of relative financial security for their house as it accumulated land and property in the city, and in several neighbouring areas.

The charters concerning these grants to St Thomas' have survived and a number of them cover the hospital's property in Blean (**Plate I**). This particular group of charters was predominantly associated with Hamo de Crevequer, his family and friends, his tenants, and later his son's tenants of Blean manor for the first half of the thirteenth century. They are significant because they indicate the charitable

James', and St Bartholomew's hospital at Dover also benefited from his largesse.¹⁵ Other religious houses in receipt of grants were St Radigund's abbey and Folkestone priory, both close to the barony of Folkestone which he held, and in Canterbury he was a benefactor to Christ Church Cathedral priory and St Gregory's priory.¹⁶ He sought the gift of confraternity from St Gregory's priory, which might imply he was particularly drawn to the more charitable rule of the Augustinian Order, but may also reflect his family's strong ties with that order. Hamo's ancestor, Robert de Crevequer had founded Leeds priory and the family continued to support the house as patrons and benefactors during the twelfth and thirteenth centuries.¹⁷

With regard to St Thomas' hospital, Hamo's interest may have resulted from his holding the local manor of Blean and his desire to be associated with a prestigious, new foundation linked to England's premier saint. His grants refer to provision for the master, the brothers, and occasionally the sisters with a number of pieces of land from his manorial holdings in Blean, as well as the parish church there. About half of these grants were said to be in pure and perpetual alms for the benefit of his soul and the souls he named. For instance, in an undated charter, he granted to the master and brothers of St Thomas' hospital for his soul, the soul of his wife, those of his ancestors and successors all his lands called *Allartun*, the hospital holding in free and perpetual alms.¹⁸ Such gifts might be considered to be acts of charity. The recipient, in this case the hospital, was under no obligation in law to provide the donor with anything beyond the rent due to the king as the superior lord. Yet, as a result of the gift Eastbridge became morally obliged, and the act of providing a counter gift was implicit within the process of reciprocal exchange. Precisely how this would be discharged was primarily in the hands of the master at Eastbridge, and similarly the timing of the counter gift was at his discretion, but it seems likely both parties would have understood how and when this should occur. From Hamo's standpoint, the prayers of his grateful beneficiaries would be of spiritual benefit immediately, but he was presumably even more desirous that they should continue after his death for the well-being of his soul, thereby binding him to the hospital forever as a commemorated benefactor. For Hamo, such a role might have enhanced his reputation and status. He had demonstrated his generosity and in return for his meritorious act was favoured by the prayers of those in holy orders (the master at Eastbridge was always a priest), and probably the prayers of the poor pilgrims accommodated there, whose intercession would have been especially valuable because they were engaged in a spiritual journey. Similarly, for Eastbridge, the link was probably a welcome con-

firmation of the hospital's position as a worthy charitable institution. Such acts of giving and counter giving were probably widely recognised, and so were accorded value within a society which understood the significance of right actions in terms of tradition, the maintenance of social and political order, and worthiness.

Moreover, these ideas about value, for donors, recipients, and the things that pass between them, similarly held true for the exchanges involving property and money. When Hamo, in another undated charter, granted to the master, brothers and sisters of Eastbridge fourteen acres of land and woodland, he expected them to pay him 29*s.* (and 14*d.* due annually for services to the king).¹⁹ Such a transaction might be seen as indicating the hospital's activities in the local land market, but may also be viewed as a public demonstration of his commitment to the well-being of Eastbridge. By his actions he was aiding the build up of its assets, and so was establishing a relationship between himself and his chosen institution. Thus, even though he may have received immediate recompense from the hospital, it is the embodied action within the grant that is significant as a way of producing a continuing link between Hamo and Eastbridge as exchange partners. Such a link was important for Hamo because it demonstrated a time depth of association that would be expressed through the hospital's commemoration of him as a major benefactor, and also through his reputation and status as a worthy and charitable nobleman, roles understood by contemporaries of his rank, and in society more generally.²⁰

A third example may illustrate the complex ideas Hamo seems to have been expressing through his exchanges with St Thomas' hospital. In another undated charter he granted to Eastbridge six acres of his woodland in Blean for his soul, that of his father, those of his ancestors and successors in free and perpetual alms, the hospital paying him five silver marks and 5*s.* 4*d.* for the woods.²¹ For Hamo, and presumably for Eastbridge, the two aspects of the exchange were not incompatible, the giving of money and the giving of prayers were not morally mutually exclusive, and they contributed equally to fostering their relationship. As members of the Kentish nobility, Hamo's ancestor had held high office in Kent under William I.²² The de Crevequers in the twelfth and thirteenth centuries were publicly maintaining their position in the region through their roles as patrons and benefactors. Thus Hamo, while remaining associated with the family area near Maidstone, saw it as part of his duty to increase the prestige and influence wielded by his family and those associated with its name. Such a process was probably enhanced by the development of wide-ranging and long-lasting connections with particular

religious and charitable institutions, in this instance St Thomas' hospital.²³

Such connections, moreover, were not only predicated on Hamo's own grants to the hospital. As lord of the manor of Blean he was in a strong position to influence the charitable actions of his tenants, either through example or other methods of persuasion. If he was indeed operating such a policy, he appears to have been reasonably successful. Another undated charter, but like the others described above probably from the early thirteenth century, covers the grant by Wltword son of Walter Huppehothe of lands previously held by his father in Blean to the brothers of Eastbridge.²⁴ Wltword was to receive eight silver marks and the hospital was to pay the annual rent. The transaction was recorded at Hamo's court of Blean. Hamo also confirmed his tenant's charter in his own confirmation charter, which was similarly recorded in the Blean manor court.²⁵ In this case, Hamo, for his soul, those of his ancestors, successors and all the departed faithful, confirmed Wltword's gift to the hospital brothers. Hamo's influence in the matter may not have been confined to the relationship between lord and tenant because Wltword acted as a witness to a number of charters, where, on occasion, he was described as 'Wltword the tiler (*tegularius*)'. Wltword may well have been a prosperous, peasant craftsman of considerable local influence who wished to associate himself with a prestigious, local hospital, especially one which had strong links with his own lord.

Other tenants were apparently similarly influenced to aid St Thomas' hospital. These included Michael, Lambert and John, the sons of Helye de Blen, who granted to the master and brothers of Eastbridge land and woodland in Blean. In an undated charter, again recorded at Hamo's court of Blean, the master and brothers agreed to pay Michael, Lambert and John four marks for the property, and eighteen pence annually in rent.²⁶ Hamo's confirmation charter of the grant made by the three brothers was, like his confirmation charter of Wltword's grant, made for his soul, that of his father, those of his ancestors, successors and the departed faithful, but he also stipulated that Eastbridge should pay 4s.²⁷ Although this second charter might be said to exhibit the same sort of ambiguity as his own grant relating to the six acres of woodland, it seems appropriate to see both confirmation charters in terms of his role as benefactor, where the processes of reciprocal exchange provided him with the opportunity to demonstrate his position as mediator between the hospital and the people of Blean. Furthermore, Hamo's influence appears to have extended to his son Robert, which may suggest he was seeking to develop a long-term association with St Thomas' hospital through his

son and, more hopefully, later generations. Unlike the family's relationship with Leeds priory, however, the patronage of Eastbridge was not in its hands, but remained with the Archbishop of Canterbury. For Robert, this factor might have been significant because he made far fewer grants to St Thomas' compared to his father, though he may also have felt his father had been extremely generous on the family's behalf. Yet when his charters are examined together, Robert's involvement with Eastbridge may be seen as forming part of his charitable strategy, a strategy that may have been prematurely curtailed by his fall from favour following his support for Simon de Montfort in the 1260s.²⁸ Robert's first charter was probably a confirmation of his father's gifts, and those of his father's tenants, to the hospital, a gift he made in free, pure and perpetual alms.²⁹ He made one further undated grant of land under these terms, which may indicate that he, too, believed there was a need for at least some further gifts as a way of maintaining the relationship with the hospital.³⁰ In this case at least two of the witnesses were priest brothers at St Thomas', possibly indicating a more personal link with the hospital compared with his father whose charters were witnessed by men from the Blean, not members of the hospital community. Robert's two other grants of land to the hospital were not made in free alms tenure, and in one of them the hospital was to pay Robert and his heirs 50s. annually.³¹ His other charter involving Eastbridge confirmed a grant made by one of his tenants to the hospital.³² This seems to suggest that fewer of his tenants were prepared to make such grants compared to his father's time. One such was Robert Lupus, who appears to have been an old man when he made his grant in 1245 to the hospital of twenty-three acres of land in free and perpetual alms for his soul, the souls of his parents, those of his ancestors, successors and the departed faithful.³³ The timing of his gift, possibly made towards the end of his life, might reflect urgent concerns for his future beyond the grave and the need to secure spiritual services, but may also suggest a desire to be associated with his late lord's chosen charitable institution.

With regard to the grants made by members of Hamo's immediate family, his mother and brother, it is impossible unfortunately to work out the chronology of these and Hamo's own charters. Consequently, although Hamo may also have persuaded them to support the hospital, the question of influence may have been more complex. His widowed mother provided Eastbridge with certain rents in the vill of Blean and William, his brother, similarly provided rents from Blean lands, 40*d.* and three hens.³⁴ Yet, in confirming Giles de Badlesmere's gift to Eastbridge of land in the manor of Horton, Hamo may

have demonstrated a sphere of influence beyond his immediate family and the small landholders of Blean. Both grants employed the language of charity, Giles' gift was made for his soul, the soul of Lady Agnes de Clifford and those of his ancestors, while Hamo sought aid for his soul, those of his ancestors and successors.³⁵ For Giles, their shared knowledge and interests, and the desire to be associated with a man of considerable local standing, may have drawn him to support the charitable house favoured by Hamo as a way of strengthening the links between them and their families. Such connections of patronage, like marriage ties and political alliances, may have been seen by the local nobility as important means of maintaining their position in Kent.

Thus the Blean charters appear to indicate that there were connections among the benefactors of St Thomas' hospital. Even though there are considerable problems developing a chronology of these charters from the witness lists and other evidence, it seems likely that some of these links were strongly associated with Hamo de Crevequer. Through his role of hospital benefactor he may have influenced a variety of different groups, his tenants, family and friends, to support the hospital. For some benefactors, however, their gift giving may have been linked to other factors, like the reputation and status of the house itself, and its local position, suggesting a more complex picture of charitable giving where Hamo was not the dominant influence. Furthermore, several of the donors, and Hamo himself, used a range of charter forms which may indicate the production of complex charitable strategies that were devised by individual benefactors to take account of their particular circumstances. Consequently, the relationship between St Thomas' hospital and its Blean benefactors rested on a variety of factors, including the importance of networks among the parties involved, the reputation of the hospital in the locality, and the opportunity to use a flexible and adaptable system of gift exchange.

St James' hospital

The foundation charter for St James' hospital has not survived but the house appears to have been founded before 1164 on land in Thanington for the maintenance of twenty-five leprous women. The first warden, and probable founder, was Master Firmin, a member of the archbishop's household, but by 1195 the patronage of the hospital was under the control of Christ Church Cathedral priory.³⁶ Though probably not large, the house may have been reasonably well endowed at its foundation, and it received a degree of royal support.

Henry II provided it with a grant of protection and the gift of Bredgar parish church, while his grandson, Henry III supported the house by issuing further protection grants.³⁷ Copies of the charters involving St James' and Bredgar are preserved in a small cartulary, and include twenty-nine grants to the hospital from various, local inhabitants. These grants are interesting because they appear to show the importance of locality with regard to benefaction, where the links between the various grantors were based on family and neighbourhood. In addition, the charters may indicate the more active role taken by the hospital authorities, as recipients, who seem to have collected adjacent plots of land in various areas of Bredgar parish. Thus they demonstrate other aspects of benefaction found during the thirteenth century.

The majority of the twenty-nine charters were grants to the brothers and sisters of the hospital, though a few were directed towards the parish church of St John at Bredgar. Most of the grants were probably of a slightly later date than those considered for St Thomas', the earliest dating from *c.* 1215 and the last from 1297 (only two post-dated the Statute of Mortmain). Consequently most were made at least half a century after Henry II's gift of the rectory of Bredgar, and were unlikely to have been directly influenced by this royal patronage. With regard to the language of charity, only four of the local grantors explicitly stated the gift was made for their soul and the souls of those they named. The majority of the grantors made a single grant to the hospital, though there were exceptions, like John son of William Pycott who, perhaps under financial pressure, granted three pieces of land in Degesdane, Bredgar, to the brothers and sisters in 1256.³⁸ The hospital, however, had acquired three plots of land in Degesdane to the north of John's holdings, from his brother (1 plot), and from Thomas son of Henry de Bredgar (2 plots) in 1253 and 1254, which might suggest the hospital authorities were actively seeking to consolidate their holdings.³⁹

These examples may also show the importance of neighbourhood and family with respect to the donors, in particular the influence exerted by other family members and neighbours. Yet, from the names of the Bredgar grantors more generally it would appear that, apart from the de Bredgar family, a minority were connected by patrilineal family ties. Neighbourhood rather was a significant linking factor, often through the holding of adjacent lands and, even more frequently, the witnessing of charters. For example, one of John Pycott's neighbours was Bartholomew de Swanton who granted three virgates of land to the hospital in 1269.⁴⁰ Bartholomew had also witnessed all three of John's charters to St James' hospital, alongside several others who had made, or who would subsequently make, grants to the house.

One way of assessing the complexity of the links among the grantors, however, is to investigate the grants made by four generations of the de Bredgar family and those holding neighbouring plots of land at Wlwrentune. Solomon son of Eilwin de Bredgar made the first grant in an undated charter (probably from the first quarter of the thirteenth century).⁴¹ In it he granted three acres and three virgates of land and woodland to the brothers and sisters of St James' hospital for his soul, that of his wife, and those of his ancestors and other hospital benefactors.⁴² The land was next to the *curia* of the hospital, and this may have added to its value and may partly explain why the hospital was prepared to pay as much as six silver marks and 5s. 3d. for the holding and an annual rent of 17d. His second and final grant to the hospital, made at about the same time, was of a smaller piece of land he had purchased jointly with his nephew a few years earlier.⁴³ As before, the hospital paid for the holding, in this case 26s., a seam of barley and a quarter of peas, as well as agreeing to provide the annual rent. Within a short time, Solomon was dead, and he may have intended his transactions with St James' would both aid his soul in the afterlife, and help to provide for his family after his death. Like his uncle, Nigel the son of Elie de Bredgar granted the other half of the four acres and two virgates to the hospital, possibly at the same time, or maybe just prior to his uncle's grant.⁴⁴ He too may have been concerned about spiritual matters and the material welfare of his family because he intended that the hospital authorities should organise masses for the souls of his father, mother and sister in Bredgar church between Easter and Pentecost, and they should also pay 26s. and a quarter of barley for the land. Among the witnesses of these two charters were two of Solomon's sons, Nigel's cousins, and a neighbour, and possible kinsman, Henry son of Thomas de Bredgar, who as noted above, granted land to the hospital at a later date.

Following Solomon's death his lands were divided among his sons, presumably adding to their existing holdings. Interestingly, Gwidone and William were prepared to sell at least part of their share in the family patrimony to Gilbert, who in turn granted the land to St James' hospital in 1231.⁴⁵ Although Gilbert's grant was not specifically said to be for his soul, nor those of his brothers, and he was expecting the hospital to pay an annual rent for the land, he probably still saw his grant in spiritual terms. He was confirming his family's association with the locally important charitable institution, so reminding the hospital authorities of their spiritual obligations towards his family, and especially his father. Moreover, the grant was providing him, his heirs, and also indirectly his brothers and their heirs, with financial benefits because he could provide them with the rent due from their

share of the inheritance from the annual sum paid by the hospital.⁴⁶ This arrangement appears to have satisfied Gwidone but William seems to have wanted to establish his own spiritual link with St James', in this case through the church of Bredgar. He donated 2*d.* in rent to the church in pure and perpetual alms for his soul, those of his ancestors and successors.⁴⁷

In a separate charter Gilbert also granted his inheritance of sixteen acres to St James' hospital, as well as confirming his father's grants, and in return the hospital authorities gave him 18 marks, 42*s.* and the yearly dues.⁴⁸ To the south of this land was a plot which had belonged to Nigel, his cousin, and was now held by Nigel's heirs, and to the east was the plot of two acres and one virgate which Solomon had granted to the hospital some years before. Although the area was not named in Gilbert's grant, from other charters it appears to have been part of Wlwrentune. It is not clear why Gilbert believed it was necessary to make this grant as well as that concerning his brothers' inheritance, but he may have thought it would strengthen his own link with the hospital. Unfortunately there is nothing in the charters to indicate his age or whether he had any offspring, which means it is difficult to assess matters like motivation, though in general terms presumably he thought both his grants would provide spiritual and material benefits for himself and his immediate family. With regard to the grants of all three brothers, therefore, it seems they were actively seeking to continue the relationship with the hospital started by their father. Yet, it is possible Solomon had placed conditions on his sons' inheritance whereby certain lands were to be granted to the hospital, thereby converting real property to spiritual goods for the benefit of his soul, and probably those of his descendants.

Giles, Nigel's son may have followed the example of his father and kinsmen in order to sustain the family's position with regard to the hospital, and by extension the local parish church, thereby demonstrating the family's special place in the locality. This might be achieved through the public recognition of the making of the grant and through the location of the land itself. Giles' grant of two acres and one virgate was in Wlwrentune, probably adjacent to the pieces of land granted by his father and Gilbert de Bredgare, that is part of the family patrimony.⁴⁹ However, the hospital authorities may have persuaded Giles to grant them this piece rather than any other because it would be a useful addition to the house's other land holdings. Such ideas are not mutually exclusive, so that the hospital's payment to Giles of 22*s.* and half a seam of barley for the land may have been seen as beneficial for both parties.

Two of Giles' close kinsmen witnessed the charter but neither

appeared to follow his example. Yet his actions may have influenced Henry, son of Thomas de Bredgar, a neighbour, who was also present as a witness. Even though Henry's grant to the hospital is similarly undated it was probably made soon afterwards and appears to refer to an acre plot in Wlwrentune that bordered Giles' holding.⁵⁰ Henry too probably had a number of reasons for granting the plot to the hospital, and it seems likely that the hospital authorities, or possibly the incumbent, were actively involved. It is difficult to assess the involvement of the local priest but he may have been Thomas 'of the church' or Thomas 'the clerk' who was a frequent witness in the 1250s when this group of charters was produced. Although his presence as a witness may merely indicate his role as scribe, not all the charters included an identified clerk among the witnesses, which might suggest his activities were not confined to writing.

The large number of land acquisitions made by St James' in the 1250s may suggest that the master was seeking to take advantage of local conditions. In 1254 the hospital apparently sought to strengthen its position by acquiring further rights to the holding of Henry son of Robert 'the weaver (*textoris*)' which bordered other hospital property in Wlwrentune.⁵¹ The plot appears to have been the hospital's last action in the immediate area, after which it seems to have turned its attention to Degesdane. It is not clear why Henry was willing to quitclaim his right to the three acre plot but he may have wished to take advantage of the hospital's apparent desire to acquire his rights over the land. He was aware of the hospital's interest in the neighbourhood, his father had witnessed the charter between Henry, son of Thomas and the hospital, and he may have felt this was a good opportunity, possibly because he was in need of the money or he may have wished to acquire other land or assets.

Another man who may have taken advantage of such opportunities was Henry, Giles de Bredgar's son, who granted half an acre to the hospital in 1258 in exchange for 13*s.* 6*d.* and 2*d.* annually, for land bordering the hospital's land on two sides.⁵² He made a further grant to the hospital of 20*d.* rent in 1280, and seventeen years later Sarra, his widow, quitclaimed to St James' her rights relating to the half acre.⁵³ These grants also appear to point to the long span of family interest in the hospital, an interest that may have been especially significant for Henry and Sarra towards the end of their lives.

From the above it would appear that several of the leading families and individuals in Bredgar were prepared to support St James' hospital and the parish church. From the charters it seems very few were willing to do this without some material recompense, though the majority may have felt that the process of reciprocal exchange

between them and the hospital provided sufficient advantages for both parties. Consequently, if the hospital was thought to be actively seeking to consolidate its holdings such grants may have been seen by the grantors as providing them with spiritual as well as material gains. The connections among the grantors at Bredgar were apparently predominantly based on neighbourhood and, more occasionally, family, but unlike Blean, lordship seems to have been far less important.

St Laurence's hospital

In 1137 the hospital was founded by Hugh Trottiscliffe, abbot of St Augustine's, who previously, as a monk at Rochester, had been responsible for the completion of the building of the hospital chapel at St Bartholomew's, Rochester. His hospital building at St Laurence's was a much more extensive affair, he provided a nine acre site for the hospital itself and a further twenty-one acres for its support.⁵⁴ The hospital, staffed by six brothers, six sisters, a chaplain and a clerk, was expected to provide for the monks from St Augustine's who were suffering from contagious disease, especially leprosy, and the relatives of any monk who were in dire poverty. The relatively large endowment from St Augustine's may have encouraged rather than deterred further benefaction and the hospital received a considerable number of land and other grants in Canterbury and its hinterland. A register of the hospital's charters and other matters was compiled in the late fourteenth century, including copies of eighty-eight charters which covered transactions directly relating to St Laurence's, mostly acquisitions with a few transfers of property from the hospital.⁵⁵ Many of the early charters are undated, the register apparently covering about two hundred years from the late twelfth century to 1381. A minority of benefactors, about twenty, employed the phrase 'in pure and perpetual alms' or something similar. Like the grants to St Laurence's more generally, the majority of these were from the thirteenth century. Most were from the first half of the century, one was from the late twelfth century, and as elsewhere, the Statute of Mortmain was the effective end point, though St Laurence's did acquire a small amount of property after 1279. In terms of the language of charity, such grants may be characterised as free alms tenure where the benefactor did not seek specific counter gifts in his reciprocal exchange with his chosen institution.⁵⁶ Examples of these include Richard de Marci's undated (late twelfth-century) charter where he granted the tithes from his lands in Dodyn-dale to St Laurence's hospital, for the love of God, the souls of his

father and mother, and for his own salvation; and Richard Pauly'n's grant made a century later (1290) in which he gave two pieces of land in the Blean to the hospital for the love of God, and for the salvation of his soul and those of his ancestors.⁵⁷ However, a few benefactors sought to specify how their gift ought to be used by the hospital authorities. It is these grants the writer wished to examine to try to ascertain what sort of relationship the benefactors were seeking with their chosen institution in order to highlight further aspects concerning benefaction and the language of charity. In particular, such an investigation may reveal attitudes about the value of St Laurence's hospital as a provider of spiritual services, and thus indicate how certain benefactors, at least, seem to have viewed the hospital.

In two undated charters (probably early thirteenth century), Adam son of Aelgar de Sturreye granted to the brothers and sisters of St Laurence's hospital two pieces of land (5 acres and 10 acres) in pure and perpetual alms for the salvation of his soul, those of his ancestors and successors, and for the provision of clothing.⁵⁸ These grants may reflect earlier ideas where certain lands, or the rents, held by a monastic house were designated for the financial provision of food or clothing as a way of organising the monastic accounting system. Yet they may also indicate that Adam wished to see his gift in symbolic terms. By clothing God's naked poor through the provision of clothing to the hospital he was following Christ's instructions as seen in the seven works of mercy, thereby providing his gift with important moral and religious symbolism. Such an act carried great merit for the salvation of Adam's soul and, by association, those of his family, and also might be envisaged as a visible sign of the charitable relationship between Adam and the hospital community. Like the provision of bread and ale, the staple foodstuffs, bequests of clothing were frequently left by medieval testators to the poor and needy as a means of securing immediate spiritual benefits, and it is possible Adam saw his grants in these terms. The brothers and sisters may have similarly recognised Adam's expectations regarding his gift giving with the result that he became part of the daily round of commemoration undertaken by the hospital community on behalf of its benefactors.

Similarly, other donors saw the value of symbolism in their gift exchange with St Laurence's as a way of enhancing their relationship with the hospital community. One such was Hugo le Brun who granted an annual rent of 2*d.* to God and the church of St Laurence for the maintenance of the lights at the altars of Our Lady and St Laurence.⁵⁹ This undated grant (probably early thirteenth-century) was made for his salvation and the souls of his ancestors, and for the

souls of the departed faithful. Like Adam, his choice of the way the money should be used was intended to benefit directly the hospital community. The votive lights were extremely important in the devotional life of the community and Hugo's choice of two of the premier altars in the hospital church would not merely have been of spiritual benefit to Hugo, but to all who worshipped there. And, furthermore, because St Laurence's church also had certain parish responsibilities, such spiritual benefits would extend beyond the brothers and sisters to the lay community outside the hospital walls. Hugo's apparent concern for the wider community may be inferred from his desire to include the departed faithful among his recipients of the spiritual benefits produced by his gift to the hospital. By extending the reciprocal relationship beyond the hospital he was drawing St Laurence's into a Christendom wide obligation to care for the souls of the faithful. As a result he, like Adam, was fulfilling his Christian duty to God and his neighbour through his gift giving. His duty to himself would be fulfilled through the public display of his largesse and the acts of intercession and commemoration for his soul and those of his family enacted by the brothers and sisters. Even though the form of the counter gift was unspecified, so implying it might be fulfilled within the liturgical devotions, it was still a potent reminder of the time depth of Hugo's grant. Thus commemoration of Hugo's family was not confined within a designated time span but was expected to continue for the duration of the gift, potentially forever.

Though all the hospital benefactors were concerned about their own and their families' spiritual welfare, Thomas Bery was the only one among these grantors who sought specific spiritual services from the hospital, in this case with regard to his first grant dated 1263/4. This gift of 2s. annual rent was for the maintenance of the light at the high altar and the services of a priest to celebrate there for his soul and those of his ancestors.⁶⁰ As a leading Canterbury citizen, his choice of St Laurence's church to provide such acts of intercession may highlight the hospital's reputation as a worthy charitable institution.⁶¹ A reputation that might have resulted from the activities of the brothers and sisters, but may also have reflected the status of St Augustine's abbey, the mother house. Consequently, by linking his name with a well-established local hospital, and by association the ancient Benedictine house of St Augustine, he was employing ideas about tradition, prestige, and memory. The light was to remain forever as a visible symbol of his largesse and, by inference, his family would be seen as continuing the gift exchange. Thomas' grant to St Laurence's is interesting because it seems to resemble a form of gift giving more commonly found in the later Middle Ages, where the

foundation of temporary or perpetual chantries was intended by benefactors to fulfil specific requirements regarding their spiritual well-being. Thus the variation in kinds of grant employed by the benefactors of St Laurence's seems to question any simple divide between the early free alms tenure form and the late contractual type and instead demonstrates the complexity of the process of benefaction.

To conclude, this examination of the grants made to certain Canterbury hospitals has provided valuable insights into the nature of benefaction during the late twelfth and thirteenth centuries. Through the use of case studies it has been possible to consider specific groups of benefactors or particular types of grant. From the results it would appear that at times some benefactors were prepared to allow the recipient hospital to choose how it wished to respond, whereas others sought greater control of the charitable exchange by stipulating how their gift should be employed. This allowed them to deploy moral and religious symbolism in the giving and receiving of gifts, and in the development of their relationship with their chosen hospital. As a consequence the language of charity needed to be flexible to allow those involved to produce complex networks of obligation that might be used to express a wide range of ideas relating to factors like patronage, kinship, friendship, neighbourliness, piety and charity. Yet for all the benefactors, the fundamental meaning behind the exchange process was the gaining of salvation, frequently provided through acts of intercession and commemoration by the grateful institution. Consequently, even though the Canterbury hospitals, like hospitals more generally, were at the margins in medieval society, a study of the support they received may reveal contemporary ideas about charitable and pious provision, as well as demonstrating the nature of their cultural significance within Canterbury's local and regional environs.

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NOTES

- ¹ Clay, R. M., *The Medieval Hospitals of England* (London, 1966 [1909]), 85.
- ² Robson, M., 'A ministry of preachers and confessors. The pastoral impact of the friars', in Evans, G. (ed.), *A History of Pastoral Care* (London and New York, 2000), 130-137.
- ³ Rubin, M., *Charity and Community in Medieval Cambridge* (Cambridge, 1987), 93.
- ⁴ *Ibid.*, 10-11.
- ⁵ *Ibid.*, 10, 291.
- ⁶ McIntosh, M., 'Local responses to the poor in late medieval and Tudor England', *Continuity and Change*, 3 (1988), 209-245.
- ⁷ Rubin, M., 'Imagining Medieval Hospitals. Considerations on the cultural meaning of institutional change', in J. Barry & C. Jones (eds), *Medicine and Charity before the Welfare State* (London and New York, 1991), 22-24.
- ⁸ Harvey, B., *Living and Dying in England, 1100-1540* (Oxford, 1993), 7-9.
- ⁹ Thompson, B., 'Monasteries and their patrons at foundation and Dissolution', *Transactions of the Royal Historical Society*, 6th Series 4 (1994), 107.
- ¹⁰ *Ibid.*, 107-8.
- ¹¹ *Ibid.*, 108-111.
- ¹² The ability of the religious houses, and presumably the hospitals, to circumvent this legislation is attested by Raban, who feels that after an initial check they were able to participate successfully in the land market; Raban, S., 'Mortmain in medieval England', in T. Aston (ed.), *Landlords, Peasants and Politics in Medieval England* (Cambridge, 1987), 205-207, 224-226.
- ¹³ Urry, W., *Canterbury under the Angevin Kings* (London, 1967), 55.
- ¹⁴ Canterbury Cathedral Archives & Library [CCAL]: U24 A4.
- ¹⁵ CCAL: DCc/Lit. MS. C20, fol. 49; DCc/Register E, fol. 228, no. 977; Bodleian: Rawlinson MS. B.335, fol. 95.
- ¹⁶ Bodleian: Rawlinson MS. B.336, fol. 19, 161; CCAL: DCc/Register E, fol. 228, no. 977; Woodcock, A. M., *Cartulary of the Priory of St Gregory, Canterbury*, Camden Third Series, lxxxviii (London, 1956), no. 85, 86, 88.
- ¹⁷ Sherwood, L., 'The Cartulary of Leeds Priory', *Archaeologia Cantiana*, LXIV (1951), 33; Page, W. (ed.), *Victoria County History, Kent*, ii (London, 1908-1932), 162.
- ¹⁸ CCAL: U24 B2.
- ¹⁹ CCAL: U24 B22.
- ²⁰ Bertram de Crioill, lord of Albury, was related to Hamo by marriage. He held the patronage of St Radigund's abbey and was buried in the abbey church; Statham, S., *The History of the Castle, Town and Port of Dover* (London, 1899), 335.
- ²¹ CCAL: U24 B25.
- ²² Sherwood 1951, *op. cit.* (see note 17), 34.
- ²³ For a good general discussion on lay patronage of religious houses, see Wood, S., *English Monasteries and their Patrons in the Thirteenth Century* (London, 1955).
- ²⁴ Though difficult, approximate dating can be achieved by comparing the names of witnesses from the Eastbridge charters with those recorded in charters from other local religious houses, and from the Christ Church Cathedral priory rentals for the late twelfth and early thirteenth centuries. CCAL: U24 B30.
- ²⁵ CCAL: U24 B4.

- ²⁶ CCAL: U24 B39.
- ²⁷ CCAL: U24 B24.
- ²⁸ Hasted, E., *The History and Topographical Survey of the County of Kent*, viii (1972 [1799]), 526.
- ²⁹ CCAL: U24 B17.
- ³⁰ CCAL: U24 B9.
- ³¹ CCAL: U24 B45, 48.
- ³² CCAL: U24 B32.
- ³³ CCAL: U24 B33. He witnessed a charter which appears to date from the first decade of the thirteenth century (from the names of other witnesses and from other details in the charter); CCAL: U24 B1.
- ³⁴ CCAL: U24 B72, 70.
- ³⁵ CCAL: U24 D2, 4.
- ³⁶ Entries in CCAL: DCc/Register B, fol. 426-426v refer to the early history of St James' hospital; *The Canterbury Chantries and Hospitals in 1526. A Supplement to Kent Chantries*, trans. E. Holland, Kent Records, xii Supplement (1934), 36-38.
- ³⁷ *Calendar Patent Rolls [CPR] 1225-1232*, 455: British Library [BL]: Add. MS. 32098, nos. 3, 8.
- ³⁸ BL: Add. MS. 32098, nos. 17, 18, 25.
- ³⁹ BL: Add. MS. 32098, nos. 9, 10, 13.
- ⁴⁰ BL: Add. MS. 32098, no. 21.
- ⁴¹ For the Bredgar charters, it is possible to provide rough dates and a chronology using the few dated charters, the sequence of grant giving from the adjacent property holders, and the comparison of witnesses.
- ⁴² BL: Add. MS. 32098, no. 28.
- ⁴³ BL: Add. MS. 32098, no. 35.
- ⁴⁴ BL: Add. MS. 32098, no. 44.
- ⁴⁵ BL: Add. MS. 32098, nos. 34, 36, 30.
- ⁴⁶ BL: Add. MS. 32098, no. 31.
- ⁴⁷ BL: Add. MS. 32098, no. 32.
- ⁴⁸ BL: Add. MS. 32098, no. 29.
- ⁴⁹ BL: Add. MS. 32098, no. 14.
- ⁵⁰ BL: Add. MS. 32098, no. 15.
- ⁵¹ BL: Add. MS. 32098, no. 16.
- ⁵² BL: Add. MS. 32098, no. 19.
- ⁵³ BL: Add. MS. 32098, nos. 23, 24.
- ⁵⁴ CCAL: DCc/Lit. MS. C20, fol. 34.
- ⁵⁵ For an earlier assessment of the hospital register, see Woodruff, C. E., 'The Register and Chartulary of the Hospital of St Lawrence, Canterbury', *Archaeologia Cantiana*, L (1938), 33-49.
- ⁵⁶ Thompson 1994, *op. cit.* (see note 9), 107-8.
- ⁵⁷ Woodruff 1938, *op. cit.* (see note 55), 46. n.1; CCAL: DCc/Lit. MS. C20, fol. 42v-43, 104v.
- ⁵⁸ Again rough dating of the charters can be achieved by comparing the witness lists of the St Lawrence charters with those from the other religious houses in Canterbury, and the Christ Church Cathedral priory rentals for the late twelfth and early thirteenth centuries. CCAL: DCc/Lit. MS. C20, fol. 87v-88, 89.

⁵⁹ CCAL: DCc/Lit. MS. C20. fol. 71v-72.

⁶⁰ CCAL: DCc/Lit. MS. C20, fol. 51v.

⁶¹ Although it is difficult to gauge Thomas' wealth and status, the witnesses to his charters with the hospital included Canterbury bailiffs and members of leading local families which might imply Thomas was of a similar status.