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Journal article

More continuity than change: Kent's Tudor almshouses

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More continuity than change: almshouses in Tudor Kent

Coming to the end of a long and mostly illustrious life, in 1592 Sir Roger Manwood of St Stephen's Hackington just to the north of Canterbury, drew up his last will and testament.¹ His career in law and politics, as a member of parliament for Sandwich, a Kent justice of the peace, and on the national stage the lord chief baron of the exchequer, had given him an almost unparalleled local, regional and national view of the problems and potential solutions surrounding poverty and welfare.² Thus, it is probably not surprising he stipulated that the distribution to the poor of his parish and five neighbouring rural parishes should be under the direction of his executors, in consultation with the ministers, church wardens or collectors of the poor to ensure the recipients were those who usually received parish alms. This distribution of cash or bread to the value of £20 on the fifteenth day after his burial was half the sum Manwood allocated to be used to keep the poor in these same parishes 'from idelnes', the £40 to be spent within a year of his death on the provision of wool, hemp, flax, iron or other stuff 'to sett on woke honeste persones att home in their dwelling howses & parishes.'

The need to distinguish between 'honest' poor and the idle would have chimed equally with the county's JPs, who, as well as enacting the growing national legislation concerning those Manwood termed Kentish and 'forrein roges' and people who 'will not with labour live honnestlye', envisaged their social responsibility in terms of aiding the former and penalising the latter.³ Thus, Manwood's provision of a 'howse of correction and Jaile howse' where such persons would 'be sett on woorke which strait & harde diet & lodging and due punishment till they doe soe amend' would have accorded with the treatment viewed as fitting by those on the county bench, whom William Lambarde termed the 'governors'.⁴ Furthermore, these same governors would have seen such incarceration as beneficial for society, offering a potentially powerful deterrent as well as protecting those outside its walls. Serving the rural parishes named in his will, Manwood's house of correction was located outside the liberty of Canterbury, the civic authorities having already established their own

¹ Canterbury Cathedral Archives and Library [hereafter CCAL], CC/S/7/1.

² S. Jack, 'Manwood, Sir Roger', ODNB: [<https://doi.org/10.1093/ref:odnb/18014>]

³ M. Zell, 'Kent's Elizabethan JPs at Work', *Archaeologia Cantiana* 119 (1999), 2, 16–18.

⁴ William Lambarde, *A Perambulation of Kent: conteining the Description, Hystorie, and Customes of That Shire* (London, 1826) 1st published 1576, p. 6.

house of correction or bridewell in the 1570s, using first one then another of the Canterbury hospitals, the ancient Poor Priests' hospital later also employed as a Blue Coat School.

Even though terms such as 'bridewell' and 'house of correction' were new in Elizabethan England, the concepts of forced work and the incarceration of the criminalised poor such as beggars, vagrants and others were not, and these ideas seemingly influenced certain Kentish civic authorities.⁵ In Dover, for example, it was envisaged that at least part of the workforce on the new harbour works in the 1530s should comprise men forced to labour there and even though this was a crown initiative, such ideas were presumably not lost on the local civic authorities and those more widely across the county.⁶ A decade earlier in Sandwich, another Cinque Port, the civic authorities as governors of St John's hospital in the town had passed an ordinance in 1523 whereby beggars had to stay at the hospital, presumably in the part known as the harbinger, those found to have disobeyed this order subject to punishment by the mayor and jurats.⁷ Soon after measures were instigated against vagrants and those seen to 'live evilly', such persons examined by the mayor and then banished from the town.⁸ These were not the first regulations deployed in Sandwich to confine those seen as marginal because in the late fifteenth century the civic authorities organised a brothel, the four women expected to remain there in exchange for their board and lodging.⁹

In the decades before his death, Manwood did not confine his charitable concerns to those of 'middle age' within the poor and his apparently comprehensive approach also included his free grammar school at Sandwich and what he called a hospital and row of seven almshouses close to his mansion and the parish church in Hackington.¹⁰ 'Well built in brick', his hospital comprised a row of cottages, a cloister, conduit, gardens and open areas to the rear of the almshouses. The corner dwelling was larger providing accommodation for the parish clerk as

⁵ For a discussion on bridewells and the Elizabethan legislation, see; Nicholls, *Almshouses*, pp. 24–6.

⁶ N. Brodie, 'Beggary, Vagabondage, and Poor Relief: English Statues in the Urban Context, 1495–1572', unpublished PhD thesis (University of Tasmania, 2010), pp. 211–17.

⁷ Kent History and Library Centre [hereafter KHLC], Sa/AC 2, f. 326. Previously the harbinger had been used to accommodate the poor, women in childbirth and perhaps the sick on a short-term basis; Sweetinburgh, *The Role of the Hospital in Medieval England: Gift-giving and the Spiritual Economy* (Dublin, 204), pp. 207, 236. Again, partly in response to central government directives.

⁸ KHLC, Sa/AC 2, f. 328.

⁹ KHLC, SA/AC 1, f. 217v; Sa/AC 2 ff. 35–5v. Vagabonds were first recorded in the town books in 1483; KHLC, Sa/AC 1, f. 292v, but as Carole Rawcliffe says, such anxieties can be seen from the 1350 onwards; 'Institutional Care for the Sick and Aged Poor in Later Medieval England', in J. McClure and D. Hitchcock (eds), *The Routledge History of Early Modern Poverty* (London, 2021), p. 214.

¹⁰ For details concerning the hospital; CCAL, CC/S7.

well as storage space for the raw materials doled out to the parish poor to work into spun yarn and other saleable commodities. The other cottages housed the poor and honest almspeople, who could be either local single people or married couples. These men and women received a fuel allowance, the four cart loads of billets delivered between 1 May and 7 July annually.

After Manwood's death the selection of new almspeople was to be in the hands of his widow or his son, but Manwood also instigated contingency plans whereby the archdeacon and mayor of Canterbury could choose the recipient. Moreover, Manwood intended that the city's senior civic officers would oversee his hospital through their annual visitation to check the register book and ensure the rules were known and adhered to by the almspeople. Further, the mayor's disciplinary role was to emulate that enacted at Kent's most ancient hospital, the leper house founded by Archbishop Lanfranc at Harbledown near Canterbury in c.1084, which since the fifteenth century if not before accommodated those not dissimilar to Manwood's almspeople. Such a governmental structure at Hackington echoed that at his school in Sandwich where the town's mayor and jurats were also responsible for the school's endowed lands.¹¹

Even though Manwood's hospital did not include a chapel, St Stephen's parish church featured heavily in the lives of his almspeople, especially the south transept which he had considerably refashioned to house his funeral monument. This transi tomb with Manwood shown in his scarlet robes of office and displaying his armour, his bust towering over his two wives and children, highlighted through the monument's Latin inscription the importance of Manwood as judge who like all would face the ultimate judgement.¹² It was in this space that every Wednesday and Sunday the almspeople were to receive a penny wheat loaf after attending morning prayer. Sunday was also the day that they sat under the shadow of the living Manwood when they were given dinner in the hall of his house, while every Friday they received a shilling in money. Additionally, his will stipulates that every third year on the feast day of St Andrew his almspeople were to receive a gown, cap and shoes.

¹¹ Roger's brother Thomas was mayor of Sandwich when he made his will in 1570, leaving lands to his brother's grammar school; The National Archives [hereafter TNA], PROB 11/52/409.

¹² Like Archbishop Chichele in the early fourteenth century before him, Manwood had seen to the erection of his funeral monument prior to his death; C. Bartram, "Some Tomb for a Remembrance': Representations of Piety in Post-Reformation Gentry Funeral Monuments', in R. Lutton and E. Salter (eds), *Pieties in Transition: Religious Practices and Experiences, c.1400–1640* (Aldershot, 2007), pp. 138–43.

This description of his hospital with its various provisions might seem perfectly in keeping with a man who held strong Protestant views, believing that his faith in Christ's passion would see him among God's elect.¹³ Yet, while there is no reason to doubt his belief, several of these directives in his will regarding his hospital involve actions and motifs that highlight the importance of commemoration and suggest his desire to appropriate and adapt methods which his Catholic grandfather would have understood.¹⁴ For even though the almspeople at morning prayer were not praying for the soul of their benefactor in terms of relief from purgatory, his presence would have been felt not only by them sitting in their pew but by others within the congregation. As living embodiments of his charity this would have been even more obvious during the distribution of the bread, which was valuable practically as well as symbolically. Equally, their Sunday dinner was presumably of considerable benefit nutritionally, but as a communal meal it might be seen to mirror the Last Supper, Christ's miracles such as feeding the five thousand, and perhaps most importantly Christ's instruction to feed the hungry, thereby drawing attention to Manwood's directives concerning the Last Judgment. Similarly, the supplying of suitable garments on a feast day that his grandfather would have held dear invoked another of Christ's commandments.¹⁵ The clothing of the respectable (elderly) poor aided them, but also demonstrated his concern as magistrate for 'his' community, articulated through the notion of commonwealth.¹⁶ This, too, his grandfather would have understood and approved of. Roger Manwood senior had been a long-standing member of Sandwich's civic government in the middle years of Henry VIII's reign, where he had discharged his social responsibility on the town's behalf including oversight of the town's ancient hospitals to ensure their good governance.¹⁷

¹³ Although made slightly earlier in 1567, Thomas Arden's will preamble encapsulates this theological change from medieval Catholic to evangelical Protestant regarding charity and why 'good works' should be undertaken; KHLC, PRC 17/40, f. 237.

¹⁴ S. Sweetinburgh, 'The Poor, Hospitals and Charity in Sixteenth-Century Canterbury', in Lutton and Salter, *Pieties in Transition*, pp. 69–70.

¹⁵ As a former jurat and mayor, St Andrew would have had special resonance because the Sandwich civic elections were linked to this date.

¹⁶ For such ideas in relation to geographically defined groups within the poor and the supply of grain, see: S. Hipkin, 'The Structure, Development, and Politics of the Kent Grain Trade, 1552–1647', *Economic History Review* 61 (2008), 101, 124–33. For an exploration of this concept, see: D. Rollinson, *A Commonwealth of the People: Popular Politics and England's Long Social Revolution, 1066–1649* (Cambridge, 2010), esp. pp. 160–1, 423–7.

¹⁷ S. Sweetinburgh, 'Discord in the Public Arena: Processes and Meanings of the St Bartholomew's Day Festivities in Early Sixteenth-Century Sandwich', in S. Sweetinburgh (ed.), *Negotiating the Political in Northern European Urban Society, c.1400–c.1600* (Tempe and Turnhout, 2013), pp. 90–2; His will implies a man holding orthodox Catholic beliefs; KHLC, PRC 17/20, f. 73.

Manwood's wealth and status means that he is exceptional regarding the scale and diversity of his provisions for the poor in east Kent, but many of his contemporaries shared his views and concerns. This article will focus on the role of the almshouse in Tudor Kent yet, as Manwood understood, it was only one aspect in the county's management of social welfare and the poor. As several historians in recent decades have noted, medieval hospitals have generally received far more scholastic attention than early modern and modern almshouses, and this is similarly true for mainland Europe.¹⁸ This is beginning to be addressed: Professor Nigel Goose and Dr Anne Langley's British Almshouse project has now resulted in the publication of an essay collection and others such as Dr Angela Nicholls, Professors Marjorie McIntosh and Carole Rawcliffe have in the last few years published books and articles on aspects of this subject that cover the period from 1350 to 1914.¹⁹ Nonetheless, as Goose notes in his survey of almshouse foundations, local perspectives, in the form of regional studies, 'can help to shed light upon this sadly neglected aspect of social welfare.'²⁰ Nicholls also underlines the value of a county-wide approach which she sees as offering a means to go beyond the well-endowed almshouses often cited in much of the literature.²¹ Another advantage of this method is that it can highlight the particularities of a region to nuance the broader national surveys, as well as draw on a wide range of documentary sources that extend, for example, into diocesan and civic archives.

¹⁸ Goose and Henk Looijsteijn discuss this contrast in: 'Almshouses in England and the Dutch Republic circa 1350–1800: A Comparative Perspective', *Journal of Social History* 45 (2012), 1050.

¹⁹ Among her other publications, see: M. McIntosh, *Poor Relief in England 1350–1600* (Cambridge, 2012); her local study: *Poor Relief and Community in Hadleigh, Suffolk 1547–1600* (Hatfield, 2013), and her early study: 'Local Responses to the Poor in Late Medieval and Tudor England', *Continuity and Change* 3 (1988), 209–45. Among Carole Rawcliffe's prodigious publications: *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital* (Stroud, 1997); 'Dives Redeemed? The Guild Almshouses of Later Medieval England', in L. Clark (ed.), *The Fifteenth Century VIII: Rule, Redemption and Representation in Late Medieval England* (Woodbridge, 2008), pp. 1–27; 'Communities of the Living and the Dead: Hospital Confraternities in the Later Middle Ages', in C. Bonfield, J. Reinartz and T. Huguët-Termes (eds), *Hospitals and Communities, 1100–1960* (Bern, 2013), pp. 125–54; 'A Crisis of Confidence? Parliament and the Demand for Hospital Reform in Early-15th and Early-16th-Century England', *Parliamentary History* 35 (2016), 88–96, and most recently: 'Institutional Care', pp. 209–33. For the parish almshouse: P. Horden 'Small Beer? The Parish and the Poor and Sick in Later Medieval England', in C. Burgess and E. Duffy (eds), *The Parish in Late Medieval England* (Donington, 2006), pp. 339–64; for civic hospitals: S. Sweetinburgh, 'Community Care: Civic Charitable Institutions in the Kentish Cinque Ports, c.1300–c.1500', *Archaeologia Cantiana* 141 (2020), 183–98.

²⁰ N. Goose, 'The Chronology and Geography of Almshouse Foundation in England', in N. Goose, H. Caffrey and A. Langley (eds), *The British Almshouse: New Perspective on Philanthropy ca 1400–1914* (Milton Keynes, 2016), p. 15.

²¹ A. Nicholls, *Almshouses in Early Modern England: Charitable Housing in the Mixed Economy of Welfare 1550–1725* (Woodbridge, 2017), pp. 9, 15–17.

One of the principal topics in early modern almshouse studies that remains contentious is the implications of the Reformation, especially the level of change this brought over the Tudor period from what is broadly seen as late medieval hospital provision under the control of the Church, specifically the monasteries, to secular almshouses as adjuncts of an increasing state legislative approach organised through the parish.²² Additional subsidiary factors discussed by scholars are how should the terms hospital and almshouse be defined, and is there an important distinction, especially because some contemporaries seemingly used these names interchangeably.²³ Allied to this, scholars have considered whether we need to think of such institutions as having specific characteristics or was flexibility of form and purpose over time and space part of their resilience. Additionally, although surveys such as the *Valor Ecclesiasticus* and Chantry Certificates offer valuable information concerning the closure of hospitals, just how catastrophic the Dissolution and subsequent events were at a local and regional level on the availability of charitable housing for the poor has probably still to be understood fully.²⁴ Part of this discussion centres on the changes to religious belief across the Reformation, that is not a simple dichotomy between Catholic and Protestant, the loss of belief in purgatory and salvation through good works to be replaced by justification by faith and charity as the action of a true believer.²⁵ Rather, as has become apparent in the historiography, it is vital to explore contemporary ideas concerning charitable provision several centuries before the Reformation, as well as examine how Tudor donors apparently envisaged their charitable gift-giving, because they often deployed and adapted older ways.²⁶ Furthermore, the economic, demographic, social and political conditions in which benefactors and recipients found themselves affected the loss, adaptation, survival and foundation of almshouses under the Tudor monarchs. For all these topics the regional and local dimensions aid our understanding, and this does not solely apply to the governors

²² Goose, 'Chronology', p. 6; Nicholls, *Almshouses*, p. 11; N. Rushton, 'The Forms and Functions of Monastic Poor Relief in Late Medieval and Early Sixteenth-Century England', in A. Scott, *Experiences of Charity, 1250–1650* (Farnham, 2015), pp. 111, 126–7; L. Silvester, 'Changing the Practice of Charity in Sixteenth-Century Norwich: 'the verie nedefull and urgent reformation'', in *ibid.*, p. 130; Rawcliffe, 'Institutional Care', pp. 209–10.

²³ For example, Goose, 'Chronology', p. 6; McIntosh, *Relief in England*, pp. 7, 61; Nicholls, *Almshouses*, pp. 6–7.

²⁴ Goose, 'Chronology', p. 7; McIntosh, 'Local Responses', 225–30.; McIntosh, *Relief in England*, pp. 68–71; Rawcliffe, 'Communities', pp. 137–8; Rawcliffe, 'Institutional Care', p. 220.

²⁵ Goose, 'Chronology', p. 7; McIntosh, 'Local Responses', 212; Silvester, 'Practice', pp. 130–33.

²⁶ McIntosh, 'Local Responses', 213–25; Nicholls, *Almshouses*, pp. 61–89; S. Sweetinburgh, 'The Poor, Hospitals and Charity in Sixteenth-century Canterbury', in R. Lutton and E. Salter (eds), *Pieties in Transition: Religious Practices and Experiences, c. 1400–1640* (Aldershot, 2007), pp. 59–60, 63–7, 72–3.

because recent case studies covering the lives of these almspeople are offering a better knowledge of this often unnamed and undifferentiated group.²⁷

Building on Goose's idea of the benefits of adopting a regional approach, this study of Kent's Tudor almshouses seeks to engage with some of the debates noted above. By examining the chronology of losses, survivals and foundations during the sixteenth century, as well as how patrons of ancient hospitals and founders of new almshouses drew on the past, this study highlights the continuity of the role of civic authorities in the provision of charitable housing as a means to discharge their social responsibility towards the community. Furthermore, by investigating how Lambard's governors in Kent appropriated pre-Reformation motifs this article nuances the Catholic-Protestant dichotomy to suggest that tradition was valued provided it was employed appropriately within the new religious framework. Turning from the governors to the governed, the final section of this article explores briefly the lives of the brothers and sisters in St John's hospital at Canterbury during the sixteenth century using the considerable number of surviving wills to emphasise how matters of continuity and change were as significant for the recipients as they were for the founders and patrons.

Before turning to the sixteenth century, it is worth providing a brief categorisation of Kent's medieval hospitals, albeit it is vital to note that individual houses might alter regarding the type of inmate accommodated because throughout their existence they needed to adapt in response to external and internal factors.²⁸ Using ideas of form and function, the county's hospitals can be divided into four categories: leper hospitals, those that cared for the poor and infirm, those offering often overnight accommodation to poor pilgrims or travellers, and the late medieval almshouse.²⁹ The latter can be subdivided into the well-endowed, purpose-built bedehouse and what Patricia Cullum has called poorly supported *maisonndieu*-type almshouses, which might be no more than part of the donor's house, the almshouse functioning for the lifetime of this single almsperson.³⁰ During the Middle Ages, even though

²⁷ For example: Nicholls, *Almshouses*, pp. 188–223; among several case studies, A. Clark, 'Almspeople and their Possessions: Gleanings from an Admissions Register, Sherborne, 1582–1866', in Goose et al, *Almshouse*, pp. 249–65.

²⁸ For the national framework: N. Orme and M. Webster, *The English Hospital, 1070–1570* (New Haven and London, 1995), esp. chapters 7 and 8; Rawcliffe, 'Institutional Care', pp. 215–16.

²⁹ Sweetinburgh, *Role*, pp. 78–106.

³⁰ P. Cullum, 'For pore people harberles': What was the Function of the *Maisonndieu*?, in D. Clayton, R. Davies and P. McNiven (eds), *Trade, Devotion and Governance: Papers in Later Medieval History* (Stroud, 1994), pp. 36–54.

in total compared to many counties Kent had numerous hospitals and almshouses, numbers and types varied over the centuries. The county's provision fluctuated because, for example, small, unsustainable houses were lost, others changed function including becoming almshouses or primarily or exclusively chantry chapels, while new foundations appeared to flourish or flounder depending on the prevailing circumstances inside and outside the institution.³¹

Many of these houses in medieval Kent were moderate in size.³² Generally, they were relatively modestly endowed and apparently attracted the majority of their benefactions during the first century of their existence, albeit casual almsgiving except in late medieval wills is impossible to quantify.³³ Most of these hospitals were located in Canterbury and the Cinque Ports, in the towns and small settlements close to Watling Street between London and Canterbury, with a few in Maidstone and the Weald. This heavy concentration of urban hospitals was due to the presence of the two cathedral cities, and the proliferation of small and medium-sized towns, many of which had acquired a degree of self-government, where ongoing struggles against overlordship or the presence of outside institutions had led to a highly developed sense of civic identity. One consequence was that compared to larger towns nationally, the craft guild structure was limited, and hospital founders were often either leading townsmen as individuals or collectively as the civic authorities.³⁴ Overall episcopal and monastic hospital foundations were fewer compared to other parts of England, although as a major landholder in the county, the Church was especially powerful in other aspects of Kentish society. Royal foundations were even more scarce. This probably reflected the limited presence of the king as landholder and the large number of minor aristocratic and knightly families, several of whom founded hospitals. Thus, as a county lay hospital patronage was an important feature, especially by the civic authorities of the Cinque Ports from the early thirteenth century.³⁵

³¹ S. Sweetinburgh, 'The Hospitals of Medieval Kent', in S. Sweetinburgh (ed.), *Later Medieval Kent, 1220–1540* (Woodbridge, 2010), pp. 112–25.

³² Although ranging from a hundred to a single person, in broad terms Kent's hospitals accommodated twelve or thirteen including the master.

³³ Sweetinburgh, *Role*, pp. 106–26.

³⁴ For the comparative national picture; McIntosh, *Relief in England*, pp. 89–92.

³⁵ Sweetinburgh, 'Community Care', 185–9.

This pattern of losses as well as gains and adaptations from the twelfth century onwards is important because in many ways, even though in some particulars more extreme, the sixteenth century was a continuation of this pattern. To take stock around the year 1500, a considerable number of the early, small leper hospitals had disappeared completely or were functioning as wayside or chantry chapels, a consequence of their limited resources or the absence of inmates, while a few other hospitals had been appropriated by the founders of colleges at Oxford and Cambridge.³⁶ Consequently, most of the early hospitals in west and north-west Kent had gone, albeit partly replaced by almshouses generally housing long-term poor and poorer people, including the elderly and infirm. Such persons were similarly at the remaining hospitals, for example, St Katherine's hospital, Rochester. Founded in 1316 for lepers and other poor people by a Rochester prominent civic officer under the governance of several local leading citizens and a priest, a century later it was accommodating at least some fee-paying residents, the hospital similarly continuing throughout the sixteenth century and beyond.³⁷ Canterbury and east Kent, especially the Cinque Ports, had fared far better and almost all the hospitals in the two cathedral cities and these Ports had survived.³⁸ Yet even in these urban centres some leper hospitals, in particular, were struggling to maintain their viability and might have disappeared anyway. Nevertheless, as in west Kent, charitable housing in the form of almshouses, specifically the *maison dieu*-type, were becoming more numerous. In part this may reflect the greater survival of testamentary sources which contain most references to such houses. Often these relate to the testator's desire to establish the almshouse, and it is possible not all executors or other designated people did fulfil these wishes. Equally, however, the frequency of such bequests might imply that it had become a widely accepted means to aid poorer members of the local community. Occasionally testators refer to already established almshouses of this sort, or provide a passing reference to an almshouse, thereby indicating at least a degree of longevity. For example, in 1503 John Whytlok included a bequest of 12d to each of those living in the almshouse of the old vicar's gift in Holy Cross parish at Canterbury, while Margery Smythson of Sittingbourne bequeathed a pair of sheets and a coverlet to the almshouse 'next unto the Vyne', and the spital house called the 'Bekyn' at Faversham is mentioned in John Mense's will from Deal dated 1516.³⁹

³⁶ Sweetinburgh, *Role*, p. 76, n. 36.; Sweetinburgh, 'Hospitals', p. 134, n. 150.

³⁷ Sweetinburgh, *Role*, pp. 80, 84, n. 73.

³⁸ Sweetinburgh, 'Hospitals', pp. 134–6.

³⁹ Whytlok: KHL, PRC 32/7, f. 70. Smythson, cited in A. Hussey, 'Sittingbourne wills, Ony to Wyn', *Archaeologia Cantiana* 43 (1931), 59. Mense: KHL, PRC 32/12, f. 33.

The evidence suggests that the vast majority of these *maison dieu*-type almshouses were the creation of prosperous laypeople and a few clerics. However, by the early Tudor period civic almshouses were beginning to be established and, although very little is known about them, it seems likely that they resembled this type, providing accommodation for local poor people without any requirement to pray specifically for the souls of their benefactors. Initially there were two of these almshouses in Dover, which seem to have been in or near two of the town's gates. As civic institutions, the Dover chamberlains were prepared to spend money on maintenance, and to enhance the town's provision the civic officers thereafter engaged in an exchange of premises.⁴⁰ Such efforts were supported by local individuals, including John Halyday who, in 1545, left 20s towards the upkeep of the almshouse, and the position of master of the almshouse was held by one of Dover's senior civic officers.⁴¹ Presumably the numbers accommodated were relatively small, but this initiative did to a degree bring Dover into line with other Cinque Ports that had had such civic institutions in some cases for centuries. In contrast, the well-endowed *bedehouse* form remained rare in pre-Reformation Kent, probably the final example was William Millett's Holy Trinity almshouse in Dartford founded in 1500.⁴² Yet this was far more modest than many of this type of institution established in late medieval and early Tudor England, a further factor that may help to explain the comparatively limited impact of the Reformation on Kent's hospitals and almshouses during the reigns of Henry and his son.

In Kent, the 1530s and 1540s witnessed the dissolution of the monasteries, friaries and colleges, the destruction of Becket's shrine and the dismantling of Boxley's Rood of Grace, and the re-formation under a dean and chapter of each of the cathedral priories at Rochester and Canterbury. Of the six colleges, only Maidstone as an appropriation or re-foundation of an earlier hospital, by Archbishop Courtney in 1395, housed any poor people at its suppression.⁴³ The level of support in Kent for such measures is difficult to gauge, but the evidence from the depositions collected from across his diocese in the early 1540s by

⁴⁰ British Library, Egerton MS 2107, ff. 14v, 58v.

⁴¹ KHL, PRC 32/22, f. 58. For example. John Tooke was elected as a Dover jurat in 1603 and two years later became master of the almshouse; C. Bartram and M. Dixon, "With the consent of the towne, and other skillful marryners and gentlemen': an Examination of Textual Negotiations in the Elizabethan Restoration of Dover Harbour 1582–1605", in Sweetinburgh, *Negotiating the Political in Northern European Urban Society*, p. 125.

⁴² TNA, PROB 11/12, f. 138.

⁴³ In 1535 there were said to be five such persons; W. Page (ed.), *The Victoria County History: Kent* [hereafter *VCH, Kent*], 2 (London, 1926), p. 232.

Archbishop Cranmer in response to what is termed the Prebendaries' Plot would suggest the presence of some vocal supporters for religious change in certain areas.⁴⁴ Nevertheless, the majority were reluctant converts, although the level of active opposition to the reformist agenda was relatively limited. Moreover, in terms of the survival of a sizeable number of the county's hospitals and almshouses, the role of lay, often civic governors may have been a significant factor. As patrons of these generally modest charitable establishments, many leading citizens apparently continued to envisage them as valuable town assets. This was especially apparent at times of increasing economic and social difficulties, and although insufficient respecting the growing numbers of poor people, yet these institutions were part of the official civic response.⁴⁵

Nonetheless, there were some losses. Perhaps functioning as a chantry chapel rather than a house for the poor, the archiepiscopal hospital of St John at Sevenoaks was dissolved in 1538.⁴⁶ As elsewhere, hospitals associated with monasteries were even more vulnerable, and the early casualties were St Mary's hospital at Strood, which had been subordinate to Rochester Priory and Dover Priory's daughter house, the ancient leper hospital of St Bartholomew at neighbouring Buckland.⁴⁷ Yet this linkage was seemingly not the only factor (see Canterbury below). In Dover John Bowle, an enterprising citizen, seems to have coveted St Bartholomew's lands and having demolished the place in 1540 he was still holding part of the hospital's property when he died in 1557.⁴⁸ Moreover, Dover's civic authorities may have believed they could care for the poor more effectively, having by this time established their own almshouse,

Dover's other medieval hospital was equally vulnerable, but for somewhat different reasons. Thomas Cromwell had noted its wealth having instructed the making of an inventory of St Mary's hospital's assets.⁴⁹ Also known as the Maison Dieu and under royal patronage, when

⁴⁴ J. Gairdner and R. Brodie (eds), *Letters and Papers, Foreign and Domestic, of the Reign of Henry VIII*, 18, ii (1543) (London, 1902), pp. 291–378; Corpus Christ College, Cambridge, MS 128. Among those who have used these depositions; E. Shagan, *Popular Politics and the English Reformation* (Cambridge, 2003), chapters 4, 6.

⁴⁵ Sweetinburgh, *Role*, pp. 233–4, 238–40; Sweetinburgh, 'Hospitals', pp. 135–6; McIntosh, *Relief in England*, pp. 77–8.

⁴⁶ *Letters and Papers Henry VIII* 18, ii, pp. 299, 311.

⁴⁷ H. Smetham, *History of Strood* (Chatham, 1899, repr. 1978), p. 138; Sweetinburgh, *Role*, p. 176.

⁴⁸ The property comprised a fulling mill with seven acres and one yard, and a meadow of nine acres in the neighbouring parish of Buckland; KHLC, PRC 32/26, f. 145.

⁴⁹ M. Walcott, 'Inventories of (i) St Mary's Hospital or Maison Dieu, (ii) Dover Priory', *Archaeologia Cantiana* 7 (1868), 272–80.

the mastership came vacant, Cromwell placed John Thompson there as his nominee because Thompson was far more interested in supervising the new harbour works than he was in his hospital. Thus, even though the Maison Dieu was said to have retained some of its charitable activities, at least part of the place was used to store building materials for the crown-funded harbour works. Furthermore, Thompson was a divisive figure in local politics, which probably muted any sympathy for the hospital and even before its surrender in 1544 to become a victualling yard for Dover harbour, it had seemingly almost ceased to function as a hospital.⁵⁰

The situation in Canterbury illustrates even further the significance of other factors beyond ecclesiastical patronage respecting the fate of medieval hospitals due to the Reformation. The early leper hospitals of St Lawrence and St James under the patronage of St Augustine's Abbey and Christ Church Priory respectively survived the destruction of their mother houses. Yet even several decades earlier neither had been in a robust condition, each comprising a community of very few sisters under a prioress and they were also facing external pressures.⁵¹ St Lawrence's had been drawn into the long-running jurisdictional dispute between the city authorities and St Augustine's in the early fifteenth century, and even though the hospital had apparently escaped relatively unscathed, the city's contention that it was located within the liberty of Canterbury and the value of its site and holdings may have influenced its fate in the mid sixteenth century.⁵² For under the terms of the agreement drawn up in 1538, the prioress and sisters were permitted to remain at the hospital for the remainder of their lives, their necessities provided by the lease holder of St Lawrence's estate.⁵³ Locally it still seems to have been perceived as a hospital in the early 1550s, which might suggest the city authorities had perhaps initially envisaged a new role for it as a house for the poor, following their counterparts in London.⁵⁴ Yet in Canterbury any such interest was short-lived, probably due in part to its extramural location. Consequently, St Lawrence's hospital ceased

⁵⁰ Sweetinburgh, *Role*, pp. 180–2.

⁵¹ K. Wood-Legh (ed.), *Kentish Visitations of Archbishop William Warham and his Deputies, 1511–12* (Gloucester, 1984), pp. 11–12.

⁵² S. Sweetinburgh, 'Placing the Hospital: The Production of St Lawrence's Hospital Registers in Fifteenth-Century Canterbury', in L. Clark (ed.), *The Fifteenth Century XIII: Exploring the Evidence: Commemoration, Administration and the Economy* (Woodbridge, 2014), pp. 111–13.

⁵³ CCAL, DCc/BB83/2. E. Hasted, *The History and Topographical Survey of the County of Kent*, 12 (Canterbury, 1972 [1801]), pp. 247–9.

⁵⁴ In 1552, it was called the 'spytall of St Lawrence', KHLC, PRC 17/27, f. 127.

to exist soon after becoming a gentry residence, a fate that St James' hospital had experienced almost a decade earlier after it was surrendered to the crown in 1551.⁵⁵

Another hospital in Canterbury that had initially adapted successfully to the post-Black Death conditions but by the early sixteenth century was beginning to struggle was the Poor Priests' hospital. Thereafter the situation continued to deteriorate due to its limited personnel and at times their inability to discharge their spiritual duties at certain local parish churches. Yet it managed to survive until 1575 when it was surrendered to the crown, the building and lands granted to the civic authorities two months later.⁵⁶ Located within the city wall and close to the river, it was far better placed to become a civic house for the poor compared to the ancient leper hospitals, although by this time the mayor and aldermen were envisaging their institution as a house of correction or bridewell rather than a civic almshouse.⁵⁷ Furthermore, it was close to the city authorities' first such bridewell at the former archiepiscopal pilgrim hospital of St Thomas.⁵⁸ This hospital had been a direct casualty of the Dissolution, yet even though it fell into decay after the destruction of Becket's shrine, sufficient remained for Archbishop Parker to try to save it in the 1560s for the itinerant poor and the provision of out-relief.⁵⁹ His success was short lived and after his death it was said to be in a 'ruinous' state, the city employing it as a house of correction by 1572. However, the idea of offering a refuge for poor (honest) travellers was more successful in Rochester, Richard Watts' provision under the terms of his will (1579) adding space for six travellers to an existing almshouse in the city centre.⁶⁰ Nevertheless, Archbishop Whitgift in 1586 turned away from helping the transient poor, and instead focused his attention on local residency as one of the selection

⁵⁵ *Calendar Patent Rolls 1550–53*, p. 181. At St Lawrence's in 1557 there were said to be the prioress and two other women; *VCH, Kent 2*, p. 212.

⁵⁶ *VCH, Kent 2*, p. 213.

⁵⁷ G. Durkin, 'The Civic Government and Economy of Elizabeth Canterbury', unpublished PhD thesis (University of Kent, 2001), pp. 205–6, n. 699.

⁵⁸ This civic response perhaps related both to the initiatives in London during Edward VI's reign and the 1572 act concerning the treatment of vagabonds and the poor; C. Daly, 'The Hospitals of London: Administration, Reformation and Benefaction, c. 1500–1572', unpublished D.Phil. thesis (University of Oxford, 1993); Nicholls, *Almshouses*, pp. 22, 24–6.

⁵⁹ CCAL, U24/1; J. Duncombe and N. Battely, *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), pp. 387–97.

⁶⁰ Nicholls, *Almshouses*, p. 92.

criteria for the elderly poor at the re-founded Eastbridge hospital when he drew up new statutes for his institution.⁶¹

Eastbridge thus re-joined the other two archiepiscopal hospitals at Canterbury, Lanfranc's twin establishments for the poor and infirm at St John's and lepers at St Nicholas'. By the fifteenth century these had adapted to become hospitals for poorer people, including some who were elderly, a function they continued to undertake throughout the sixteenth century and beyond. As well as fulfilling their patron's remit, these two charitable institutions were viewed more favourably by Canterbury citizens across the period than any other of the city's hospitals. The desire by testators to aid well-established hospitals that accommodated brothers and sisters long-term frequently extended beyond St John's and St Nicholas' to Maynard's spital.⁶² Providing long-term accommodation for poor, local people, this civic governed hospital, was similarly able to bridge the Reformation divide, underlining the role of episcopal and civic patronage in Canterbury that was mirrored more widely across the county.⁶³ Even though the dean of Rochester rather than the bishop was patron of St Bartholomew's hospital at Chatham, the dean's presence locally may have helped to ensure its survival, as occurred when it was threatened in the early seventeenth century.⁶⁴

In addition, Maynard's spital, like the three archiepiscopal hospitals, probably retained its medieval chapel building for the daily use of the inmates, the regime changing from praying for the souls of donors and founder to commemorating its patrons and benefactors. Moreover, Parker's revised statutes for St John's and Harbledown, in 1560 (with later additions), highlight not only that the brothers and sisters at his hospitals must attend morning and evening prayer, but they should know by heart certain prayers, the catechism and other articles of faith, as well as attend sermons in the old chapter house at the cathedral on Sundays.⁶⁵ Such regulations, including punishment and expulsion if not adhered to, can be seen as reminiscent of medieval hospital ordinances concerning the *Pater Noster*, *Ave Maria* and *Credo*, for like his predecessors Parker wished to ensure that the brothers and sisters were

⁶¹ Like Parker before him, he added a school to the hospital's provision; CCAL, U24/1; Duncombe and Battely, *Three Archiepiscopal Hospitals*, pp. 404–12.

⁶² Sweetinburgh, *Role*, p. 121.

⁶³ Sweetinburgh, 'Poor', pp. 66, 68

⁶⁴ *VCH, Kent*, 2, p. 217.

⁶⁵ Duncombe and Battely, *Three Archiepiscopal Hospitals*, pp. 175, 214–19.

good God-fearing Christians, albeit as followers of the reformed Anglican doctrine.⁶⁶ Nor was it only Elizabethan ecclesiastical and civic patrons who expected their almspeople to live devoutly, and Manwood (see above) and Sir John Boys at his Jesus hospital adopted similar regimes for those dwelling at their hospitals.⁶⁷

As noted above, civic patronage is a major explanation for the considerable level of hospital survival in Tudor Kent, especially at the Cinque Ports where they represented a high proportion of the town's hospitals. St John's hospital in New Romney is something of an exception because unlike, for example, St Bartholomew's hospital at Sandwich and St John's hospital at Hythe, by the early sixteenth century it may have become little more than a chapel and burial ground.⁶⁸ Yet even if its function as a hospital for the poor was in abeyance for much of the Tudor period, it has been argued that some institutional provision for poor people on the old hospital site may date from the later decades of Elizabeth's reign before the traditional foundation date of 1610 for Southlands Hospital.⁶⁹ Nevertheless, it is worth recording that disputes did arise on occasion regarding matters of governance at these civic hospitals, but such tensions were insufficient to jeopardise the hospitals' survival. However, rather than poor people it was the moderately prosperous who at times found accommodation at St Bartholomew's hospital at Sandwich.⁷⁰ This did cause concern among some members of the town authorities, but the use of entry fees may have begun as early as a century after its late twelfth-century foundation and were useful revenue for the hospital (and civic) authorities.⁷¹

The only known (town) guild almshouse in pre-Reformation Kent was that of the Corpus Christi guild at Maidstone, albeit it did use the collegiate and parish church of All Saints.⁷²

⁶⁶ As seen in Archbishop Winchelsey's revised statutes for these two hospitals in 1298; *ibid.*, p. 212. Equally in Bishop Hamo's Hythe hospital foundation charter (1336); KHLC EK/Ch23/14; Sandwich civic authorities' revised regulation for St Bartholomew's hospital there in the later fifteenth century; KHLC, Sa/LC 2, f. 70v; and Milet's almshouse at Dartford; TNA, PROB 11/12, f. 138.

⁶⁷ Sweetinburgh, 'Poor', pp. 69–70.

⁶⁸ Sweetinburgh, 'Community Care', 189–90.

⁶⁹ G. Draper and F. Meddens, *The Sea and Marsh: The Medieval Cinque Port of New Romney* (London, 2009), pp. 54–5.

⁷⁰ In 1587 an inquiry found that some inmates were young, held property outside the hospital and had paid a substantial fee; *VCH, Kent*, 2, p. 226. Wills made by inmates survive from across the period, indicating the presence in the hospital of such people.

⁷¹ Sweetinburgh, *Role*, p. 227.

⁷² This sense of it being a town guild was articulated by William Fysshier in 1506. He sought burial within St Faith's church 'next to the seat that I sit in', bequeathed 40d to the high altar at All Saints' church, gave money to both churches for repairs, and a further 6s 8d to the brotherhood of Corpus Christi; TNA PROB 11/18/319.

The town was under archiepiscopal lordship, the portreeve and his twelve brethren were the senior town officers, and, as at other late medieval towns, the guild may have been envisaged by its members, especially the leading townsmen, as a quasi-civic authority.⁷³ Having its own hall and almshouses, the guild offered charitable accommodation to its poorer members, thereby mirroring the discharging of civic responsibility towards the urban poor seen in other Kentish towns.⁷⁴ Perhaps as a consequence, in 1549, following the suppression of the guild and college, and the granting of the first charter of incorporation that provided civic autonomy to the leading citizens, the fledgling corporation deployed part of the guild premises for the ‘new’ or re-founded Maidstone Grammar School, the provision of education being another pillar of civic responsibility to add to the civic almshouses.⁷⁵

The general limited importance of craft guilds in the county may explain the almost total absence of craft guild almshouses in Tudor Kent. Of the two known examples, the proximity of London and the frequent interchange of people and ideas among mariners, especially the skilled pilots, working in the Thames estuary, may indicate the influence of the great London livery companies’ and their almshouses concerning the re-establishment of the Trinity House guild and its almshouses at Deptford in 1514.⁷⁶ Furthermore, the precarious nature of seafaring and the often, close-knit formation of communities involved in fishing, trading and associated maritime activities may be significant regarding this mariners’ guild, especially as London’s overseas and coastal trade expanded in the early modern period, the role of the Deptford pilots becoming ever more important.⁷⁷

At Tudor Dover, as a group the mariners were numerous, exhibited an ‘apparent clan-like identity’, and maintained occupational networks involving other coastal ports, London and mainland Europe.⁷⁸ A key activity had been the cross-Channel passenger trade and in 1348

⁷³ This seemingly occurred at Bury St Edmunds and Stratford upon Avon, for example. At Maidstone, in 1546, it was said that ‘the master and brethren of the guild were wont to meet together [at the guild hall] and there consider and talk over the ordinary business of the town’; A. Hussey (ed.), *Kent Chuntries*, Kent Records 12 (1932), pp. 188–9.

⁷⁴ KHLC, U1823/89, box 4; U1823/1 04; Sweetinburgh, *Hospitals*, p. 116; P. Clark and L. Murfin, *The History of Maidstone: The Making of a Modern County Town* (Stroud, 1995), pp. 32–3.

⁷⁵ Clark and Murfin, *Maidstone*, pp. 35, 56; Nicholl, *Almshouses*, p. 61; G. Draper, ‘There hath not bene any grammar scole kepte, preacher maytened or pore people releved, other then ... by the same chauntreye’: Educational Provision and Piety in Kent, c.1400–1640’, in Lutton and Salter, *Pieties in Transition*, pp. 86–91.

⁷⁶ A.A. Ruddock, ‘The Trinity House at Deptford in the Sixteenth Century’, *English Historical Review* 65, 257 (1950), 459–66. Nicholls, *Almshouses*, p. 79.

⁷⁷ Ruddock, ‘Trinity House’, 467–72.

⁷⁸ Bartram and Dixon, ‘Textual Negotiations’, p. 130.

the mariners formed a guild called the ‘Fership’.⁷⁹ However, issues relating to the state of the harbour and other detrimental factors from Henry VIII’s reign onwards led to the civic authorities becoming more involved, the town managing the Seamen’s Hospital that had been established before 1552.⁸⁰ The third almshouse for mariners that was founded in Tudor Kent, illustrates the involvement of another category of almshouse patrons, the justices and landed gentry. This group formed the apex within Kentish society linked through marriage, office holding, patronage, neighbourhood, and their Protestant beliefs. Among Manwood’s peers was Sir John Hawkins, whose hospital for mariners at Chatham (1592) was under the governance of Hawkins’ associates Lord Cobham, Lambarde and Whitgift.⁸¹ Like Hawkins and Whitgift, Lambarde and Cobham were almshouse founders, Lambarde having established his almshouse at East Greenwich sixteen years earlier in the first wave of Elizabethan foundations.⁸² Through his will, in 1596, Cobham was part of the last Elizabethan cohort of almshouse founders.⁸³ His New Cobham College on the site of his ancestor’s chantry college a re-use not only of some of the surviving medieval buildings, but a Protestant adaptation of ideas his medieval forefathers would have understood, albeit the house now accommodated almshouses not chantry priests. For responding to state legislation and their experiences on the county’s judicial bench, as well as their contacts within leading urban society, these men envisaged the provision of such charitable housing as befitting their status and their ‘godly’ disposition to discharge their social responsibility by aiding their communities in the form of the local, respectable poor. However, like the late medieval and early Tudor well-endowed bedehouses, the type of almshouse established by these men, as well as by Sir John Boys of Canterbury, a neighbour of Manwood, were expensive in terms of the buildings provided and the resources needed to maintain them.⁸⁴ Nonetheless, presumably this was viewed as a necessary sacrifice, the substantial almshouse enhancing the donor’s reputation and status, demonstrating commitment to the Elizabethan commonwealth, as well as to future generations.⁸⁵

⁷⁹ For the guild of ferrymen, see, S. Statham, *The History of the Castle, Town and Port of Dover* (London, 1899), pp. 66–7; J. Jones, *The Records of Dover* (Dover, 1907), p. 11.

⁸⁰ Nicholls, *Almshouses*, p. 99.

⁸¹ Nicholls, *Almshouses*, p. 79. Also, Lord Cobham, as Warden of the Cinque Ports, would have been aware of the civic charitable housing in the various Ports.

⁸² *Ibid.*, p. 31. As well as almshouses, such men similarly acted together concerning the governance of Rochester Bridge; J. Gibson, ‘Rochester Bridge, 1530–1660’, in N. Yates and J. Gibson (eds), *Traffic and Politics: The Construction and Management of Rochester Bridge AD 43–1993* (Woodbridge, 1994), p. 138.

⁸³ A. Arnold, ‘Cobham College’, *Archaeologia Cantiana* 27 (1905), 78–88; Nicholls, *Almshouses*, p. 41.

⁸⁴ CCAL, U38/1; U38/3.

⁸⁵ Nicholls, *Almshouses*, pp. 71–80.

Yet such charitable actions were only available to the upper echelons of Kentish society, and perhaps for London merchants, such as William Lambe, but for the leading and middling townspeople and their rural peers, the founding of modest almshouses that were the successors of the late medieval *maison-dieu*-type was probably the only option.⁸⁶ Although it is not possible to provide a comprehensive catalogue of these often relatively short-lived establishments for Tudor Kent, the testamentary evidence indicates that they were fairly widespread topographically and chronologically.⁸⁷ Moreover, these will-makers seemingly saw them as part of their response towards helping the poor, and the idea of providing cash, clothing, food or fuel did not disappear with the change in religious beliefs. Not that such people could in any way match Manwood's largesse, but there seems to be a similarity of purpose respecting the type of poor people who should be the recipients, testators seeking the local, honest and 'good-living'.⁸⁸

But who were these people and what were their lives like?⁸⁹ For the former, even though donors did sometimes name those who would become the first almshouse residents and a few almshouse registers survive from this period, yet often they provide little more than a name and frequently it is impossible to ascertain further information beyond length of residence and sometimes marital status.⁹⁰ Additional information may be forthcoming if the person transgressed, such details noted in either the hospital records or the town books.⁹¹ Consequently, the wills made by brothers and sisters at St John's hospital, Canterbury, offer some ideas about their beliefs and their activities, while acknowledging that many were more prosperous than most almspeople.

⁸⁶ Lambe established his almshouses at Sutton Valence (1574) in north-west Kent, an area that had benefitted from London mercantile wealth in many ways for centuries; Nicholls, *Almshouses*, p. 42.

⁸⁷ Jordon only mentioned a few of the more substantial almshouses for Elizabethan Kent in his survey of the county; W. Jordon, 'The Structure of Aspirations', *Archaeologia Cantiana* 75 (1961), 37–41, 43.

⁸⁸ For a discussion using a Kentish case study concerning responses to the poor inside and outside hospitals; Sweetinburgh, 'Poor', pp. 59–73.

⁸⁹ Hospital and almshouse regulations are useful, but in some ways may represent the expectations of the founder and patron rather than reality.

⁹⁰ Among these are the registers for St John's hospital, Sandwich (from c.1400 onwards) and St John's in Canterbury (1538–1557); CCAL, U13/2. For their use regarding longevity and marital status, see respectively, Sweetinburgh, 'Joining the sisters', pp. 20–4, 31–2; Nicholls, *Almshouses*, p. 109.

⁹¹ William Baldock was a particularly disruptive brother at St Bartholomew's hospital at Sandwich in the 1520s. Amongst other issues he was trading on his own account to the detriment of the hospital and its civic patrons; KHL, Sa/AC 2, ff. 279v, 363.

By the later Middle Ages, life in many of the ancient Kent hospitals was moving from being predominantly communal to involving much greater privacy concerning living space and meals, and perhaps spiritual activities, albeit the notion of attending daily services together seemingly remained an important duty of the brothers and sisters. Such institutional life might equally involve working at the person's previous trade, helping on the hospital's home farm, and for the sisters working in the brewhouse, bakehouse, and kitchen, as well as helping the sick-poor if they were still given shelter.⁹² In Canterbury at St John's, some of brothers and sisters helped to fund this shift towards having their own quarters, Thomas Consaunt (1489) intending that his executors should build a new kitchen at his tenement there, while Margaret Fryer (1522) bequeathed 10s towards a new chimney in her own hall.⁹³ How many of these were completely separate dwellings is unknown, because some were constructed within sections of the ancient great dormitory halls.⁹⁴

In Thomas' case, whether he was living alone, his wife continuing to reside at the family's home in neighbouring Chislet with their son, is unclear but seems likely from his testamentary provisions. At St John's hospital in Sandwich this was a common occurrence, the widow taking her late husband's place, and Alice Consaunt appears to have acted similarly, later re-joining her husband in death (1495) because both sought burial in St Gregory's Priory church belfry.⁹⁵ Her great iron spit and some of her brass pots, kettles and pans, listed in her will, may have been in Thomas' new kitchen, although others may have remained in Chislet. Equally more of the beds may have been at Chislet than at Canterbury, but some of the candlesticks and a little chest with a spring lock were presumably at St John's with at least one of her tables and another chest, as well as her pewterware and several silver spoons. Even more personal possession such as her kirtles and gowns were probably at the hospital, in addition to her set of cards, wool basket and at least some of the lambs' wool she owned, but the two cows would have been at Chislet. Together, these suggest that Alice lived comfortably at the hospital, cooking and eating in her tenement continuing to work carding her wool, and maintaining her business interests through her son.

⁹² Sweetinburgh, 'Sisters', 26–36; McIntosh, *Relief in England*, pp. 64–7, 74; Rawcliffe, 'Institutional Care', p. 215.

⁹³ Consaunt, KHL C PRC 32/3, f. 252v; Fryer, KHL C PRC 32/13, f. 150.

⁹⁴ CCAL, U13/4. Although the ruins of one of these two halls remains, much of the ancient complex of buildings was taken down in 1744 by Archbishop Potter; Duncombe and Battely, *Archiepiscopal Hospitals*, p. 192.

⁹⁵ Sweetinburgh, 'Sisters', 20. KHL C, PRC 32/4, f. 78v.

Nevertheless, certain aspects of hospital life remained communal, the hospital authorities in this period having adapted the south-west section of one of the two ancient halls to form a first-floor room with spiral stair turret.⁹⁶ Whether it was this building or a larger hall that was used regularly on Sundays, as well as the patronal feast day and other feasts days, including Lanfranc's obit, is unclear.⁹⁷ However, there are references to a hall where the funeral feasts for deceased brothers and sisters were held on the day of burial, the month's mind and obit. These funeral feasts comprised traditional food and drink in the form of ale, with bread and cheese, while the patronal feast was far more elaborate. Such activities probably strengthened communal bonds, aided by the annual reading of the hospital's statutes, the oath-taking by new brothers and sisters, and the community's devotional activities in the hospital's chapel, which, until the Dissolution, was served by the Augustinian canons from neighbouring St Gregory's Priory.⁹⁸ Consequently, some such as Thomas Bencher (1520) mentioned by name their fellows as beneficiaries and/or as executors, while John Rooper (1526) included a reversionary bequest for the creation of a chantry in the hospital chapel.⁹⁹

While at least a few at St John's supported the mid-century religious changes, others within the hospital did not.¹⁰⁰ Like her predecessors at the hospital, Joan Mychell (1543) wanted diriges and requiem masses at her burial, but seemingly tradition in the form of the distribution of bread to her fellow brothers and sisters was also viewed as central.¹⁰¹ Furthermore, the accusations and counter accusations made by a tiny minority in their vocal criticism of the prior in the 1540s may relate to personality clashes, and perceived abuses of privilege rather than doctrinal issues.¹⁰² However, the absence of wills made by those from St John's during Edward VI's reign means it is unclear how individuals responded, but they were apparently prepared to return to Catholic rituals thereafter. John Corneforde (1556) sought diriges and masses at his burial, as well as a distribution of bread and money to poor people dwelling at St John's, and gifts to the brethren.¹⁰³

⁹⁶ Today known as the refectory, it may have seen Parker's 'treasury-house'; Duncombe and Battely, *Three Archiepiscopal Hospitals*, p. 217.

⁹⁷ CCAL, U13/4.

⁹⁸ Parker seems to have retained many of these ideas; Duncombe and Battely, *Three Archiepiscopal Hospitals*, p. 215.

⁹⁹ Bencher, KHLC, PRC 17/14, f. 309v; Rooper KHLC, PRC 32/15, f. 8.

¹⁰⁰ Peter Grove, for example, stipulated in 1540 that he expected a dirige and six named masses at his burial, month's mind and obit; KHLC, PRC 32/17, f. 65.

¹⁰¹ KHLC, PRC 32/18, f. 79.

¹⁰² CCAL, U13/1.

¹⁰³ KHLC, PRC 32/26, f. 126.

Corneforde's classification of his beneficiaries may mark an earlier change to the layout of the hospital. For in addition to the brothers and sisters living in the hospital buildings and having common use of the gardens there, in 1546 the site also contained a number of cottages with gardens occupied by poor people.¹⁰⁴ These latter inhabitants would appear to resemble the poor who were accommodated in maisonndieu-type almshouses, albeit they were seemingly paying rent to the hospital. Moreover, the hospital authorities may have aided other poor people at least by proxy because the wardens of the Jesus brotherhood at Holy Cross parish church rented certain tenements in that parish from St John's, presumably to house poor parishioners.¹⁰⁵

Unlike St Bartholomew's hospital at Sandwich that had begun prohibiting married couples in 1480, married couples continued to be accepted at St John's, although the testamentary sources suggest husbands often entered without their wives and the sisters were widows or spinsters.¹⁰⁶ Consequently, for the sisters all their possessions may have been at the hospital. Although Joan Sawyer may have had more than most, among her furnishings were two beds and considerable bedding including a tapestry coverlet, two cupboards, a coffer, and two chests.¹⁰⁷ She was well supplied with cooking equipment, such as a spit, a great frying pan, a chafying dish, brass pots and kettles, with several platters, dishes and saucers. Her accommodation was potentially well lit because she had at least nine candlesticks, and, as well as her clothing, she had several silver spoons.

Old age does not appear to have stopped Joan from working because she intended her unused fine yarn should pass to another woman to make into towels. Such work may have been confined to the hospital, but her beneficiaries included family and friends, who presumably resided in and around Canterbury except for one couple from Maidstone. Consequently, her social activities extended beyond the hospital gate, but for some of the brothers it was their continuing business interests that seeming meant they remained active outside the hospital. Nicholas Scott, for example, had two houses nearby, his wife perhaps living in the

¹⁰⁴ *Kent Chantries*, p. 89.

¹⁰⁵ *Ibid.*

¹⁰⁶ KHLIC, Sa/AC 1, f. 257.

¹⁰⁷ KHLIC, PRC 32/18, f. 5.

Canterbury suburb of Wincheap with their son, and when he made his will in 1556, he had yet to complete the sale of four acres in Ashford.¹⁰⁸

The wills indicate that during Elizabeth's reign the hospital remained a comfortable residence for the brothers and sisters, especially for those of moderate means. Among these was Magdalene Colbrand, a widow with several children including two unmarried daughters.¹⁰⁹ For even though she had a 'pined' cupboard in her hall, most of her furniture was joined, including four joined chests, a bed and a chair. Andrew More, her contemporary in the 1570s, had a similar range of furniture, and additionally he had three painted clothes to decorate his walls.¹¹⁰ Both, like others at St John's named family and friends, including others at the hospital among their beneficiaries, which suggests that even though Parker had forbidden them to go beyond the hospital without permission, this was readily obtainable and his injunction that they must reside at the hospital for two weeks between the feast day of the Annunciation of Our Lady and the feast day of St John the Baptist denoted his understanding of the hospital's situation.¹¹¹

Nevertheless, whether Parker's revised regulations imply that the spiritual life of the brothers and sisters at St John's had become laxer during the mid-century religious changes is unclear, but the return to a more rigorous devotional regime does not appear to have significantly restricted the personal activities of some at the hospital. For example, Anthony Allen made his will in 1560, perhaps soon after he had become a brother, apparently remaining there until his death in 1599.¹¹² Among the possessions he had brought to St John's was a kettle in which he stored his honey, and he was expecting his son to deliver certain cereals annually at Michaelmas (possibly wheat and malt). Even though his three beehives were presumably at his former house now in the custody of his son, his apparent concern for them may suggest that he continued to care for his beehives, and at his death he expected all three should be brought to the hospital, two for St John's the other for his wife, who seems to have been expected to join as a sister there. Moreover, his son was to supply wheat and malt to her twice a year, her poultry may have been taken to St John's, although her shares in her son's pig enterprise were presumably either delivered on the hook or as their monetary equivalent.

¹⁰⁸ KHL, PRC 32/26, f. 141.

¹⁰⁹ KHL, PRC 32/34, f. 83v.

¹¹⁰ KHL, PRC 32/33, f. 31.

¹¹¹ Duncombe and Battely, *Three Archiepiscopal Hospitals*, pp. 214, 216, 219.

¹¹² KHL, PRC 32/38, f. 228.

Thus, she was presumably able to live quietly at St John's in her old age, joining her fellows in the hospital's chapel and in the hall or refectory, while maintaining her connections with her kin and others beyond the hospital gate, perhaps working if she was still able.

In conclusion, even though much in the world had changed over the century, and the state was more actively involved in the regulations involving provision, including housing, for the poor, most of Kent's hospitals and almshouses continued to be governed as they had been in the late Middle Ages, overseers exercising social responsibility in the context of the commonweal. Furthermore, although there were direct casualties, far fewer hospitals had been lost during the Dissolution compared to most counties, and instead the Tudor chronology of these charitable institutions mirrored earlier centuries of losses, gains and adaptations. Similarly, the religious changes, while having fundamental implications concerning the doctrinal ideas respecting charitable giving still meant such ideas were valued. For as Arden said in 1567, 'a good worke makethe not a good man, but a good man makethe a good worke', and the Protestant almshouse or hospital founders and benefactors appropriated ways of giving that their Catholic ancestors would have recognised. Equally, for the recipients of such largesse, their actions of behalf of their patrons and benefactors involved continuity, albeit again the doctrine had changed. Consequently, for Kent's almspeople in 1600, their lives centred around their charitable dwelling, to which for some was added the hospital chapel or parish church, and other communal activities, a life resembling heavily that of their predecessors a century earlier.