COMMUNITY CARE: CIVIC CHARITABLE INSTITUTIONS IN
THE KENTISH CINQUE PORTS, c.1300-c.1500

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In the late fourteenth and early fifteenth centuries there was pressure by Lollard and other reformers to replace moribund hospitals, which were viewed as ecclesiastical-run institutions, with new foundations under lay control to provide community care for the vulnerable. In some cases these new almshouses actively involved the local civic authorities. The evidence for such civic-controlled hospitals in Kent is especially good for the Head Ports of the Cinque Ports confederation, and these institutions pre-date the calls for reform in the reigns of Richard II and his successors. Moreover, the hospital records not only highlight matters relating to the foundation of such establishments but also their developing character during the fifteenth century and beyond. The new hospital foundations (sometimes re-foundations) examined in detail in this paper are:

Hythe: St Andrew, later St John’s
    St Bartholomew, Saltwood by Hythe
Sandwich
    St Bartholomew
    St John
    St Thomas
New Romney
    St John

The role taken by government, especially local civic authorities, in caring for the vulnerable within society is again under the spotlight in twenty-first-century Britain. This provision is offered through a mix of private and public organisations and, even though charities may be involved, the role of ecclesiastical and other religious bodies is tiny. Today, moreover, due to a variety of factors, the ability to sustain the level of care required by government and society at large has been questioned, such problems relating partly to financial issues, but also to the competency and integrity of those involved in the day-to-day organisation of these establishments and those charged with their oversight.

Just over six hundred years ago not dissimilar worries were raised in England, and it was the hospitals that came under scrutiny, although for the main reformers it was the Church that was seen to be at fault, not the government. As Margaret Aston highlighted, John Wycliffe and his Lollard followers raised considerable controversies in Richard II’s reign regarding their desire to deprive the Church

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of its worldly possessions, as well as their condemnation of what they saw as the unjust relationship between benefactions to friars and almsgiving to the poor in late medieval society. Among the issues she discussed was how Lollards envisaged the poor using Wycliff's biblical designation of the poor feeble, the poor lame and the poor blind, who should be aided through direct almsgiving or through charitable institutions. For Lollards, therefore, hospitals were key to helping the poor whose miseries were not their own fault, those John Henderson has labelled the episodic (elderly and chronically sick), epidemic (those suddenly forced below subsistence level due to severe dearth or epidemic disease) and endemic (life-cycle poverty) poor, provided these establishments were taken out of the Church’s control.

During the 1410s the same issues were raised again on several occasions in and around Parliament, including the call to take the Church's assets and establish a hundred new almshouses, each with an income of a hundred marks to be used to feed the poor inmates, the management of these new almshouses to be the responsibility of 'good and true secular persons'. Nevertheless, as Nicholas Orme and Margaret Webster describe, little happened in terms of legislation but, as Carole Rawcliffe has explored recently, these ideas did elicit a wider response in that certain patrons did tackle abuses in their hospitals, while the desire to establish new houses for the elderly and reputable poor became more prevalent. Many of these founders were wealthy merchants or members of the aristocracy, but organisations, including guilds, sought to provide for their less fortunate members. Furthermore, these houses were characteristically under lay control, in some cases involving the local civic authorities, a situation that is often seen as innovatory compared to hospitals founded in the twelfth and thirteenth centuries.

Yet, whether the Lollards and these early fifteenth-century almshouse founders were quite as ground-breaking is a moot point. As Sharon Farmer discusses in her study on poor relief organised in Paris, even though the major shift to secular oversight seemingly occurred in the early sixteenth century, the roots of such changes can be found as early as the mid thirteenth century. Nor was this confined to Paris, and she believes that 'municipal authorities began to assume direct responsibility for local hospitals at some point between the twelfth and the fifteenth centuries' in southern France and the Mediterranean countries of Italy and Spain. Nor were comparable shifts unknown in England, and in her study of urban communal health Rawcliffe provides examples of English hospitals (leprosaria, 'common' hospitals, almshouses and maisons Dieu) that were under civic governance by the later fourteenth century. Furthermore, although a civic leper house, St Mary Magdalen's at Exeter was accommodating the blind and aged by the mid thirteenth century, persons not dissimilar to those who would populate almshouses in the fifteenth century. Notwithstanding these studies, as noted above, the common perception remains that the earlier medieval hospitals were mainly, if not exclusively, religious houses founded by churchmen, aristocrats or the king, which were under ecclesiastical or royal patronage. In contrast, the presence of this admittedly small corpus of civic charitable institutions in England from at least the thirteenth century is important because they offer insights into civic attitudes towards the poor, the role of urban authorities as governors, their concerns regarding communal responsibility, and the construction of a civic identity that incorporated social memory, Christian duty and secular authority.
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The evidence for such hospitals in Kent is especially good for the Head Ports of the Cinque Ports confederation, albeit they were not the only hospitals in the ports. Across the county boundary in Hastings and the two Ancient Towns of Rye and Winchelsea, the civic authorities were similarly involved in some of their hospitals. In part this is due to the ancient collective nature of the Cinque Ports' organisation whose members developed common practices regarding matters such as civic elections and customary regulations, as well as shared attitudes towards outside lordship, and responsibility for the poor within their communities. Additionally, this evidence not only highlights matters relating to the foundation of such establishments, but also the continuing development of these Cinque Port hospitals during the fifteenth century and therefore how comparable they were to the almshouses advocated by the Lollard petitioners in the late fourteenth and early fifteenth centuries. The best documented of these hospitals are two at Sandwich, but there was at least one civic hospital at New Romney. For Hythe it is the early fourteenth-century foundation records that are especially valuable because they demonstrate the inter-relationship between the ecclesiastical founder (or refounder) and the civic authorities as managers of the town’s hospitals. Interestingly, Dover’s civic-governed almshouses are only known from the late fifteenth century, although whether this was due to the presence of earlier hospitals in the town under the patronage of Dover Priory and the Crown is unclear. Consequently, Dover’s hospitals are not considered further here.

Foundations

Turning first to Hythe, the instigator of the mid fourteenth-century foundations (or more likely refoundations) in the town was Bishop Hamo of Rochester, who had been born there and whose family held lands in the town. On 11 May 1336, he acquired a licence from Edward III to alienate lands and tenements not held in chief that would contribute £10 per annum for the establishment of a hospital. Five months later he had a charter drawn up regarding his proposed hospital, which was to be located on his family’s lands. For this analysis, the key features in his charter are his instructions that the hospital was for ten local old people of good character, who had fallen on hard times through no fault of their own; the hospital was not given its own chapel or chapelain, rather the brothers and sisters were to attend Mass and other services daily at St Leonard’s parish church, which may indicate the parish where the hospital was located as well as being the church used for the holding of civic elections; at other times the old people were expected to follow the trade or craft they had undertaken before they entered the hospital; one man was installed as the master, he was to be chosen from among the ten as the most able, and his deputy, a woman, was to be chosen similarly; when the master died, if there was no suitable man at the hospital, the wardens could select a candidate from outside the hospital; about the time of Michaelmas annually the master was to render an account of the financial state of the hospital to the wardens and two or three of the brothers; oversight of the hospital was in the hands of the three wardens, and, as well as the finances, these men chose the new brothers and sisters. If they were unable to agree upon a candidate, the master had the final say. The master was also responsible for the weekly distribution of 4d. to each
of the brothers and sisters, a practice that the wardens might attend if this was thought necessary. Tellingly, the three wardens were to be senior civic officials; that is, they were to be jurats and the holders of the town's common seal. The commonalty of Hythe also had the power to institute new regulations for the good governance of the hospital, a responsibility they held jointly with the diocesan officials, and finally, as well as Hamo's seal, the charter was sealed by the town using the common seal and this agreement between Hamo and the civic authorities was completed two weeks after the bishop's charter had been drawn up.

The hospital seems to have struggled because Hamo was again seeking a licence from the king in 1342 to establish a hospital in Hythe and seven years later, on 6 January 1349, he drew up another foundation charter. Like his first foundation, his 'new' hospital was dedicated to St Andrew. Furthermore, hospital charters from 1334, that is before Hamo's first hospital, also refer to this same saint. Taking this evidence together, it suggests that he was seeking to refund the earlier institution. Consequently, in 1349, perhaps as a means to ensure his hospital's survival, he intended that the endowment would incorporate the revenues of the town's 'moribund' leper hospital dedicated to St Bartholomew, as well as a few further assets. This he believed would provide sufficient resources to extend the hospital to accommodate thirteen poor persons rather than the original ten, and it was to be known as the hospital of St Andrew and St Bartholomew. Of greater importance, however, is that again the civic authorities ratified Bishop Hamo's new arrangements, which they did using the town's common seal on 10 January that year.

Yet it seems Hamo's intention to appropriate St Bartholomew's hospital was unsuccessful (see below), while his chosen dedication to St Andrew appears to have been short-lived because in 1356 and 1357 Gilbert de Sende seemingly granted rents to this hospital, although the dedication is not mentioned. At what stage the dedication changed to St John is unknown, although it had occurred by the early 1460s. Nevertheless, of greater significance is the claim in Archbishop Parker's visitation of 1562 that St John's hospital had been founded, ordered and charitably maintained by the jurats and commonalty. Nevertheless, whether the wardens had fulfilled their assigned roles during the later Middle Ages is unknown because the early master's accounts do not survive, albeit the later visitation record implies that locally this was believed to have been the case.

Furthermore, even though St Bartholomew's hospital was in Saltwood to the north of Hythe and was an ancient leper hospital, by the mid fourteenth century it was accommodating at least some poor men and women and the Hythe civic authorities appear to have been involved in its management by the same date. For example, when John Stace of Hythe granted a lease for fifty-five years concerning two pieces of land in 1356 to the poor brothers and sisters of St Bartholomew's hospital, the town's bailiff was the first witness. Subsequent bailiffs continued to act as witnesses, probably playing an even more active managerial role when the prior or master at St Bartholomew's leased out the hospital's lands. For example, when John Smith received a 101-year lease of a piece of land belonging to the hospital in 1418, the first witness was William at Mede, the town's bailiff. Moreover, by the later decades of the century the bailiff was frequently joined by several of the town's jurats, as in 1467, when the first three witnesses were Richard Smalwode, bailiff, and John Lake and Thomas Stace, jurats.
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Thus, even though the records for St John’s hospital at New Romney are fragmentary and for Hythe the evidence is not conclusive concerning lay governance of the town’s hospitals from the mid fourteenth century, they do suggest that the civic authorities were important as active patrons of these hospitals before the Lollards and the 1410 parliamentary petition. Furthermore, for Sandwich the evidence is clear regarding lay, that is civic, oversight of two of the town’s hospitals from at least the early fourteenth century, and lay, if not civic, involvement in the governance of a third from later in the same century. Leaving aside the narrative concerning the (re)foundation of St Bartholomew’s hospital in 1217, Sandwich’s late fourteenth-century custumal offers considerable detail regarding the management of this hospital and similarly the other civic hospital dedicated to St John. In addition, Justin Croft has postulated that this extant custumal is largely a copy of that produced in 1301, and, as both hospitals according to the custumal were under the patronage of the mayor and jurats, the civic authorities were seemingly governing the town’s major charitable institutions from at least the late thirteenth century. Moreover, this relationship between the civic officers and their two hospitals was displayed publicly, visual and other markers used to demonstrate the mayor and jurats’ benevolence towards the town’s poor and needy as part of the construction of Sandwich’s civic identity.

For St Bartholomew’s, the senior hospital in Sandwich, the custumal reports that every 24 August, that is the saint’s feast day and the day St Bartholomew had aided the portsmen to overcome the French at the battle of Sandwich in 1217, the mayor and jurats with the commonalty processed from the central parish church of St Peter to the hospital. Some played musical instruments, others carried tapers provided by the civic authorities, the laity followed by the town’s clergy who also carried tapers and chanted as they went in procession to the hospital’s chapel, where the rector of St Peter’s or another cleric designated by the mayor celebrated High Mass. The tapers given by the mayor and jurats were offered to the hospital, presumably at the altar, and after this service and those following during the next seven days to the octave, the remaining tapers were stored in a box. One of the jurats held the key to this box, which meant that the civic authorities acted as both benefactors and beneficiaries in the gift-giving between the town and its hospital. Presumably the mayor and jurats were fully aware of the symbolic implications of this ritual, and it is feasible that others were too, especially those at the hospital, the local townsperson and members of the local nobility, who were similarly allowed to present tapers at the chapel.

The custumal also reveals some practical aspects of this patronal relationship. For example, the master at St Bartholomew’s was expected to present his accounts to the mayor and jurats when required, including an inventory of the hospital’s corn, livestock and other assets. The civic authorities also appointed the master and, even though the hospital did have its own seal, the master and community were not allowed to purchase or sell any property without the consent of the mayor and jurats. Similarly, those seeking to enter the hospital had to apply to the mayor and jurats. To formalise this relationship publicly, each new brother or sister had to swear an oath before the mayor who then introduced the candidate to the community, the newcomer paying his or her fee before entering the hospital. Discipline was also in the hands of the civic authorities, who visited the hospital four times a year and
punished wrongdoers at St Bartholomew’s by firstly withholding their allowance, although other sanctions might be used if the person did not follow the mayor’s ruling.36

Founded perhaps a century after St Bartholomew’s hospital, the town’s other civic hospital of St John was equally strictly governed by the mayor and jurors.37 Again, this is recorded in the Sandwich custumal, and among the regulatory activities undertaken by the civic officers was the appointing of the master, who was answerable for the state of the hospital’s buildings as well as other matters, any repairs to be completed under the mayor’s direction. To ensure the hospital was managed competently, as at St Bartholomew’s, mayoral visitations were to take place where the state of its household and other goods were assessed, including those used by the poor in the three rooms at the back of the hospital called the ‘harbinge’. Furthermore, the financial health of St John’s was examined, the mayor and jurors having the power to stop the allowances to the brothers and sisters. Discipline was another aspect of the civic authorities’ remit, in part because on admission new brothers and sisters were required to swear an oath before the mayor regarding their subsequent conduct. A further public acknowledgement of this hierarchical relationship between the civic authorities and the hospital was the mayor’s gift of the town’s standard bushel to St John’s for the use of foreign merchants.38

Turning to St Thomas’ hospital, its founder Thomas Elys was a wealthy draper and merchant who had acquired considerable landholdings locally. In addition, as a former mayor (in 1370 and 1382), in the early 1390s he would have been acutely aware of the relationships between St Bartholomew’s and St John’s hospitals and the civic authorities, both regarding their governance and their value as places for the town and its hinterland’s elderly and poorer inhabitants. Consequently, Elys’ new hospital appears to have much in common with Sandwich’s earlier charitable provision because it provided a further twelve places for similarly needy persons.39 Moreover, although the hospital’s original statutes do not survive, Elys’ appointment of four feoffees to administer the hospital’s considerable endowment, of whom two were leading local citizens, suggests that he valued such lay governance.40

There is nothing to indicate that the new hospital included a chapel, or that the brothers and sisters were to act as Elys’ almspeople, yet Elys’ appointment of these same leading townsmen as feoffees of his chantry of three priests at St Peter’s church seems to highlight both his concern for commemoration by his clerics and his confidence in his fellow citizens as guardians of his almsfolk.41 In many ways this was in keeping with the limited emphasis placed in the fourteenth-century custumal at the two older hospitals on this aspect of hospital life. For even though both hospitals had a chapel, the undertaking of Masses and other commemorative spiritual services for the souls of benefactors and founders was the primary duty of the priest at St John’s and the three priest brothers at St Bartholomew’s. Thus, albeit Elys’ twin complementary foundations were not on the scale of some almshouses and associated colleges, such as Richard Whittington’s London establishment, the daily lives of Elys’ two communities in Sandwich appear to demonstrate some similarity to Whittington’s a generation before his institution.42

Consequently, in probably three of the four Kentish Head Ports by the late fourteenth century there were civic-governed charitable institutions that were
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intended for the care of poor people as categorised by Wycliffe, the civic authorities envisaging such hospitals as reciprocal exchange partners between themselves and their respective towns whereby they demonstrated social responsibility and good governance to those inside and outside the town. For the brothers and sisters, too, Hamo’s charters and Sandwich’s custumal indicate that in exchange for a personal allowance, as well as certain items in common, their lives were to be governed primarily by communal activities for the maintenance of their hospital, rather than spiritual duties for the souls of the hospital’s benefactors, even though the latter duties were not to be forgotten. As noted above, when not at their prayers, those at the Hythe hospital were expected to work on craft or other activities. At St Bartholomew’s in Sandwich the sisters were to work in the dairy, brewhouse and bakehouse, the brothers engaged on the hospital’s home farm, while at St John’s the brothers collected alms in cash and kind in the town and more occasionally further afield, the sisters washing, preparing food and caring for poor, sick people, who were accommodated for short periods at the hospital.43

Later developments in the fifteenth century

Notwithstanding these civic Cinque Port hospitals had much in common with the almshouses advocated in the 1410 parliamentary petition, not all of them retained these characteristics thereafter, which may partly explain their different histories in the early sixteenth century. However, of these hospitals the only casualty by, or at, the Dissolution was St John’s hospital in New Romney. Nevertheless, a century earlier the hospital had apparently been aiding local poorer people, its revenue the result of alms-collecting in exchange for indulgences, rents and produce from its gardens and other lands, which allowed the brothers and sisters to receive 6d. or 8d. a week, an allocation that was more generous than at some houses elsewhere in the county.44 Whether this was authorised by the civic authorities is not clear, but the master’s allowance of £10 yearly may have been received directly from the bailiff or jurats because the sum was recorded in the town accounts.45

Exactly when this situation started to change is uncertain, but in the second quarter of the fifteenth century the hospital’s landholding was reduced, which may reflect a decline in the number of inmates.46 Furthermore, from the mid-century the master was known as the prior, and, even though elsewhere this did not reflect a changing role, the reference that the prior’s allowance of 20s. was for his wages and for soap to wash the vestments seems to imply that he was primarily, and perhaps exclusively, officiating at the hospital’s chapel.47 Whether this only involved commemorative spiritual services cannot be ascertained, but interment in the hospital chapel’s burial ground was requested by a sizeable number from the town of New Romney, which presumably provided the prior with a supplementary livelihood.48 In addition, about a quarter of those who sought burial in St John’s churchyard also gave bequests to the chapel, including 8d. from George Halsonth (1488) for church repairs and a cow or its monetary value from Joan Robyn (1507).49 Such a change in the hospital’s function, as well as the civic authorities’ policy of renting out St John’s buildings and land, may reflect not only the shrinkage of the hospital’s community but also that of the town’s population.50 Nevertheless, why the jurats seemingly allowed their hospital to decline over the later fifteenth and

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early sixteenth centuries so that it disappeared, perhaps even before the 1530s, is unclear.51 Yet if testamentary bequests are an indicator of charitable concerns for the poor, the townspeople of New Romney do not appear to have seen them as a high priority. It is feasible the poor received alms from part of the residue of the testator’s estate, but in terms of specific bequests to paupers these only occur in 13% of wills between 1400 and 1510.52 In contrast, for the same period 29% of Hythe’s testators specifically remembered the poor, and, even though the percentage in Romney is comparable to Sandwich, in the latter town, as well as remembering the poor, some of these donors and other testators remembered the four Sandwich hospitals (see below).53

Thus, unlike New Romney, the civic authorities at Sandwich and Hythe in the fifteenth and early sixteenth centuries apparently remained committed to maintaining their hospitals, thereby fulfilling their charitable responsibilities to their respective communities. Even though at Hythe evidence of this concern is only available indirectly because the master’s accounts for neither St John’s nor St Bartholomew’s hospitals survive for the period before the late sixteenth century, as noted above the bailiff and jurats were often present when St Bartholomew’s hospital leased out its lands in the fifteenth century.54 Furthermore, unusually for an early foundation, St Bartholomew’s hospital continued to receive at least some grants of land throughout the same period, as well as twenty-six testamentary bequests between 1400 and 1510. Not all these donors had been or were jurats at the time of their death, and there were four women among the benefactors. Yet for Agnes Badell, whose husband had been a jurat, her bequest of 6s. 8d. to St Bartholomew’s in 1484 may have reflected John’s concern for the hospital’s wellbeing in addition to her own.55

For St John’s hospital in Hythe, it is likely that the bailiff and jurats continued to appoint three of their number to act as wardens and that they fulfilled their duties throughout the fifteenth century as Bishop Hamo had envisaged. By 1546 their number had been reduced to two, yet their presence in the Chantry Certificates highlights the value the civic authorities placed on their hospital and this more direct governance may partly explain the more muted level of testamentary support St John’s received compared to St Bartholomew’s.56 In all it received gifts from seven testators, half of whom provided land, which may have been viewed as more valuable than cash, while William Legh (1499) not only intended the hospital should receive £2 from the sale of a house but also sufficient to purchase three coverlets.57 Further evidence of the type and level of governance exercised by Hythe’s civic authorities is extremely difficult to ascertain because, unlike its namesake at New Romney, the master, brothers and sisters at St John’s in Hythe did not receive their allowances from the bailiff and jurats, and thus such sums were not recorded in the town accounts. Instead the hospital was seemingly self-sufficient, and, even though the rents St John’s received were less than those received by St Bartholomew’s, they were presumably enough to sustain the poor living at the hospital, including paying 8s. per annum to the master for his fee.58

In contrast, during the fifteenth century the mayor and jurats at Sandwich apparently adopted a more proactive stance towards their hospitals. As part of the annual procession to St Bartholomew’s hospital on 24 August, the civic officers covered the cost of the wax tapers, but also supported other aspects of
the commemoration of the town's saintly saviour by apparently parading a giant puppet of Eustace the Monk, the town's and England's enemy in 1217. Such a spectacle was presumably enjoyed by the inhabitants, and may have drawn visitors to the town, thereby increasing the hospital's fame and enhancing the relationship between Sandwich, St Bartholomew and the town's charitable institution. Although this annual celebration, including the service and feast at St Bartholomew's was the most prestigious visitation, the leading civic officers continued to visit the hospital to inspect the master's accounts, and presumably also to admit new brothers and sisters. On these latter occasions, they would have witnessed the swearing of the oath of obedience and the paying, wholly or partially, of the required entry fee.

Moreover, like the selection of the new inmates and their subsequent lives as hospital brothers and sisters, aspects of this ceremony were under the control of the civic authorities. For example, the oath was revised during the mayoralty of John Westclyve in the later fifteenth century, and probably at the same time there appears to have been a change of emphasis on the role of the community at St Bartholomew's, the brothers and sisters expected to attend divine service daily, to say two psalters of Our Lady, and to say prayers for the hospital's benefactors and patrons. In part this may reflect the difficulties of attracting priest brothers to St Bartholomew's, requiring a corresponding greater involvement of the brothers and sisters to act as beadsmen and women for the civic authorities collectively and individually. This might indicate a move towards the stance advocated by Whittington and his fellow almshouse founders who placed special emphasis on the devotional duties of their almshouse folk. However, such developments do not appear to have markedly altered the daily activities of the inmates at the hospital, who continued to labour on the home farm, undertake associated work, and some apparently maintained at least part of their business interests outside St Bartholomew's. The civic authorities generally seem to have tolerated this situation, as a means, perhaps, to attract those they saw as suitably worthy inmates, who were able to pay the required fee. This latter point is significant because the authorities sometimes used the fees for town works on behalf of the commonalty, which suggests that generally they continued to hold similar views to the 1410 parliamentary petitioners.

Yet how and where the selection process of new inmates was conducted is not recorded, but changes to the regulations governing the type of person who might enter St Bartholomew's and associated issues are entered in the civic books. These show that the civic authorities did introduce amendments during the fifteenth century, including the ruling, in 1482, that no man could become or remain a brother at St Bartholomew's, St John's or St Thomas' hospitals if he held any office in the town. However, most of the new rules adopted concerned those governing St Bartholomew's hospital, as in 1435 when it was decreed that the mayor could only sell corodies in his role as patron of the hospital. This coincided with a period of financial difficulty for St Bartholomew's, and suggests that some within the town government had been prepared to abuse their position. Whether further abuses regarding patronage were thought to have occurred thirty years later is unclear, but in 1467 the common assembly reduced the mayor's power by decreeing that thereafter all new brothers and sisters at the hospital would be chosen by them alone. Furthermore, in an attempt to reduce the dangers of influence, it was decreed that others from the hospital were not to be present at the election.
common assembly, probably in response to further problems regarding recruiting priests to St Bartholomew's, altered the composition of the community in 1480, decreeing that thereafter the hospital should house two priests, eight brothers and five sisters; and introduced a second ordinance that joint corrobories for husbands and wives were no longer permitted, including those that had been previously issued. By the following year, the mayor and jurats seem to have regained control of the patronage of St Bartholomew's and continued to exercise this right into the sixteenth century.

Notwithstanding these possible abuses as patrons by some amongst the senior office holders, others within this group displayed considerable concern for the hospital's well-being. In 1449, the mayor Richard Cok gave a corrodiy at St Bartholomew's to John Serle the common clerk in recognition of 'his good service and his future labour'. As common clerk, Serle was responsible for the town records and the admissions' register at St John's hospital (see below), but for the benefit of St Bartholomew's hospital he compiled a register containing copies of over seventy deeds (1227-1445), a copied rental from 1427, and the hospital ordinances, including the revised oaths to be taken by the master and inmates. Even though it is not known whether he knew of similar clerical activities in London respecting the capital's late medieval almshouses, it is possible because of the commercial and administrative links between Sandwich and London. Moreover, presumably he had read Adam Champaey's preamble to Sandwich's first custumal and was well aware of the pragmatic use of such property records, as well as their value as a means of placing the hospital and its holdings within Sandwich, a form of textual mapping that demonstrated the long-standing and ongoing relationship between the town and its hospital. In addition, it is feasible that the French raid on the town in 1457, which included the theft of records from one of Sandwich's parish churches, was a catalyst for at least part of Serle's endeavour, because this attack highlighted the fragility of documentary sources and the consequent need to ensure the preservation of this important knowledge about the town's senior civic hospital.

Turning to the relationship between St John's hospital and the civic authorities, visitations similarly offered the mayor and jurats close oversight of the organisation of this institution, the hospital's admissions' book indicates how frequently the mayor, often accompanied by two jurats and the common clerk, witnessed the entry of a new brother or sister. Due to the nature of these visitations, their frequency varied annually and between 1400 and 1510 no visitations were conducted in fourteen years (13%). Nevertheless, in over 62% of the years in this period between one and three visitations per annum took place, and in the remaining years visitations were even more frequent, including six years when there were either eight or nine visits each year. This peak occurred between the mid-1440s and the late 1450s, which may reflect a difficult period for the hospital and the town more broadly, although there was a more minor rise in the mid-1430s and immediately after 1500. As well as providing an idea regarding the civic authorities' concern that the correct procedures were enacted at the oath-taking, these events and their recording in the hospital's register, perhaps by the town's common clerk, suggest that respective mayors were also keen to ensure the new inmate paid his or her fee. Such concerns may in part reflect the relatively precarious nature of the hospital's
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finances because it had comparatively little property, much of it from the early fifteenth century on long-term lease, and other income was probably heavily reliant on casual alms and testamentary bequests. Most entry fees were paid in cash, sometimes specifically allocated towards repairing the hospital. Yet payment in kind, building materials or labour, was accepted occasionally. For example, two new sisters in the early 1460s gave in total 3,000 tiles, and on rare occasions in the mid-century a mattress and items of bedding were seen as sufficient, but whether it was the civic authorities or the master who sanctioned such cases is not stated. However, it seems more likely that the mayor claimed this authority, and similarly the amount and conditions of payment, which meant the civic authorities were acutely aware of the decline in the level of entry fee collected over the century, a problem compounded by the growing number of brothers and sisters who sought to pay by instalments.

The admissions’ book also shows that sometimes the mayoral visitations were used to distribute allowances to the brothers and sisters, especially in the early decades of the fifteenth century; to hear the master’s accounts; to oversee the election of office holders (master and harbinger, who was responsible for the short-stay inmates who were housed at the rear of the hospital); to punish offenders, and to conduct enquiries about the hospital’s goods, including the drawing up of detailed inventories of the chapel and the harborge. Regarding these latter supervisory activities by the mayor and his brethren, they seem to have become increasingly important in the later fifteenth century, leading presumably to the new regulation, in 1479, against unruly behaviour at the hospital, although such issues became even more pressing in the early sixteenth century. Nonetheless, whether the civic authorities saw these issues regarding fees – falling amounts, instalments and defaulting; as well as the rise in disciplinary matters at this time, as symptomatic of the type of people admitted is unclear, but certain mayors apparently sought to improve the spiritual life of their hospital. Firstly, the brothers and sisters were expected to spend more time at their prayers in the chapel, saying two psalters of Our Lady daily, and this pious commitment was seemingly matched by the importance placed on the care of sick-poor in the harborge. By placing these twin requirements on the brothers and sisters at St John’s, the civic authorities collectively were publicly discharging their charitable Christian duty to the town, as might be perceived in Lollard-terms, while simultaneously providing beadsmen and women who could offer prayers for the souls of the hospital’s benefactors. Yet, if the testamentary records are representative of the demand for intercessory services by individuals in Sandwich, this was negligible because only two testators specifically requested the prayers of the brothers and sisters, in 1466 and almost thirty years later. It is feasible more of the hospital’s testamentary benefactors (in total twenty-eight bequests in 167 wills) believed such prayers would be forthcoming without the need for an explicit request, and the most frequent gift of 12d. may denote the use of the symbolism of numbers, often found in funeral doles, because the number of inmates at St John’s over this period varied between eleven and fifteen. Nevertheless, the hospital’s charitable activities were seemingly also recognised by a few Sandwich testators because among the twenty-eight bequests were gifts of bedding. For example, Nicholas Burton provided such items as one of his two bequests to St John’s hospital, which may have been used in the harborge;

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albeit these isolated gifts may imply that for most testators, maintenance of the community at St John's, as a civic establishment, was envisaged as the mayor's responsibility.

Thus collectively and individually, even though there seems to have been a slight shift in the later fifteenth century regarding how the civic authorities in Sandwich envisaged the roles of the hospital communities at St Bartholomew's and St John's, broadly the focus remained on these institutions as houses for respectable poorer and perhaps elderly persons from the town and its east Kent hinterland. Furthermore, for much of the fifteenth century these hospitals were under the guardianship of the mayor and jurats, and, even when they lost control of the selection of the inmates at St Bartholomew's, this continued to be in lay hands. Similarly, at St Thomas' hospital and Elys' chantry laymen, and more importantly senior civic officers, continued to act as feoffees during the fifteenth century, John Grene serving as mayor three times, his fellow feoffee John Swan twice, and both men also represented the town in Parliament on various occasions over five decades.10 This level of lay involvement seems to have been considered sufficient by the civic authorities and, even though the evidence is meagre, the lives of the brothers and sisters may have resembled those of their counterparts at St John's and St Bartholomew's.81 Consequently, probably much of their time was devoted to working for the community, although by the late fifteenth century at all three hospitals the move towards individual accommodation may have begun.82 However, at both Elys' hospital and chantry the civic authorities in the early sixteenth century apparently sought direct involvement in the management of these institutions, as well as in other aspects of the town's religious life, but still there is nothing to suggest that Elys' chantry priests and his almsfolk undertook joint intercessory activities, unlike those as many late medieval almshouses.83

In conclusion, historians are not entirely correct in believing that the call by late fourteenth- and early fifteenth-century reformers for almshouses to be under lay control was in many ways innovative. Indeed, the value of lay governorship had been recognised in a few towns before this movement, and this had included the role of the local civic authorities as hospital patrons, who saw themselves as demonstrating their social and charitable responsibility towards the town's poor. The Kentish Cinque Ports of Sandwich, Hythe and New Romney together offer a fascinating case study regarding such earlier medieval corporate provision through the ports' civic hospitals, as well as insights respecting how the priorities of the civic authorities changed over the fifteenth century as they responded to current circumstances. Moreover, through their governance of these institutions, in conjunction with other regulations on matters including pricing of staple commodities, waste disposal from shambles and the provision of common latrines, the town officers demonstrated their social responsibility for the well-being of their communities, which was all part of the construction and maintenance of civic identity, as important in the Middle Ages as it is today.
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ENDNOTES

1 Although, as she also pointed out, this was not an exclusively Lollard agenda; M. Aston, "Caim's Castles": Poverty, Politics, and Disenchantment", in The Church, Politics and Patronage in the Fifteenth Century, ed. Barrie Dobson (Gloucester, 1984), pp. 45-81; reprinted in edem, Faith and Fire: Popular and Unpopular Religion, 1350-1600 (London and Rio Grande, 1993), pp. 102, 103 n. 22.


4 Aston, Faith and Fire, p. 112.


8 S. Farmer, 'From Personal Charity to Centralised Poor Relief: The Evolution of Responses to the Poor in Paris, c.1250-1600', in Experiences of Charity, 1250-1650, ed. A.M. Scott (Farnham, 2015), pp. 22, 30-1.

9 Ibid., p. 31.


11 Ibid., p. 319.

12 Rawcliffe, 'Crisis of Confidence', p. 86.


14 There was a leper hospital at each of the Ports: St Anthony's at Sandwich, St Bartholomew's at Dover, a house at Saltwood to the north of Hythe which may have been dedicated to St Bartholomew from an early date, and St Stephen and St Thomas' hospital at Romney. As was usual concerning such hospitals, they were located by main roads and some distance from the town centre; Sweetenborough, Role of the Hospital, pp. 71 n. 7, 136, 187 n. 15.

15 The civic authorities were involved in the management of hospitals at Hastings (St Mary Magdalen), Winchelsea (St Bartholomew, and St John, but not Holy Cross), and to a more limited extent at Rye (St Bartholomew 'outside Rye' at Playden). As at Sandwich, the town customals include matters relating to the governance of these establishments; W. Page, ed., The Victoria County History: Sussex (London, 1907), pp. 103, 104-5, 107 [available online at: British History Online http://www.british-history.ac.uk/vch/sussex/vol2/]. See also; G. Draper et al., Rye: A History of a Sussex Cinque Port to 1660 (Chichester, 2009), pp. 144-50; D. Martin and B. Martin, New Winchelsea Sussex: A Medieval Port Town (King's Lynn, 2004), pp. 90-3.

16 St John's hospital, New Romney, may owe its origins to the archbishop of Canterbury because in the later thirteenth century it is known to have owed a salt rent as part of the archbishop's bailiwick of Aldington; K. Winney (trans. and ed.), The Survey of Archbishop Pecham's Kentish Manors 1283-85, Kent Records 28 (Maidstone, 2000), p. 242.
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17 The author would like to thank Tim Lawrence and the trustees of the Hythe hospitals of St Bartholomew and St John for access to their medieval archives, especially the charters, and the unpublished catalogue of the hospitals' muniments.


19 For Dover's hospitals, see Sweetinburgh, *Role of the Hospital*, pp. 127-82.

20 CPR, 1334-1338, p. 264.

21 KHLC, EK/Ch23/5; EK/Ch23/14/1.

22 CPR, 1340-1343, p. 427.

23 In 1334, five Hythe men had each granted rents to a hospital dedicated to St Andrew, and in three of the grants there are references to a previous grant by Thomas de Brokhill who had given land to sustain the poor men, which means he should probably be seen as the founder; KHLC, EK/Ch23/21/2; EK/Ch23/26a; EK/Ch23/29; EK/Ch23/56/1; EK/Ch23/56/2.

24 KHLC, EK/Ch23/28; EK/Ch23/14/2.

25 KHLC, EK/Ch23/44/1; EK/Ch23/44/2.

26 In a reversionary bequest Henry Skynder referred to the house of St John the Baptist in his will dated 1461; KHLC, PRC 32/2, fol. 51. Yet the memory of the double dedication did survive because an indenture dated 1545 between the prior and Thomas Hales of Thanington, near Canterbury, refers to the hospital of St Andrew and St Bartholomew the Apostle near Hythe; KHLC, EK/Ch23/321.


28 Even though the only surviving will made by one of the brothers at St Bartholomew's hospital dates from 1498, his bequests suggest he was a relatively poor person from the locality and, therefore, the sort of person who might find a place at an almshouse; KHLC, PRC 32/5, fol. 7.

29 KHLC, EK/Ch23/30.

30 The double dedication seemingly disappeared extremely quickly and within a year of Hamo's intended amalgamation of the hospitals. The charter evidence showing that St Bartholomew's hospital continued to receive gifts under this dedication in the later fourteenth and fifteenth centuries; KHLC, EK/Ch23/37; EK/Ch23/40; EK/Ch23/65; EK/Ch23/69; EK/Ch23/68.

31 KHLC, EK/Ch23/59.


34 KHLC, Sa/1C 1, fol. 15v.

35 Sweetinburgh, *Role of the Hospital*, pp. 188-90.

36 KHLC, Sa/1C 1, fols 16-19v.

37 KHLC, Sa/1C 1, fol. 20.

38 KHLC, Sa/1C 1, fols 20-21v.


40 The two lay feoffees were John Godard and Richard Benge. Godard had been mayor in 1379, 1383, 1384-6, 1392, and would be again in 1403-6, as well as serving in Parliament during Richard II's reign on several occasions. Benge, too, would serve as mayor in 1407-8, and he had attended Parliament during Richard II's reign: W. Boys, *Collections of an History of Sandwich in Kent*, with *Notices of the other Cinque Ports and Members and of Richborough* (Canterbury, 1792), p. 166; Croft, 'Custumals', p. 135.


43 In an inventory, dated 1490, the chambers of the harbinger comprised the 'chambre of harber for strange women', the 'gentilmen chambrc' and the 'longe harbuer chambrc'; KHLC, EK/Ch/10J/A1.

44 Draper and Meddens, *Sea and the Marsh*, p. 53.


46 Very few testators from Romney remembered the hospital: in 1488 John Lane bequeathed two sheets, and a further 26s. 8d. as a reversionary gift; KHLC, PRC 32/3, fol. 201. Just over a decade later in 1502 Margaret Swanne also gave a pair of sheets to St John's; KHLC, PRC 32/7, fol. 83.
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47 Draper and Meddens, Sea and the Marsh, p. 54.
48 Ibid., p. 117. Almost all the testators who sought burial in St John's churchyard said they were of St Laurence's parish; the two exceptions were testators from St Nicholas' parish.
49 George Halshnoth; KHLC, PRC 32/3, fol. 196; Joan Robyn; KHLC, PRC 32/9, fol. 66.
50 Draper and Meddens, Sea and the Marsh, pp. 54-5.
51 The site of the hospital was later used by the Southland family, a leading Romney family, for their almshouse; Draper and Meddens, Sea and the Marsh, pp. 55, 118.
52 This represents 13 testators in a total of 97 Romney wills up to 1510.
53 For Hythe the figures are 53 testators in a total of 181 wills for the same period, and for Sandwich 31 testators in 243 wills.
54 The earliest accounts book for St John's starts in 1597, and although there is an apparently similarly dated book for St Bartholomew's hospital, the first in which the dates are known begins in 1647; KHLC, EK/Ch23/books/2: 3; 6.
55 KHLC, PRC 32/2, fol. 621.
56 According to the chantry certicates, the two wardens received an annual fee for supervising the almshouse; Hussey, Kent Chantories, p. 163.
57 William Legh; KHLC, PRC 32/5, fol. 24.
58 Hussey, Kent Chantories, p. 165.
59 The amount spent on wax by the civic treasurer varied but was generally about 5s.; KHLC, Sa/Fat 2-9.
60 Although variable, £10 was the highest during this period, but it did increase steeply in the sixteenth century, almost doubling to £19 in 1535. Yeats comparable to that required at St Leonard's, York in the late fourteenth century: P. Cullum, 'Hospitals and charitable provision in medieval Yorkshire' (York Univ. D.Phil. thesis 1990), p. 177.
61 KHLC, Sa/LC 2, fol. 70v.
62 Appleford, Learning to Die, pp. 66-72; Sweetinburgu, Role of the Hospital, pp. 214, 232.
63 Robert Sherve (1473); KHLC, PRC 32/2, fol. 512.
64 However, in the early sixteenth century William Baldock, a brother at St Bartholomew's, was penalised for the engaging in his own affairs to the detriment of the hospital; KHLC, Sa/AC 2, fols 279v, 363; Sweetinburgu, Role of the Hospital, pp. 214, 216 n. 51.
65 For example, in 1483, the civic authorities agreed to use the fees from the next corrodor for work on the town conduit; KHLC, Sa/AC 1, fol. 287.
66 Occasionally the name of a new brother or sister was noted in the town book, for example, John Paston in 1455; KHLC, Sa/AC 1, fol. 97v.
67 KHLC, Sa/AC 1, fol. 280.
68 KHLC, Sa/AC 1, fol. 170v.
69 KHLC, Sa/AC 1, fol. 257.
70 In the town book under 1481 it was recorded that mayor and jurats had agreed that Joan Brygg should have a corrodor as a sister at St Bartholomew's hospital, paying 10 marks over four years; KHLC, Sa/AC 1, fol. 264.
71 KHLC, Sa/AC 1, fol. 76v.
72 KHLC, EK/Ch10/B/A1.
75 Although responding to a different form of conflict, the production of hospital registers at Canterbury may provide a useful comparison; S. Sweetinburgu, 'Placing the hospital: the production of St Lawrence's hospital registers in fifteenth-century Canterbury', in The Fifteenth Century XIII. Exploring the Evidence: Commemoration, Administration and Economy, ed. Linda Clark (Woodbridge, 2014), pp. 110, 119.
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76 Among these were several new inmates in the 1450s, such as John Boryver who paid 10s. in two instalments, a further entry regarding two elms in crossed out; KHLHC, EK/Ch/10J/A1.

77 The regulation stated that on the first occasion when ‘ungodly’ language was used the guilty party was to pay two pounds of wax, the next time four pounds, and the third time banished from the hospital; KHLHC, EK/Ch/10J/A1.

78 For the civic authorities care for the poor, whether inside or outside the hospital, was apparently predicated on the idea of helping those from Sandwich. This policy became more blatant from the early decades of the sixteenth century, itinerant paupers seen as a threat to the well-being of the town; Sweetinburgh, Role of the Hospital, 210-13.

79 John Kenet (1466) and Thomas Colman (1494); KHLHC, PRC 17/1, fol. 341; PRC 17/6, fol. 90.

80 Boys, Sandwich, pp. 406-8, 417-18.

81 Although a brother at St Thomas’ in the sixteenth century, John Newman’s testament includes references to his allowances and his own fuel wood, as well as the idea of communal leisure activities; KHLHC, PRC 17/23, fol. 56.


83 In 1509, the mayor instructed the common clerk to make a copy of the chantry’s foundation charter in the town book, and four years later the mayor chose the entrant at St Thomas’ hospital; KHLHC, Sa/AC 2, fols 166v-67; 207. See also; S. Sweetinburgh, ‘Discord in the public arena: processes and meanings of the St Bartholomew’s Day festivities in early sixteenth-century Sandwich’, in Negotiating the Political in Northern European Urban Society, c.1400-c.1600, ed. S. Sweetinburgh (Tempe, Arizona and Turnhout, 2013), pp. 71-97.

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