



CREaTE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Please cite this publication as follows:

Sweetinburgh, S. (2003) Joining the sisters: female inmates in the late medieval hospitals of east Kent. *Archaeologia Cantiana*, 123. pp. 17-40. ISSN 0066-5894.

Link to official URL (if available):

<http://www.kentarchaeology.org.uk/Research/Pub/ArchCant/123-2003/contents.htm>

This version is made available in accordance with publishers' policies. All material made available by CReaTE is protected by intellectual property law, including copyright law. Any use made of the contents should comply with the relevant law.

Contact: create.library@canterbury.ac.uk



JOINING THE SISTERS: FEMALE INMATES OF THE LATE MEDIEVAL HOSPITALS IN EAST KENT

SHEILA SWEETINBURGH

When Sara Umffray entered St John's hospital in Sandwich in July 1417 she was rejoining her husband almost nine years after he had become a brother there, having left her to maintain the family household in the town.¹ From the records it is not clear why Robert had left their home in September 1408 and paid 20s. to join the hospital community, nor why she entered at a later date. Both remained at St John's for several years, Robert apparently dying in 1422 and Sara probably between three and four years later, but their story was not unusual among the hospital inmates of Sandwich, and possibly also at most of the Canterbury hospitals. This article considers not only those women like Sara, who were probably middle-aged, or perhaps elderly, but also (where the evidence permits) explores the experiences of the apparently far fewer young women who joined the sisters. The analysis draws predominantly on the two archiepiscopal Canterbury hospitals at Northgate (St John's) and Harbledown (St Nicholas'); and the two Sandwich hospitals under the patronage of the mayor and jurats, St Bartholomew's and St John's. There are three sections. The first provides an examination of the selection criteria employed by hospital authorities, including an analysis of the different experiences of various married couples at St John's hospital, Sandwich. The second section discusses ideas about life inside an east Kent hospital and, using the last wills and testaments of a number of the sisters, the last part provides an assessment of post-mortem gift-giving.

Although health is investigated below with regard to how the inmates were chosen, it should be remembered that in the Middle Ages hospital founders, patrons and benefactors frequently saw their institutions as caring for the soul. Through their almsgiving, donors were fulfilling the seven works of mercy, thereby aiding their souls, while those entering these establishments received the gift of

hospitality and the opportunity to provide intercessory services for their benefactors, acts which also enhanced their own spiritual well-being.² Lepers, the poor and infirm, and, on a temporary basis, poor pilgrims, were seen as the most suitable candidates for this institutional largesse, the sick-poor gaining admittance at only a relatively few hospitals nationwide.³ Moreover, at some houses the rules specifically excluded certain types of person from entering as long-term inmates and, even at those hospitals which provided overnight accommodation, men like Copland's porter believed that it was their duty to separate the 'deserving' from the 'undeserving'.⁴

Selecting the sisters

Before looking at the selection process, it is worth noting the likelihood of prospective candidates entering one of the hospitals at Sandwich, for example. Of the town's four hospitals during the late Middle Ages, St Bartholomew's was the largest, accommodating a maximum of fifteen, including two priest brothers. St Thomas' probably housed up to twelve inmates and during the late fifteenth and early sixteenth centuries St John's had between seven and fifteen brothers and sisters. It is not clear how many people were living at St Anthony's, the town's ancient leper house, but the numbers may have been extremely small. Consequently, up to about forty people may have found room at one of the various institutions. Most were from Sandwich and its environs, possibly up to a ten-mile radius, but St Bartholomew's seems to have drawn inmates from the Maidstone area, and at least one man from Hythe entered St John's.⁵ Assuming the population of Sandwich and its hinterland was at least 4,000 at this time, the chance of entering a local hospital was at best one in a hundred, but the odds were probably even more prohibitive.

Clearly, the likelihood of gaining a hospital place was extremely small, which meant the authorities had to employ a number of selection criteria when choosing suitable candidates to become long-term inmates. The east Kent evidence appears to indicate that patrons took into account factors like gender and life-cycle, relative poverty, reputation and status, age, health and domicile. In addition, they apparently considered individual cases on their own merits, suggesting that knowledge of the applicants was an important part of the selection process. Interestingly, unlike some other English counties, notably Yorkshire, the sisters were in a minority in Kent, and only two hospitals housed more women than men.⁶ St James' hospital near Canterbury had been founded in the mid-twelfth century for twenty-five leprous women, though the hospital population had

shrunk by the early sixteenth century, when the community comprised the prioress, four sisters and a priest.⁷ Another Canterbury leper house, St Laurence's, accommodated five brothers and eleven sisters in 1341, but two hundred years later the spiritual welfare of the prioress and seven sisters there was the responsibility of a priest, the sole brother present, who was also the warden.⁸ However, certain hospitals were almost exclusively male, like St Mary's at Strood, at Dover, at Milton and at Ospringe, all of which had become semi-monastic establishments staffed by priest brothers. Yet most of the houses founded for the poor and the old leper hospitals continued to accommodate both sexes, lay brothers frequently forming the majority of the resident population. Male dominance was official policy at some hospitals, like St Bartholomew's and St Thomas' in Sandwich, and even though the gender ratio fluctuated at neighbouring St John's during this period, the predominant ratio was 2:1 in favour of the brothers.⁹ These fluctuations imply that the authorities were able to adopt a relatively flexible selection policy, which was not limited by the house's regulations nor the type of accommodation available, suggesting that the inmates enjoyed a degree of privacy and were no longer sleeping in open dormitories.

Life-cycle stage is difficult to establish with respect to many of the sisters. Most were probably wives or widows, though a few spinsters may have sought a vocational life at hospitals like St James' and St Laurence's near Canterbury. Edith Keme may have been recently widowed when she entered St James' hospital in 1497, but aged twenty-two it seems more likely she was a single young woman who wished to join a semi-religious institution.¹⁰ She was remembered, presumably for her piety, by at least two residents in neighbouring Thanington; Thomas Shipman bequeathed 3*s.* 4*d.* to her in 1505 and sixteen years later Thomas Miller left her 5*s.*¹¹ Some may have been guided by their parents or guardians, while those in service were occasionally aided by their masters. Agnes Lamberhurst was probably a young single kinswoman of Robert Smyth (or his wife), a hospital brother himself at St John's, Canterbury. In his will dated 1476 he stipulated that his executors should make the necessary arrangements for her to become a sister either at St James' or St Laurence's.¹² At her election to the sisterhood they were to pay the entry fee and other expenses, and provide her with suitable clothing and 20*s.* for her maintenance for a year. Johanna Henxhell, possibly at the insistence of her father, had become a sister at St Nicholas' hospital, and in his will (1535) she was the beneficiary of a mattress, a pair of sheets, his second gown and 6*s.* 8*d.* in cash.¹³ Married couples were allowed to enter certain hospitals. Joint corrodies at St

Bartholomew's, Sandwich, were not stopped until 1480, possibly as a way of enhancing the spiritual life and so reputation of the house, but wives appear to have countered such ordinances by working at the hospital during the day before returning to the family home at night.¹⁴ It is difficult to know whether the authorities at the Canterbury hospitals of St John, St Nicholas and Maynards operated a similar policy, but from the testamentary sources several of the brothers also had wives living outside the hospital. In the case of Thomas and Alice Consaunt, a prosperous elderly couple from Chislet, he was living in St John's hospital at the time of his death in 1490. His will does not state where his wife was dwelling at the time, but seems to suggest that she was with their eldest son Thomas, possibly in Chislet.¹⁵ Consequently, it is not clear when she entered St John's, but she was a sister at the hospital five years later when she made her own will.¹⁶

The relationship between married couples and the hospital is extremely interesting, and the fortunate survival of the admissions register for St John's hospital in Sandwich provides a rare opportunity to investigate this relationship. Even though there are certain difficulties regarding the evidence, it appears that only three married women had husbands who were never associated with the hospital and, of the known married couples who held *corrodies* at St John's, 75 per cent were concurrent inmates rather than sequential. Of these couples, husbands were twice as likely to enter St John's before their wives or widows; in 70 per cent of these cases the wife remained outside for over three years, while three couples lived apart for nine years; and in those instances where the wife did enter first, her husband usually rejoined her there within a year. These results may be examined more fully using a series of models, which highlight the different experiences of those living at St John's hospital.

In the first model the husband and wife entered the hospital together or within a few months of each other, thus leaving their household outside the hospital, either to be passed on to their children or other kin, or to be disposed of. For such couples, particularly where both spouses were elderly, companionship may have been an important factor, because having spent their adult lives together they wished to maintain this proximity until death.

Thomas and Constance Malyn, probably from Hythe but having kin in Sandwich, may have chosen to enter St John's as a means of remaining together in old age.¹⁷ Constance joined the hospital first, in 1478, Thomas entering in the following year when his wife still owed St John's 500 tiles for her place. Thomas' entry fee was 13*s.* 4*d.*, a sum he was expected to provide by June 1480 but he still owed the hospital money a year later.¹⁸ His wife was dead by this time and he

only outlived her by two years, suggesting that they had achieved their objective. As a moderately prosperous leading citizen of Hythe, financial constraints might not have been the deciding factor regarding Thomas' late payment of the entry fees, though he may have had problems of liquidity.¹⁹ Rather, he may have wished to use the family assets to aid his son at marriage or in business, knowing that he would be able to negotiate any short-term deficit with the hospital authorities.

For some couples, their credit-worthiness may have been scrutinised more vigorously by the mayor and jurats, possibly as a means of ensuring the continuing viability of the hospital as a charitable institution. When Thomas Adam became a brother at St John's in September 1449, he appears to have negotiated his wife's place as well as his own. As a result Richard Cok, the mayor, agreed that Johanna should enter at the next vacancy and that this joint provision would cost them 20s. to be paid in instalments of half a mark. Johanna duly joined her husband six weeks later and the couple remained together until 1456.²⁰

Yet, on one occasion the married couple appear to have regretted their decision to spend the rest of their lives together at St John's, though nothing in the hospital records seems to explain why John Brownynge left his wife to enter St Bartholomew's hospital. Elena had joined St John's in December 1462, eleven months after her husband, John, and the couple seem to have shared in the life of the hospital for almost a decade until his departure in 1471.²¹ She remained at St John's, dying about eighteen months later, while John lived as a brother at St Bartholomew's until his own death in 1476.²²

The second model represents those couples where the husband entered the hospital first, leaving his wife outside for several years, presumably in charge of the family assets alone or with their offspring, before she joined him. Although there would appear to be a number of reasons why couples were prepared or saw it necessary to adopt this strategy, it seems likely financial considerations were often involved. Consequently, where the married couple were only able to raise one entry fee and had been unable to negotiate the provision of the second place, they may have felt it was more appropriate for the husband to enter first. Thomas and Thomasina Manfeld may fit this description because Thomas joined St John's hospital in February 1491, when he was expected to pay the relatively high fee of 10s. He still owed the hospital 3s. in April 1492, but the debt does not appear to have hindered him and just over a year later he was elected master, a post he was again holding when his wife became a sister there in 1497.²³ In part such a situation was

dependent, perhaps, on family circumstances. For example, it might allow the couple's adult offspring to marry and/or continue the family workshop or other business. Others, however, may have believed their wives would be better placed to find work in Sandwich, particularly piecework, part-time or short-term employment. Such attitudes may have been even more important with respect to those who had married twice, especially where the wife was considerably younger than her husband, though in terms of the known married couples at St John's there were few examples. One of these was Robert Foode, who entered the hospital in 1523, eight years before his wife rejoined him. They remained together in the hospital for fifteen years, and after his death in 1546 Isabel continued to reside there until her own death a decade later.²⁴

Together, these two models accounted for the majority of known couples from the register, the numbers for each group being very similar. Model three again saw the husband joining the hospital before his wife but here she remained outside until after his death and then entered St John's immediately or within eighteen months, a scenario that covered almost a fifth of the remainder of the cases. For a minority, the opportunity to live apart may have been seen as a means of achieving a permanent separation, which was within canon law and did not adversely affect their offspring's inheritance. Even though Robert Ferrar (1537) of St Bartholomew's hospital was apparently childless, his will seems to illustrate such circumstances because there seems to have been little affection between Robert and his spouse. He directed his executors to ensure that she did not meddle with his goods or his money at the hospital after his death, and she was only to receive the goods she already held at Lydden, several miles outside Sandwich.²⁵ Most wives probably intended to rejoin their husbands but had been unable to do so when his death disrupted their plans. For some this may have meant the end of their interest in St John's, but a proportion did enter the hospital, possibly after disposing of their goods as a way of raising the entry fee. It is possible Cecily Miles entered St John's under these conditions because her husband still owed 6s. 8d. for his place in 1489, two years after becoming a brother there, and she may have experienced similar financial difficulties. She joined the hospital in 1491, about a year after his death, and in her first year she paid 1s. 6d. out of a total fee of 6s. 8d.²⁶

The fourth and fifth models represent few cases but are interesting because they show the range of options employed by couples and the hospital authorities. Model four saw the wife entering the hospital before her husband; he joined her there between one and three years

later, having maintained the family household during this relatively short period. Again financial constraints may have influenced Henry Turnour and his wife Johanna. She became a sister in 1486, her husband entering a year later when he was expected to pay 6s. 8d. for his place. He still owed the hospital authorities the full sum in 1489 and it is not clear when or if he finally cleared his debts with the hospital. He died about eighteen months later, his wife retaining her place for a further five years.²⁷

Model five saw the wife enter the hospital where she remained without her husband for the rest of her life; he lived outside before joining St John's as a widower. It is possible Johanna Cole was both elderly and infirm when she entered St John's in 1496, because she was dead within two years. Her husband seems to have become a brother very soon after her death, but he too seems to have been in a poor state of health because he died within a year of entering the place.²⁸

Turning to the other criteria employed by hospital patrons, it seems poverty, or at least relative poverty, was a significant factor.²⁹ Inmates were rarely if ever totally destitute, but the five poor women Sir Thomas Pedecock (1501) wished to help by providing houses 'in the lane under the [city] wall' were probably extremely grateful for the 20s. legacy he gave to them for the upkeep of these dwellings.³⁰ Similarly, even those like the almsfolk at William Milet's house in Dartford who received a small allowance of 4d. per week on condition they did not beg, presumably had a few goods and might also expect some help from family, neighbours and friends.³¹ Yet it is difficult to ascertain what level of poverty was seen as acceptable by the different hospital authorities, because most seem to have expected some recompense from the entrant, and even those hospitals which included the entry fee in their statutes were prepared to negotiate with individual applicants. Other factors may also have been influential but it would appear that a sum of between 33s. 4d. and 40s. was enough to gain a place at St Nicholas' or St John's, Canterbury. In 1472 Richard Wekys bequeathed 33s. 4d. to Alice his servant so that she should become a sister at either Harbledown or Northgate; and sixteen years later Robert Barton, a chantry priest at Canterbury cathedral, left 40s. for Katherine his cousin to become a sister at either of the same two hospitals.³² Her new place at the hospital was to be well furnished because she also received a cupboard, two gowns, and the hangings and all the other goods from his tenement in the Rushmarket. Interestingly, this level of entry fee seems comparable with that sought by the wardens at St Thomas' hospital in Sandwich, being between the higher level generally

required by the mayor and jurats of Sandwich for those seeking to enter St Bartholomew's and the lower level expected from the new sisters at St John's.³³

On some occasions, hospital patrons were prepared to accept fees in kind rather than in cash. Although land was probably the favoured commodity, especially in the thirteenth and fourteenth centuries, during the late Middle Ages other items were used. In the early 1460s the authorities at St John's hospital, Sandwich, negotiated the provision of building materials from a number of prospective inmates; and, for his place and that of his wife, John Grey provided for the 'dawbyng and latthyng' of a new building and six weeks construction work.³⁴

Patrons were concerned to maintain the reputation and status of their institution, which required them to consider the worthiness of those who applied to the hospital. Thus to be of good standing in the community was possibly a minimum requirement, but the chances of entering a hospital might be enhanced through the good reputation and status of the applicant and her family. William Gybbe of Hythe may have been using his own standing in the region when he sought a place at one of the Sandwich hospitals for his daughter through his post-mortem gift to her of £10.³⁵ In this instance the reputation of the hospital was also an issue, because he wished his daughter to enter an 'honest' hospital, suggesting that the decisions governing choice for both those seeking to enter and those acting as selectors were inter-dependent, being based on the reputation and status of all the parties involved.

The resident hospital inmates entered at any age in adulthood, but a few hospital statutes stipulated that the brothers and sisters were to be elderly, and the sister who looked after the pilgrims at St Thomas', Canterbury, was supposed to be over forty. However, it is not clear whether the authorities adhered to these regulations, and there is little indication of a positive discrimination policy generally on behalf of the elderly in Kent. Yet it seems probable that the middle-aged and elderly would have formed the majority of the county's hospital population, mainly because such people were more likely to apply. For example, cases like those involving William Tewkesbury's mother may have been fairly common in the late Middle Ages, the hospital providing an attractive alternative to a maintenance agreement, where the elderly parent remained in the family home.³⁶ In his will William (1526) intended that, in return for receiving the family home, his wife should pay the necessary costs to ensure his mother became a sister in either St John's or St Nicholas' at Canterbury, as well as providing her with a bed and bedding, and other

necessities for her residence there.³⁷ On other occasions it was their wives rather than their mothers testators wished to help in this way, like John Baker of Folkestone's instructions to his executors that they should provide his wife with sufficient goods to gain her the best sort of corrody at St Bartholomew's hospital in Sandwich.³⁸

Nevertheless, whatever the age of the applicants, hospital authorities were concerned to ascertain the ability and willingness of such people to work on behalf of the hospital, which meant health was an important factor. There are examples of people with disabilities living at certain Kent hospitals, and the sick-poor were housed on a temporary basis at a few houses, but in the main the brothers and sisters were expected to take an active part in the life of the hospital, even if only in a limited capacity.³⁹ The level of tolerance with regard to the infirm or those who fell sick after entering the institution seems to have varied, but the brothers and sisters did die in the hospital, and some at least must have suffered a period of illness before death.⁴⁰

The final criterion, domicile, again seems to have varied between hospitals. Houses like St John's at Canterbury had a very extensive hinterland; some of the corrodians nominated by the archbishop were men from outside the County, though women were apparently not selected from as far afield.⁴¹ Nor did the hospitals in the Cinque Ports draw applicants from such distances, but St Bartholomew's at Sandwich did have at least one brother from the Maidstone area, and there were sisters from Hythe and Folkestone. Yet the majority were local men and women, suggesting that patrons were primarily concerned to choose those whom they knew through the use of personal contacts and local knowledge.

Hospital life

On entering the hospital the inmate at most institutions was expected to take an oath of obedience to the master or those in authority. Some houses included a vow of chastity and/or poverty, and all were concerned to stress that the entrant had joined a working community, where the brothers and sisters undertook a range of duties.⁴² The divine service was celebrated daily at most hospitals in the institution's own chapel, or more occasionally at the local parish church. Though primarily involving the hospital chaplain or priest brothers, at some houses the brothers and sisters were expected to attend, especially those under monastic patronage, like St Laurence's in Canterbury where the brothers and sisters were to be present in the chapel saying their beads, including at the night office.⁴³ In contrast the regime at St Bartholomew's hospital, Sandwich, was much less

strict, and the regulation that the inmates should say two psalters of Our Lady, one in the morning and one after dinner, may not have been introduced before the late fifteenth century.⁴⁴ The ability to repeat certain prayers, like the *pater noster*, *ave maria* and *credo*, were entry requirements at a few houses, like William Milet's Dartford almshouse, though the deaf and dumb were given exemption, and a few others were allowed to learn after entry.⁴⁵ Having gained this ability, the inmate was expected to apply it, as at St Andrew's hospital in Hythe, where the brothers and sisters each said 300 *pater nosters* and 300 *ave marias* daily in the local parish church.⁴⁶ This spiritual work was an important part of the hospital's function as a provider of intercessory services for founders, patrons and benefactors. Although most benefactors during this period merely stated that they wished for the prayers of the brothers and sisters, a few sought more personal intercessory services. John Nasshe, for example, in 1486 bequeathed 10*d.* to Johanna, a sister at St Laurence's hospital, to pray for his soul.⁴⁷ Neither William Stephen (1477) nor Isabel Payable (1513) explicitly sought the prayers of those they gave gifts to in St James' and Maynard's respectively.⁴⁸ Yet it seems highly likely both Agnes Courtman, who received 6*s.* 8*d.*, a silver bowl and a goblet, and Agnes Staple, who gained a gown and black kirtle, would have remembered their benefactors in their daily prayers.

Such a spiritual life style may have appealed to the elderly in particular, who after a life time spent caring for the physical requirements of their family may have sought an opportunity to join a semi-religious house where they had time for private daily contemplation in the chapel. Some inmates, however, were apparently not prepared to pay proper attention to their spiritual duties, and often the revised ordinances, like those for Northgate and Harbledown hospitals from 1299, included rules governing attendance and behaviour during divine office.⁴⁹ At St James', Canterbury, conditions had deteriorated to such an extent that the patron, the prior of Christ Church, issued new regulations in 1414.⁵⁰ These included the statute that all the brothers and sisters were to attend the oratory daily at the accustomed time and were to abstain from conversation while there. Furthermore, it was stated that no sister or other woman was to assist in the celebration of divine service, a rule which suggests that certain irregularities had taken place at the hospital.

The hospital's charitable role might include aid for the sick-poor or pilgrims too ill to resume their journey.⁵¹ Yet even in those few hospitals where such activities are known to have occurred, there is very little evidence of a classic infirmary building with a chapel at the

east end, permitting the sick to gaze at the elevation of the host from their beds.⁵² At St John's, Sandwich, the sick-poor were nursed by the sisters in the rooms at the back of the house: the chamber for strange women, the gentlemen's chamber and the long 'harbor' chamber. Together these contained six beds and various articles of bedding, but there is nothing to indicate that the rooms were adjacent to the chapel.⁵³ During the early history of St Mary's hospital at Dover, the sisters were presumably responsible for the care of the poor pilgrims who sought respite at the hospital, but by the late medieval period the sisters had apparently disappeared. The house still seems to have been caring for a number of poor pilgrims and others in the early sixteenth century, their welfare possibly the responsibility of the wife of one of the lay brothers.⁵⁴ At St Thomas' hospital, Canterbury, Alice was undertaking the same role in 1475, the year she received a mattress, a pair of sheets and a red and white coverlet in the will of Henry Newell, a priest there.⁵⁵

When not at their prayers or aiding the poor or pilgrims, the sisters were engaged in other tasks for the good of the house. Thus the working life did not end at the hospital gate. Even those entering in old age were expected to labour for at least part of the day, though their duties may have been lighter than those allocated to the younger, fitter sisters. The type of work varied considerably, being in part dependent on the nature of the hospital's assets, as well as the capabilities of the individual sisters. So, for example, the sisters at St John's in Sandwich and Maynard's spital in Canterbury, may have spent part of their time tending the hospital's small garden plots close to the house, whereas those at St Bartholomew's, Sandwich and St Nicholas', Canterbury, may also have worked on the hospital's home farm. The early sixteenth-century masters' accounts from St Bartholomew's show that a number of the sisters were frequently called upon to help with the sheep, especially at lambing and shearing, and also at harvest time, while others apparently confined their activities to the provision of food and drink for the brothers and other field workers.⁵⁶ At most hospitals, alms-gathering was the preserve of the brothers, but Mariana Swetman was a proctor at St John's hospital, Canterbury, in 1465.⁵⁷ Presumably, the hospital authorities generally believed such activities were unsuitable for the sisters, or they may have sought to confine them to the hospital precincts. Nevertheless, at some houses, certain sisters were permitted to act on the hospital's behalf outside the gates, like sister Oldberd at St Bartholomew's, Sandwich, an apparently senior member of the community who was entrusted, on more than one occasion, with the delivery of documents to the mayor.⁵⁸

Although the active involvement in the liturgical life of the house may have precluded the sisters at St James' from baking their own bread and brewing their own ale, at other east Kent hospitals, especially wealthier establishments under civic patronage, the sisters probably spent much of their time in the bake house, brew house, dairy and kitchen.⁵⁹ This allowed some authorities to provide the inmates personal allowances in kind rather than cash, a system which remained in use at certain hospitals until at least the mid-sixteenth century. From the ordinances, the basic daily ration at St Bartholomew's hospital was to consist of a mess of pottage containing meat, except on Fridays and during Advent and Lent when fish was to be provided; and a half-penny loaf, probably giving 10oz of bread. The 2d. ale allowance to each inmate per week probably gave just over one and three quarter pints of single ale daily.⁶⁰ It was expected that this diet would be supplemented from the home farm by the provision of cheese and other dairy products, as well as a selection of fruit, including apples. Their counterparts at neighbouring St John's were less fortunate, receiving daily 7oz of bread (a farthing loaf), a farthing for ale (one and a half pints of single ale) and pottage which may have only rarely contained meat or fish.⁶¹ Yet they were far better fed than the almsfolk at Dartford, where the weekly allowance of 4d. in 1500 was far lower than the 14d. provided by some almshouse patrons nationally, a level which would give an adequate standard of living.⁶² Consequently, if Milet's almsfolk were not aided by family and friends, they presumably lived on the edge of destitution.

At some houses those in positions of authority were entitled to receive extra allowances – food, clothing, shoes, fuel – but certain patrons sought to highlight the desirability of equality, and so harmony among the members of the hospital community.⁶³ For example, at St Bartholomew's, Sandwich, the community's daily pottage was to be cooked in the common pot over the common fire, the inmates being allowed to add their own piece of meat or fish to the pot, which was supposed to be returned to them when the pottage was divided at dinner, the inmates eating together around a large table in the common hall. In addition, the civic authorities tried to emphasise the fraternal life of the hospital through communal drinking there every Sunday. All the inmates were expected to attend, the master distributing a penny to each of them from which they paid a farthing each towards the ale jug. The evening concluded with prayers for the souls of the hospital's founders and benefactors.⁶⁴ Communal feasts were also celebrated at the hospital, the greatest being Christmas, Twelfth Day, Easter and the feast day of St Bartholomew, when the inmates dined on meat, fish, spiced milk, oatmeal, spiced cakes,

bread and ale, while the end of harvest was marked by eating the harvest goose.⁶⁵

However, by the early sixteenth century, life in a Kent hospital was changing, although the chronology seems to have varied between the different hospitals. For example, even though communal cooking remained the norm at St Bartholomew's (the hospital repaired its common kitchen in 1525), the masters' accounts indicate that in the same year some inmates were entertaining their fellows in their own rooms.⁶⁶ The changes at St John's hospital, Canterbury, may have occurred earlier and been even more far-reaching. It seems some of the inmates, presumably the more prosperous *corrodians*, had their own kitchens from the late fifteenth century, because Thomas Consaunt, noted above, stipulated that his executors should help to fund the new kitchen to be built at his tenement in the hospital.⁶⁷ The paying of allowances in cash rather than in kind may have accelerated this shift from a communal to a more private life style, particularly at those institutions which had moved away from dormitories to the provision of the inmate's own room or house. Many presumably welcomed this greater privacy and some were prepared to help the hospital to achieve it, like Margaret Fryer's bequest of £10 towards the building of a chimney in her tenement at St John's hospital in 1523.⁶⁸ Nevertheless, the inmates may have continued to enjoy special communal feasts, and a few were apparently willing to initiate such events for their fellows. John Newman (1541) of St Thomas' hospital, Sandwich, left the allowances owed him by the hospital, 7*s.* owed him by the local curate and his half load of wood to his compatriots so that they should 'make merry' and commemorate his soul.⁶⁹

Other changes were possibly even greater, because as well as allowing the brothers and sisters to retain their private possessions and bequeath such items in their wills, the inmates at some houses were allowed to conduct their business activities from inside the hospital.⁷⁰ Even though the sisters at St Bartholomew's, Sandwich, did not extend their business activities beyond the farming of a single cow, they did take advantage of the other provisions, and Thomasina Olberd (1548) furnished her room with a featherbed and bedding, a chest, several pewter vessels, some brass pots, a number of kettles and two candlesticks.⁷¹

It is difficult to know at what age women like Thomasina entered the hospital and it is equally difficult to know how long they resided there. The best evidence for Kent comes from St John's hospital, Sandwich, where it appears 12 per cent of the brothers and sisters for whom the length of stay is known died within a year of entry. Over

40 per cent apparently survived for more than five years at the hospital, women living longer than their male counterparts with over half of the sisters residing there for more than five years, including 30 per cent who were present for a minimum of ten years.⁷² Thus it seems for most that the hospital was their last abode, probably following a period of illness or increasing infirmity.

Testamentary provisions

In this section the last wills and testaments of a number of the sisters from the Canterbury and Sandwich hospitals are analysed. Even though there are certain difficulties relating to interpretation, these documents do provide some of the best evidence concerning contemporary ideas about piety and charity, and about gift-giving generally in terms of the family, friends and neighbours.⁷³ Looking first at burial, most of the sisters, like their male counterparts, wished to be interred at the hospital, or in the case of St John's in Canterbury, at St Gregory's priory across the road (founded to care for the spiritual welfare of the hospital inmates). As at the parish church, burial in the chapel was more prestigious than in the chapel burial ground, and Johanna Harder (1512), a widowed sister in St John's, Canterbury, wished to be buried in the hospital chapel.⁷⁴ Denys [*sic*] Wildes (1539), also of St John's, intended to leave nothing to chance; she bequeathed 6s. 8d. for her burial, stating that she wished to be laid to rest next to the altar of Our Lady in the hospital chapel, at the place 'where the herse of sister Herbard doth stand'.⁷⁵ As in life, marriage also bound couples in death. Alice Consaunt had followed her late husband into St John's and she hoped to be buried beside him in the belfry at St Gregory's, while Alice Jacob (1496), a sister at St Bartholomew's, Sandwich, sought burial alongside her husband in the hospital chapel.⁷⁶ Family or other links might also be important in matters of choice, and Jane Aschowe (1525), also of St Bartholomew's, intended that she should be buried next to her uncle in the chancel at Eastry parish church.⁷⁷

Most inmates left something to the hospital chapel, frequently gifts to the high altar and/or to the church fabric, but very few were prepared to provide further bequests. The sisters were apparently equally unwilling or unable to beautify the hospital chapel in this way, one of the rare exceptions being Katherine Best (1523) of St Bartholomew's, who left 20d. towards the gilding of the image of the hospital's patron saint.⁷⁸ Alice Consaunt (1495) was even more exceptional because she bequeathed a little chest with a spring lock to St Gregory's priory.⁷⁹ The chest was to stand beside the high altar and

in it were to be stored the vessels for the mass, a daily reminder of Alice's piety and the need to remember her in the prayers of the monastic community. In contrast, the majority of the sisters seem to have looked for acts of remembrance and intercession from their fellow inmates, including the priest brothers. At St John's, Canterbury, there was an ancient custom whereby a deceased brother or sister was commemorated by his or her fellows at the three funeral days: burial, month's mind and twelve month's mind. On each occasion, in addition to the religious observances, bread, cheese and ale were provided, possibly from the estate of the deceased, and a number of inmates sought to revive the custom in the late fifteenth century. Alice Holway (1498), who wished to be buried in her home parish of St George's in Canterbury, stipulated that a dirge and masses should be said there for her soul.⁸⁰ In addition she wished to be remembered at St John's, leaving instructions for the saying of masses, the provision of wax tapers and the supplying of bread, ale and cheese to her fellows at her three funeral days. Such fraternal acts were also seen as highly desirable by some from outside the hospital. Joane Bakke (1500), a local woman, left 10s. to the hospital with the understanding she would be commemorated for three years at her obit by the brothers and sisters as they would for a member of the hospital community.⁸¹ It is possible something similar happened at St Nicholas' because Katherine Harwolde (1533) and Alys Hall (1538) intended they should be commemorated 'as is the custom of the house'. Interestingly, in both cases they wanted sister Wadlowe to make the arrangements, which seems to suggest the importance of female networks within the hospital.⁸²

Evidence of fraternal ties between the sisters is relatively rare, but there are a few noteworthy examples. Alys Hall was a beneficiary in Katherine Harwolde's will, receiving her gown, her kirtle, her mantle and a saucer. The giving of personal clothes, in particular, would seem to mark a strong affective bond between the two women. Alys would remember her friend every time she wore the garments, possibly especially in cold weather when she wrapped the mantle around her shoulders. Jane Aschowe's gift of a kerchief to each of her fellow sisters at St Bartholomew's hospital may indicate her wish to be remembered by them, but does suggest a less personal relationship. Instead, she appears to have wished to strengthen her connections with the local Carmelite friars, whom she sought as intercessors for her soul at their church and at Eastry. Her closest links were with the prior at the friary, whom she named as her executor and the beneficiary of her best diaper table cloth, her best diaper towel and her best pair of sheets.

As well as the giving of small tokens of affection among themselves, the sisters were also concerned to provide post-mortem gifts for family and friends. Alice Jacob of St Bartholomew's seems to have had no familial responsibilities, but rather than giving anything to the hospital beyond 33s. 4d. to the chapel and 12d. to the high altar, she apparently felt that her principal duty was to those outside the hospital. She made a number of bequests to friends in Sandwich and Chillenden, her several godchildren and a few named, possibly local poor widows or spinsters, like Elizabeth Pletite, who may have been suitably grateful for a broken brass pot. Other sisters, like Margaret Fryer of St John's, Canterbury, sought to aid their offspring; Thomas, her son, received a great cauldron, a great brass pot, a 'chafying' dish, and 6s. 8d., and a maser at his marriage.⁸³ These goods may have been with her at the hospital, but it seems likely at least some items were at the family home. Consequently, the act of inheritance may have been as important symbolically as legally, where Margaret was passing on to Thomas a part of herself and the family, which in some way would also link him to the hospital. Alice Consaunt was able to aid far more members of her family, her daughter in particular receiving a large number of household items, but she also remembered her grandchildren and her two daughters-in-law. Again, some of the items may have been at the hospital, like her spinning wheel, cards, wool basket and lambs wool, but some of the will entries, like a counter table with cushions and hangings of red and blue in the hall, suggest she was describing the family home in Chislet and the goods left to her by her late husband. As a woman of considerable means, she was also able to aid her maid servant, though whether Margaret May resided in St John's with her mistress is unknown, but not impossible. Margaret received several items of clothing and bedding, as well as a pair of shoes and a number of utensils from the kitchen, possibly this time from the same kitchen Alice's late husband had wished the hospital to build at his tenement in St John's.

To conclude, for the vast majority in medieval Kent who fell sick, suffered poverty or who travelled the roads as a pilgrim, family, friends and neighbours provided them with support, not the hospital. Thus those few who did become a brother or sister at one of the County's hospitals may be considered extremely unusual and in some ways special because they chose an option which might lead to the fragmentation of their household. Even though women were apparently far less likely to enter a hospital in Kent, gender was not the only criterion of concern to patrons; often the ability to raise at least part of the entry fee before joining the hospital was probably equally

important. The increasing flexibility with regard to living arrangement during the late Middle Ages allowed the selectors and the selected greater freedom of choice, but for most women the hospital may have seemed more attractive during old age, especially for widows of limited means. Yet most if not all were expected to work for their place, and though the workload may have been tempered to the abilities of the individual sisters, at some houses the duties may have been heavy. However, the relatively limited catchment area of most hospitals might imply that applicants knew the type of regime they would encounter and the opportunity to live as part of a lay community might, for some, have seemed more attractive than the setting up of a maintenance agreement with their children or in-laws. Although it is impossible to know what individuals thought about their hospital, the testamentary evidence appears to suggest that most wished to remain part of the hospital community on both sides of the grave, as well as retaining links with their family, friends and neighbours outside the hospital. This is not to say that everything was rosy inside the medieval hospital; there were those who having tried institutional life sought to return to the wider community,⁸⁴ but for some it offered and delivered a better life than they had enjoyed outside its gates.

ACKNOWLEDGEMENTS

The writer would like to thank the KAS for the opportunity to present a shorter version of this article at the 2002 Conference on Anglo-Saxon and Medieval Women. This paper is an extension of part of her thesis on Kent Hospitals in the Middle Ages and she would like to thank Andrew Butcher for his ideas and suggestions regarding the inmates of these hospitals.

ENDNOTES

¹ East Kent Archives [EKA]: Sa/Ch 10J A1.

² Orme, N. and Webster, M., *The English Hospital 1070-1570* (New Haven and London, 1995), 49-57.

³ *Ibid.*, 35-41, 58-64.

⁴ For example, St John's hospital, Oxford, excluded lepers, the insane, epileptics, people suffering from paralysis or dropsy, those with fistulas or incurable diseases and 'lascivious' pregnant women; *ibid.*, 58, 152-4. For Kent, the revised statutes for St John's and St Nicholas' hospitals, drawn up by Archbishop Winchelsey in 1299, did include the exclusion of cripples, the blind, the feeble, the old and the impotent; *Registrum Roberti Winchelsey, Archiepiscopi Cantuariensis AD 1294-1313*, trans. and ed. R. Graham, Canterbury and York Society, ii (Oxford, 1956), 828.

⁵ In 1530 Simon Bertyn of St Bartholomew's hospital left his lands and tenements in several parishes around Maidstone, including the family home, to his wife; Centre for Kentish Studies [CKS]: PRC 32/15, f. 127.

⁶ Cullum, P., "And Hir Name was Charite': charitable giving by and for women in late medieval Yorkshire", in P. Goldberg, ed., *Woman is a Worthy Wight: Women in English Society c.1200-1500* (Stroud, 1992), 199-200. Orme and Webster believe that male numerical dominance was a feature of some places, and may have become more pronounced in the late Middle Ages following the foundation of almshouses; Orme and Webster, *English Hospital*, 109.

⁷ Evidence concerning the hospital's early history can be found in the cartulary compiled in 1473; BL: Add MS. 32098. *Kentish Visitations of Archbishop William Wareham and his Deputies, 1511-12*, ed. K. Wood-Legh, Kent Records, xxiv (KAS, 1984), 12.

⁸ Victoria County History [VCH], *Kent*, ed. W. Page, ii (London, 1908-1932), 212.

⁹ At St John's hospital for the period 1397-1497, the number of sisters varied between two and eight, the brothers between four and nine; EKA: Sa/Ch 10J A1.

¹⁰ *Kentish Visitations*, 12.

¹¹ CKS: PRC 17/10, f. 26; 17/14, f. 179.

¹² CKS: PRC 32/2, f. 350.

¹³ CKS: PRC 32/15, f. 285.

¹⁴ The town ordinance stated that from henceforth the hospital community was to comprise two priests, eight brothers and five sisters; and all joint corrodies to men and their wives would no longer be allowed; EKA: Sa/AC1, f. 257. [Corrody: the purchase of a permanent place at a hospital or monastery.]

¹⁵ CKS: PRC 32/3, f. 252.

¹⁶ CKS: PRC 32/4, f. 78.

¹⁷ From his research on the late medieval town of Hythe, Andrew Butcher has noted this link with Sandwich and the writer would like to thank him for drawing her attention to this connection.

¹⁸ EKA: Sa/Ch 10J A1.

¹⁹ Thomas Malyn had been a freeman of Hythe for several years, where he had been engaged in a number of commercial activities and had also served as a town officer; Andrew Butcher, pers. comm.

²⁰ EKA: Sa/Ch 10J A1.

²¹ *Ibid.*

²² CKS: PRC 32/2, f. 336.

²³ EKA: Sa/Ch 10J A1.

²⁴ *Ibid.*

²⁵ CKS: PRC 17/21, f. 106.

²⁶ EKA: Sa/Ch 10J A1.

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ To provide some idea of peoples' annual income, from the Hythe maltote records (a form of local tax levied by the Cinque Ports) the annual income of Richard Lambisfelde, a prosperous tailor, was between £8 and £12 (from the sale of goods) during the early 1470s. Two less wealthy tailors, John Horn and Stephen Smith, earned annually between £2 and £8 during the same period; Andrew Butcher, pers. comm.

³⁰ CKS: PRC 32/6, f. 26.

³¹ PRO: Prob 11/12, f. 138. The writer would like to thank Dr Paul Lee for drawing her attention to this Dartford almshouse.

³² CKS: PRC 32/2, f. 238; 32/3, f. 201.

³³ From the fourteenth-century hospital custumals of St Bartholomew and St John, the entry fees were said to vary from 10 marks to £10 and from 2 marks to 40s. respectively; EKA: Sa/LC1, ff. 18, 21v; Boys, W., *Collections for an History of Sandwich in Kent, with notices of the other Cinque Ports and Members and of Richborough* (Canterbury, 1892 [1792]), 20, 131. However, by the late medieval period these figures had altered considerably. By the 1520s St Bartholomew's was seeking a fee of up to £19 from some inmates, while the fees at St John's appear to have fallen from 53s. 4d. at the beginning of the fifteenth century to 6s. 8d. (or occasionally 3s. 4d.) plus the 'brother and sister pence' during the early sixteenth century; EKA: Sa/Ch 10B F1; Sa/Ch 10J A1. It is difficult to ascertain the level of fees expected at St Thomas' hospital, but in 1533 Agnes Bolton was to receive 53s. 4d. from the estate of Nicholas Orpathe to become a sister there; CKS: PRC 17/20, f. 3.

³⁴ EKA: Sa/Ch 10J A1. It is possible the building work was a legacy of the disastrous French raid on the town in 1457.

³⁵ CKS: PRC 32/14, f. 210.

³⁶ Another William, William Cartwright in 1524 bequeathed the residue of his goods and household 'stuff' to Alice Ussher on the understanding that she 'do kepe and kind Katherine my wife as well mete, drynk, lynyn and wullen as wasshyng and wryngyng as all other thynges necessary during her life'; CKS: PRC 17/16, f. 156.

³⁷ CKS: PRC 17/17, f. 213.

³⁸ CKS: PRC 17/1, f. 164.

³⁹ In 1346 the brothers and sisters at St Bartholomew's hospital, Chatham, included some who were blind, an epileptic, while the prior was a leper; VCH, *Kent*, ii, 216. During the late Middle Ages there was some provision for the sick-poor at St Bartholomew's hospital, Dover, and St John's at Sandwich; Bodleian: Rawlinson MS. B.335, f. 97; EKA: Sa/Ch 10J A1.

⁴⁰ Occasionally, however, an inmate was considered too ill to remain in the hospital. In March 1501, William Wynton, a brother at St John's hospital, resigned his corrody because of his 'grete debilitie and sekensse of bodie'; EKA: Sa/Ch 10J A1.

⁴¹ For example, the corrody granted to John Edryke from Fulham; *Register of Henry Chichele, Archbishop of Canterbury AD 1414-1443*, ed. E. Jacob, Canterbury and York Society, iii, (1947), 105.

⁴² Servants were employed at certain hospitals, particularly those where part of the agricultural holdings were direct-farmed, like St Bartholomew's, Sandwich, and St Laurence's, Canterbury; EKA: Sa/Ch 10B F1; CCAL: DCc/Lit. MS. C20, ff. 5, 29; Woodruff, C., 'The register and chartulary of the hospital of St Laurence, Canterbury', *Archaeologia Cantiana*, L (1938), 44.

⁴³ CCAL: DCc/Lit. MS. C20, f. 22.

⁴⁴ It is possible this stricter regulation was part of the civic authorities' attempt to impose a more regulated regime on their hospitals; EKA: Sa/LC2; Boys, *Sandwich*, 574.

⁴⁵ PRO: Prob 11/12, f. 138.

⁴⁶ *Registrum Hamonis Hethe Diocesis Roffensis AD 1319-1352*, trans. and ed. C. Johnson (Oxford, 1948), 393.

⁴⁷ CKS: PRC 32/3, f. 93.

⁴⁸ CKS: PRC 17/3, f. 158; 17/12, f. 526.

⁴⁹ *Registrum Winchelsey*, 828-31.

⁵⁰ Duncombe, J. and Battely, N., *The History and Antiquities of the Three Archiepiscopal Hospitals. At or near Canterbury viz St Nicholas at Harbledown, St John, Northgate and St Thomas of Eastbridge, with some Account of the Priory of St Gregory, the Nunnery of St Sepulchre, the Hospitals of St James and St Lawrence and Maynard's Spittle* (London, 1785), 432.

⁵¹ According to Archbishop Stratford's new statutes for St Thomas' hospital, Canterbury, produced in 1342, poor pilgrims who fell sick on their pilgrimage (not lepers) might be provided for and those who died there should be buried in the churchyard belonging to the cathedral. An elderly honest woman was to be appointed to take care of the beds and provide for the pilgrims using 4d. per day; *Litterae Cantuarienses*, ed. J. Sheppard, Rolls Series, ii (1887), 256. Such people were remembered by a few Canterbury testators, like William Benet, who in 1463, left two 'kine' to the bedridden and the sisters who cared for them at the hospital; CKS: PRC 17/1, f. 114.

⁵² For a discussion on hospital buildings in England; Orme and Webster, *English Hospital*, 85-92.

⁵³ An inventory of the hospital's goods was occasionally recorded in the hospital register; EKA: Sa/Ch 10J A1.

⁵⁴ Walcott, M., 'Inventories of (1) St Mary's hospital or Maison Dieu, Dover', *Archaeologia Cantiana*, vii (1868), 278-9.

⁵⁵ CKS: PRC 32/2, f. 324. It is possible Rauf Cocker and his wife were fulfilling a similar role in 1534. In that year they received 46s. 8d. for keeping and washing the beds of the poor people at St Thomas' hospital; *Kent Chantries*, ed. A. Hussey, Kent Records, xii (KAS, 1932), 65.

⁵⁶ Sister Stumble was paid for reaping wheat and barley and the wife of brother Parker the younger was involved in the sheep shearing; EKA: Sa/Ch 10B F3.

⁵⁷ Duncombe and Battely, *The History of the Three Archiepiscopal Hospitals*, 255.

⁵⁸ EKA: Sa/Ch 10B F2.

⁵⁹ In 1450/1, the hospital purchased bread from Peter Baker and seventy-two barrels of best ale and second-best ale from John Stevyn, brewer; EKA: U270/Q5. Supplies, however, were not always forthcoming, and at the archiepiscopal visitation of 1511 the prioress complained that Christ Church priory was not supplying bread and wood as it was accustomed to do; *Kentish Visitations*, 12.

⁶⁰ EKA: Sa/LC1, f. 17; Boys, *Sandwich*, 18-19.

⁶¹ EKA: Sa/LC1, f. 20; Boys, *Sandwich*, 127.

⁶² Orme and Webster believe that the level considered adequate by the founders of late medieval almshouses was between £2 and £3 per year [i.e. roughly 9-14d. per week]; Orme and Webster, *English Hospital*, 123.

⁶³ The warden at St Laurence's hospital, Canterbury, was allowed a horse and a servant, the prioress received a larger allowance of bread and ale than the brothers and sisters, and those 'who wore the habit' among the brothers and sisters were given a more generous allowance than those who did not; CCAL: DCc/Lit. MS. C20, ff. 24v-5, 28-9; Woodruff, 'The register of St Laurence', 40-1, 43-4.

⁶⁴ Boys, *Sandwich*, 19.

⁶⁵ EKA: Sa/Ch 10B F1, F2, F3

⁶⁶ EKA: Sa/Ch 10B F1.

⁶⁷ CKS: PRC 32/3, f. 252. The chantry certificates imply that there was a communal kitchen and an infirmary at St John's in the sixteenth century, and, though today rarely used, the communal refectory with its long table is still at the hospital; *The Canterbury Chantries and Hospitals in 1546. A Supplement to Kent Chantries*, trans. E. Holland, Kent Records, xii supplement (KAS, 1934), 19.

⁶⁸ CKS: PRC 32/13, f. 150.

⁶⁹ CKS: PRC 17/23, f. 56.

⁷⁰ For example, Thomas Rigton traded in cereals and livestock, lent money, and rented out farm implements and livestock; CKS: PRC 17/26, f. 314. Presumably such activities did not normally impinge on the life of the hospital or the town, but William Baldock's commercial dealings did bring him into conflict with both communities; EKA: Sa/AC2, ff. 279v, 363.

⁷¹ CKS: PRC 32/22, f. 5.

⁷² EKA: Sa/Ch 10J A1.

⁷³ There is a considerable literature on this subject; for a valuable study using evidence from Kent see; Lutton, R., 'Heterodox and Orthodox Piety in Tenterden, c. 1420 - c. 1540', Ph.D. thesis, University of Kent at Canterbury (1997).

⁷⁴ CKS: PRC 32/10, f. 144.

⁷⁵ CKS: PRC 32/17, f. 33.

⁷⁶ CKS: PRC 32/4, f. 116.

⁷⁷ CKS: PRC 32/14, f. 119.

⁷⁸ CKS: PRC 17/16, f. 38.

⁷⁹ CKS: PRC 32/4, f. 78.

⁸⁰ CKS: PRC 17/7, f. 34.

⁸¹ CKS: PRC 17/7, f. 213.

⁸² CKS: PRC 32/15, f. 252; 32/17, f. 3.

⁸³ CKS: PRC 32/13, f. 150.

⁸⁴ One such was Petronella Boys who joined St John's, Sandwich, in 1502 within a few months of her husband's death (he had been a brother there). A decade later she was in trouble with the hospital authorities because she would not do as the other brothers and sisters did, and in 1523 she was dismissed from the hospital community for failing to reside at St John's; EKA: Sa/Ch 10J A1.