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**Faith, Service and Ownership: the Life and Changing Identity of
Eastbridge Hospital throughout the Reformation**

by

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for the Degree of Masters by Research

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Abstract

Eastbridge Hospital (*alias* Kingsbridge Hospital, and The Hospital of St Thomas the Martyr) in Canterbury is an institution with a long and troubled history. Having been founded in the height of Catholic religiosity and pilgrimage in medieval England, it found itself deeply embroiled in the turmoil of the Reformation. Unable to preserve its Catholic background, the Hospital was transformed greatly by the Protestant Reformers who took control of the English Church. As the Reformation developed, the Hospital faced financial, social, and religious change. This thesis aims to uncover the dramatic transformation that the Hospital underwent which preserved its existence against the odds, and in contrast to many pilgrimage hospitals of its day. By investigating its financial viability, transformed structure, and reformed religious outlook, it is the aim of this study to understand how fortunate Eastbridge was to come out of the Reformation safely and into the modern age. By investigating its existing financial records, it will be important to see how much land it held, and potentially had seized, alongside its income and expenditure – which will, in turn, reveal significant attitudes towards its principle of poor relief. With a new Protestant structure, it is also necessary to evaluate how far this affected Eastbridge's attitudes to aiding the impoverished and which practises it gained and lost in doing so. Lastly, the religious reforms enforced upon the Hospital will help to show the attitude of a former Catholic institution and how far it was run in line with Protestant theology.

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Introduction:

Origin, Nature, and Location of Eastbridge Hospital in Canterbury

Hospitals have always been seen as an important institution to a society. In modern times, they serve as healthcare organisations with medical treatment; the medieval and early modern hospital, however, was far more invested in poor relief and aiding those in need. Eastbridge Hospital, also known as Kingsbridge Hospital or the Hospital of St Thomas the Martyr, is a testament to the centuries' old method of poor relief – which it continues to do today.¹ This study will investigate how far social, political, religious, and economic changes influenced the Hospital, and in turn how far it affected the society around it. Being located in the centre of Canterbury, Eastbridge would have been an easily accessible and highly visible institution. With a range of clergymen and members of the local nobility paying attention towards Eastbridge, this much too little studied Hospital was exposed to as much change brought by the Reformation as the rest of Canterbury.

The Hospital's origins and pre-Reformation life have already been researched by Sheila Sweetinburgh in her chapter 'The Hospitals of Medieval Kent' in *Later Medieval Kent, 1220-1540* as well as in her monograph *The Role of the Hospital in Medieval England*. One important matter that she has addressed is that as a pilgrimage hospital, Eastbridge welcomed in all forms of pilgrim, healthy and sick; and they were looked after by an elderly woman who was paid 4d a day for board and lodgings.² In this sense, the Hospital was not much different in the Middle Ages to other hospitals of the period.

Sweetinburgh's work is essential to this study as it provides important insights into the Hospital on the eve of the Reformation, whilst also offering important information about the functions of hospitals throughout the medieval period as well as motives in founding them. She suggests that late medieval Kentish founders' wishes to provide institutional support for those most in need may have meant that these

¹ For the purpose of this study, it will be referred to by its modern name of Eastbridge Hospital.

² Sheila Sweetinburgh, 'The Hospitals of Medieval Kent', in *Later Medieval Kent 1220-1540*, Sheila Sweetinburgh (ed.) (Woodbridge: The Boydell Press, 2010), pp.111-136 (p.122).

influential townsmen felt a collective response to poor relief was needed.³ This view is clearly supported by James Brodman who states that many confraternities founded hospitals in a collective manner, often under the patronage of the Holy Spirit – seen to reflect the aspect of God showing love and mercy, whilst being Father of the poor.⁴ Spencer Young, in turn, has claimed that the changing demographics of the Late Middle Ages meant that many mercantile gifts to the poor began to rival aristocratic endowments, which were manifested in the form of hospitals – but also that larger-scale community undertakings were performed, equally with the aim of meeting the needs of the poor.⁵

Sweetinburgh equally emphasises that hospitals were of benefit to all those who interacted with the house, from short-term residents to the founders themselves.⁶ These benefits were reflected through the hospitals' functions, which she divides into two sections: spiritual and material. In temporal matters this was, for patrons, largely based upon political benefits, whilst for those in reception of poor relief, they gained shelter and necessities.⁷ Moreover, they were to benefit the town more fully through practical means such as holding markets, or repairing bridges – for Eastbridge Hospital, the reparation was in fact one of its oldest temporal responsibilities.⁸ However, she underlines that the primary functions of hospitals were spiritual. Worship, aided by the construction of a chapel, and acts of religious charity were the most significant roles that hospitals could assume.⁹

Marjorie McIntosh, who has addressed the matter of poor relief from 1350 to 1600, has gone further with this understanding of religion's place in charity. She has emphasised that poor relief for those who were living within hospitals was based upon the fulfilment of obligations.¹⁰ McIntosh suggests that though there were many advantages to living in these houses (including rent-free accommodation and other

³ Sweetinburgh, 'The Hospitals of Medieval Kent', p.115.

⁴ James Brodman, *Charity and Religion in Medieval Europe* (Washington: The Catholic University of America Press, 2009), p.73.

⁵ Spencer E. Young, 'More Blessed to Give and Receive: Charitable Giving in Thirteenth- and Early Fourteenth-Century Exempla' in *Experiences of Charity, 1250-1650*, Anne M. Scott (ed.) (Farnham: Ashgate, 2015), pp.63-78 (p.64).

⁶ Sweetinburgh, 'The Hospitals of Medieval Kent', p.117.

⁷ Sheila Sweetinburgh, *The Role of the Hospital in Medieval England: Gift-giving and the Spiritual Economy* (Portland: Four Courts Press, 2004), p.37.

⁸ Sweetinburgh, 'The Hospitals of Medieval Kent', p.124.

⁹ *Ibid.*, pp.117-118.

¹⁰ Marjorie McIntosh, *Poor Relief in England, 1350-1600* (Cambridge: Cambridge University Press, 2012), p.84.

economic benefits), it is likely that some would have questioned whether they were worth the strict moral regulations that were a part of living in many of these institutions.¹¹ Significantly, the key responsibilities of these inmates would have been prayer and Mass attendance. To illustrate this, McIntosh uses the example of Salisbury's Trinity Hospital where in 1379, poor residents were expected to say the Psalter of the Virgin and pray for Trinity's benefactors – resulting in 26,280 psalters per year.¹² Prayers said by the poor were important as it was believed that their prayers were more powerful than those of the wealthy, making them, in the words of Diana Wood, 'the security guards of Heaven'.¹³

Fundamentally, Sweetinburgh underlines the most important factor for hospitals throughout this period of study: change. Hospitals were constantly in competition with other similar institutions throughout the medieval period. Sweetinburgh states that hospitals 'needed to adapt to changing conditions inside and outside, as hospital authorities sought to ensure the survival of their establishment'; this is particularly applicable with regard to the arrival of the Reformation.¹⁴ Although the Hospital maintained many of its ways of poor relief, it also reformed its policies. In line with Protestant belief, the poor were no longer expected to pray for the souls of the dead; equally, the young boys who profited from the creation of Eastbridge's free school were obligated to attend services held within the chapel. In this way, this study will show how Eastbridge undoubtedly transformed in order to preserve itself during this period of religious change, whilst also maintaining many of its more ancient traditions – or even evolving them into actions that were more in line with Reformist beliefs. From an intrinsically Catholic institution in service to poor travellers and pilgrims, to a hospital reflecting the mind-set of the fifteenth and sixteenth century Reformers toward poor relief, Sweetinburgh's work will particularly help cast a backdrop as a reminder of the transformations undertaken by Eastbridge.

Meanwhile, Nicholas Orme and Margaret Webster's in depth investigation on the English hospital of the medieval period helps to contextualise the environment that

¹¹ Ibid., p.84.

¹² Ibid., p.84.

¹³ Diana Wood, *Medieval Economic Thought* (New York: Cambridge University Press, 2002), p.68.

¹⁴ Sweetinburgh, *The Role of the Hospital in Medieval England*, p.19.

surrounded Eastbridge.¹⁵ Their research into hospitals has given a broad understanding of their establishment and natures. Their work has helped to explain the steady establishment of hospitals from the Anglo-Saxon period and into the Norman era where they claim the clearest evidence of independent hospitals, in a recognisable form to those of the later middle ages, appears on record.¹⁶ Archbishop Lanfranc (1070-1089) being noted as the first founder of hospitals in England, may explain the confusion surrounding Eastbridge's foundation story – which will be discussed later in this Introduction.¹⁷ Moreover, although they admit that many of these institutions came under the control of the Church (a reminder that such ties were so close that a hospital could be referred to as a *domus dei* or *maison dieu*, or 'house of God' in Latin and French respectively), it had little to say with regard to their functions and even management – this is shown with Eastbridge where it has very few dealings with the Church directly before the Tudor dynasty.¹⁸ Most significantly, their analysis of hospitals and the Reformation has made it easier to contextualise Eastbridge's experiences throughout this turbulent period, and see if there were any similarities or differences that the Hospital shared with others throughout the rest of England. For example, they re-emphasise Sweetinburgh's claim of spiritual practice as the utmost reason for a hospital's existence due to the fact that in spite of the introduction of Protestantism, for those hospitals that remained, worship continued to be an important part of everyday life within the institution. Moreover, their work helps to emphasise how Eastbridge was fortunate to have survived the Reformation by stating that many old hospitals came to shameful ends merely because they had no more function than to serve as chantries, and faced the confiscation of their lands by the Crown.¹⁹ Although Eastbridge did lose some lands, it was one of the luckier hospitals; having survived the Reformation it was transformed into a useful, Protestant institute.²⁰

The majority of original documents upon which this study is based are held at Canterbury Cathedral Archives and provide a wide range of information on expenditure,

¹⁵ Nicholas Orme, and Margaret Webster, *The English Hospital: 1070-1570* (London: Yale University Press, 1995), p.17.

¹⁶ *Ibid.*, p.20.

¹⁷ *Ibid.*, p.20; William Cobbett, *A History of the Protestant Reformation in England and Ireland*, Volume II. (New York: D. & J. Sadler & Co., 1837), p.85.

¹⁸ Orme and Webster, *The English Hospital*, p.32, p.35; In 1342, Archbishop Stratford reformed it, and in 1363, Pope Urban V placed an indulgence upon it, Diana Webb, *Pilgrimage in Medieval England* (London: Hambledon and London, 2000), p.224.

¹⁹ *Ibid.*, p.160.

²⁰ Canterbury Cathedral Archives, U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.104.

income, and the responsibilities of Eastbridge throughout its period of transformation. Unfortunately, due to documents' destruction during the period and losses in modern times, not all of the Hospital's records have survived.²¹ More than enough, however, survive to form a picture of the transformation of the Hospital throughout the establishment of Protestantism. Significantly, financial records have formed the basis of this study as they are both the most numerous, and can provide us with the means to explore the social and religious history of the Hospital. For example, details on the 1606/7 expenditure signal not only financial income and expense, but also what that money was being spent on – in one such case, the provision of education – which, in turn, has helped to explain the actions of poor relief undertaken by Eastbridge.²² Another document that will form the basis of this study is Archbishop John Whitgift's (1583-1604) Ordinance on the Hospital in 1584. The Ordinance has been able to provide a picture of Eastbridge Hospital following the devout Calvinist policies of King Edward VI (1547-1553) and the attempted restoration of Catholicism by Queen Mary I (1553-1558). Significantly, it provides an insight into the social and religious policies of Elizabeth I's reign and how they directly impacted Eastbridge's approach to theology and poor relief. Moreover, the antiquarian work of Nicholas Batteley, the brother of John Batteley (master of Eastbridge Hospital from 1688 to 1708), has been able to fill in areas of history where documents no longer exist. Fortunately, his book on the Hospital covers its history from creation to the year 1695, which has proven indispensable in analysing areas where existing records are non-existent and in understanding the mentality and attitude toward Eastbridge Hospital at the end of this study's period.

It is clear that significant change occurred from the reign of Henry VIII (1509-1547), to the rule of James II (1685-1688), which is why this period has been selected for this study. At the start of the Tudor king's reign, the hospital was a place of hospitality for pilgrims coming to the tomb and shrine of St Thomas Becket in Canterbury cathedral, whilst by the end of James II's rule it had undergone a transformation into being a centre for education and the relief of the poor.

The origins of hospitals in general must be understood as a means of contextualising Eastbridge's place in Canterbury. Our current understanding of the word

²¹ Such losses during the 'Unhappy times' are referenced in a letter to Orlando Bridgeman in 1671, National Archives, C 9/53/45, *Canterbury, Eastbridge Hospital v. Pettit*, 1671.

²² Canterbury Cathedral Archives, U24/15/8, *Folder Containing Eastbridge Hospital Accounts, Expenditure Laid Out, 1606-1607*.

hospital is very different to what a medieval hospital actually was. The Venerable Bede, writing in 731, referred to a building to which the infirm were taken upon the point of death; Bede's comments have been taken by historians to suggest that in some form or another, hospitals in England existed from at least the Anglo-Saxon period with the advent of Christianity.²³ It was not, however, until after the Norman Conquest that they became institutions in the sense that they were independent and free-standing from ecclesiastical households.²⁴ Hospitals developed into institutions for the hospitality of a wide range of peoples, such as the sick, impoverished, and travelling pilgrims.²⁵ Between 1070 and 1150, 68 hospitals are mentioned on record to have come into existence, with over 70 existing in Kent alone up to 1540 – receiving its first in 1084, the twin foundations of St John's and St Nicholas', established to house thirty poor men and thirty poor women, just past the Northgate.²⁶

Hospital building had been overwhelmingly dominated by the Church throughout the early middle ages, and this is the same for Kent, where Archbishop Lanfranc ordered the construction of the two aforementioned hospitals, yet pious lay foundation increasingly typified the thirteenth century.²⁷ This initial religious focus would explain why they became so spiritually orientated with monks and nuns attending to the inmates – the term sister that is still being used in hospitals for senior nurses in Britain today reflects this vestige of historical memory. In England, the Benedictines, who were so instrumental in the foundation and running of medieval hospitals, based their policies on Chapter 53 of *The Rule of St. Benedict*; the greatest care was to be shown to the poor and pilgrims as 'it is especially in them that Christ is received'.²⁸ As a result, they not only provided for the travellers, but nursed the sick and dying, and provided a place for the weary to rest – echoing the Benedictine Rule.

In the case of Eastbridge, the institution came to be used significantly for pilgrims coming to pay homage to the murdered archbishop, St Thomas Becket. The

²³ Bertram Colgrave and R. A. B. Mynors (eds.), *Bede's Ecclesiastical History of the English People* (Oxford: The Clarendon Press, 1969), pp.418-419; Orme and Webster, *The English Hospital*, p.17.

²⁴ *Ibid.*, p.17.

²⁵ Neil Kellman, 'History of Healthcare Environments', in *Innovations in Healthcare Design*, Sara O. Marberry (New York: John Wiley & Sons, Inc., 1995), pp.38-48 (pp.41-42).

²⁶ Orme and Webster, *The English Hospital*, p.23; Sweetinburgh, 'The Hospitals of Medieval Kent', pp.112-113.

²⁷ *Ibid.*, p.113; James Brodman, *Charity and Religion*, p.68.

²⁸ Benedict of Nursia and Justin McCann (trans., ed.), *The Rule of St Benedict* (London: Burns Oates, 1960), pp.72-73.

murder of the Archbishop in 1170 at the hands of four knights in Henry II's service created a stir throughout Western Europe and captured the English imagination, which was particularly helped by the records of eye witnesses like Edward Grim who exalted Becket as a 'precious martyr' and 'holy priest'.²⁹ Almost immediately after his death, pilgrims from all over England and France began to pay homage to him at his resting place in the cathedral. By April 1171, when the crypt doors were opened to the public, the site of Becket's martyrdom began to be connected with miraculous events.³⁰ This news meant that pilgrims throughout Christendom and from varying social backgrounds began to flood into Canterbury seeking the saint's intercession and his miraculous healings. The popularity even extended to include royalty – and not just English royalty – Henry II's adversary, King Louis VII of France, was permitted safe entry into England in 1179 to invoke the saint to heal his sick son and heir, Philip.³¹ This provides an interesting comparison to Henry VIII who, upon his break with Rome, abolished the veneration of the saint and destroyed his shrine.

The increased flow of pilgrims into medieval Canterbury meant that hospitals were desperately needed in order to care for them. As a result, Eastbridge, as one of these hospitals, was an important source of hospitality for visitors. The Hospital's foundation has been a topic for debate among antiquarian scholars of Kent, and even more recent historians – giving insight as to why there has been such speculation over its origins. William Somner's antiquarian work of 1640 stated that it was likely that the original documents for Eastbridge's foundation had been lost.³² Even in his day, the earliest accounts that could be found dated to the 37th year of Henry VIII's reign (22 April 1545 – 21 April 1546) which named Archbishop Stratford (1333-1348) as the founder.³³ However, Somner discounted this statement due to a charter made by the

²⁹ Dawn Marie Hayes, 'Edward Grim: The Murder of Thomas Becket', *Fordham University Internet Medieval Sourcebook*, <http://legacy.fordham.edu/Halsall/source/Grim-becket.asp> (accessed 2 March 2015).

³⁰ Laurel Broughton, 'Chaucer and the Saints: Miracles and Voices of Faith', in *Chaucer and Religion*, Helen Phillips (ed.) (Cambridge: D.S. Brewer, 2010), pp.111-131 (p.112).

³¹ John D. Hosler, *Henry II: A Medieval Soldier at War, 1147-1189* (Leiden: Koninklijke Brill NV, 2007), p.80.

³² William Somner, *The Antiquities of Canterbury* (Wakefield: EP Publishing Limited, 1977), p.60.

³³ *Ibid.*, p.60.

Archbishop himself which stated that he merely restored Eastbridge and put in a more efficient governing body.³⁴

As a result, the antiquarian concluded that Becket had established a religious community there to serve poor pilgrims, hence the name the Hospital of St Thomas the Martyr.³⁵ This thought has since been discredited due to the fact that hospitals were named after saints, founders, or locations, and generally known by more than one of these. The hospital founded by William Cokyn was known as both Cokyn's Hospital and Sts Nicholas and Catherine's Hospital.³⁶ Likewise, Eastbridge Hospital was the location's name and St Thomas was that of the saintly dedication. Therefore Becket's name in that of the Hospital's was not to note the founder – there is, after all, no suggestion that its name changed after his canonisation.

Regardless this view was present in the eighteenth and nineteenth centuries. The 1776 *Kentish Traveller's Companion* stated that 'upon the bridge is an hospital, founded and endowed by St. Thomas Becket', whilst in 1837 William Cobbett referenced Becket as founder in *A History of the Protestant Reformation*.³⁷ On the other hand, debate did arise as their contemporary James Bell stated in 1836 that 'Eastbridge, founded by Archbishop Lanfranc... is the principal [hospital in Canterbury]' whilst in his *Topographical Dictionary* (1840), Samuel Lewis claimed that Eastbridge was 'supposed to have been founded by Archbishop Lanfranc'.³⁸ Modern scholarship however has rebuked both of these antiquarian opinions. Edward Kealey claims that it was a part of the second wave of hospital expansion in Kent which continued for 50

³⁴ Ibid., p.60; C. R. Cheney and Michael Jones, *A Handbook of Dates For Students of British History: New Edition* (Cambridge: Cambridge University Press, 2000), p.38.

³⁵ Somner, *The Antiquities*, p.60.

³⁶ Ibid., p.60.

³⁷ Thomas Fisher, *The Kentish Traveller's Companion: In a Descriptive View of the Towns, Villages, Remarkable Buildings and Antiquities, Situated on or near the Road from London to Margate, Dover, and Canterbury* (Canterbury: Simmons and Kirkby, 1776), p.105; Cobbett, *A History of the Protestant Reformation*, p.85.

³⁸ James Bell, *A New and Comprehensive Gazetteer of England and Wales, Presenting Under Each Article Respectively, the Population of the Towns and parishes, According to the Census of 1831, and the State of the Elective Franchise, as Fixed by the Provisions of the Reform Bill* (Glasgow: A. Fullarton & Co., 1836), p.402; Samuel Lewis, *A Topographical Dictionary of England, Comprising the Several Counties, Cities, Boroughs, Corporate and Market Towns, Parishes, Chapelries, and Townships, and the Islands of Guernsey, Jersey, and Man, with Historical and Statistical Descriptions; Illustrated by Maps of the Different Counties and Islands; a Map of England, Shewing the Principal Towns, Roads, Railways, Navigable Rivers, and Canals; and a Plan of London and Its Environs; and Embellished with Engravings of the Arms of the Cities, Bishopricks, Universities, Colleges, Corporate Towns, and Boroughs; and of the Seals of the Several Municipal Corporations* (London: S. Lewis & Co., 1840), p.372.

years after Becket's death.³⁹ This determines that Eastbridge was not founded until after the shrine was a pilgrimage site, meaning neither Becket nor Lanfranc (1070-1089) could have founded the Hospital.

More recent scholarship has offered new reflections on the founder's identity. Sethina Watson claims in her essay, 'City as Charter: Charity and the Lordship of English Towns, 1170-1250', that as a result of the flourishing popularity of the Cult of St Thomas, citizens of Canterbury – even those with no ecclesiastical positions – felt it necessary to found hospitals.⁴⁰ This, it appears, is what happened in the case of Eastbridge. It is now widely believed that Edward FitzOdbold, an alderman, took it upon himself to construct a hospital upon the East Bridge for pilgrims visiting St Thomas' shrine between 1170, Becket's death, and 1180.⁴¹ This dating is much more in line with what is known about the Hospital's masters. The first master, Ralph, believed to be Becket's nephew, was installed in 1198, this therefore makes FitzOdbold's foundation of Eastbridge more historically accurate as otherwise the Hospital would have had no master for over a century.⁴²

Furthermore, donations toward the Hospital appear to commence around the end of the twelfth century. Archbishop Hubert Walter in 1193 gave the income of a few mills owned by the archiepiscopacy to the Hospital for the purpose of helping its foundation, but aside from that the archbishops of Canterbury had little interaction with it.⁴³ Being an institution dedicated to Becket and constructed for his pilgrims, it is unsurprising that Walter would have wanted to contribute to its foundation, yet would have had no reason to give further funds as it was not initially under the direct influence of the Church. As a result, it is clear that the foundation took place in the late twelfth century, supported but not authorised by the Church, emphasising its lay founder.

Watson states that although Eastbridge profited from this early archiepiscopal funding, from the early thirteenth century it also attracted generous benefactors from

³⁹ Sethina Watson, 'City as Charter: Charity and the Lordship of English Towns, 1170-1250' in, *Cities, Texts, and Social Networks, 400-1500*, Caroline Goodson, Anne Elisabeth Lester and Carol Symes (Farnham: Ashgate Publishing, Ltd., 2010), pp.235-262 (p.256); Edward J. Kealey, *Harvesting the Air: Windmill Pioneers in Twelfth-Century England* (Los Angeles: University of California Press, 1987), p.167.

⁴⁰ Watson, 'City as Charter', p.256.

⁴¹ Kealey, *Harvesting the Air*, p.167.

⁴² See Appendix 2

⁴³ R.C. Cheney and Eric John (eds.), *English Episcopal Act: Canterbury 1193-1205, Volume III* (Oxford: Oxford University Press, 1986), p.69.

Canterbury's citizens themselves, referencing a grant of guildhall land in Romney to the Hospital.⁴⁴ In this sense, Young's statement that the middling classes, and not just aristocrats or the Church, invested in grander forms of poor relief is evident.⁴⁵ The donations to Eastbridge Hospital therefore help to not only suggest when it was founded but also emphasise that much like other hospitals of the time, citizens wished to contribute to their construction and maintenance.

The religious climate in which Eastbridge Hospital was founded was undoubtedly different to that of its existence under the Protestant Stuarts at the end of this study. In the Middle Ages, England's Catholic identity was particularly devout. The popular piety of English society before the religious overhaul of the Reformation displayed, according to Eamon Duffy, a harmony between the beliefs of the wealthy nobles and the poor townspeople.⁴⁶ One important aspect of pre-Reformation thought was the idea of the reflection of the Godhead through the Church community. As the faith taught of One God, indivisible but made of Three Persons – Father, Son, and Holy Spirit – Catholicism's perception was of one undivided Church but forged of three groupings: the Militant on Earth, the Suffering in Purgatory, and the Triumphant in Heaven.⁴⁷ This Communion of Saints could communicate and pray for each other. This led medieval Catholics to do two things: pray for the suffering souls in Purgatory, and pay for Masses to be said for them; but more importantly for this study, invoke those in Heaven to pray for them and mind their ailments and sufferings in the world.⁴⁸

This can be argued to have been what led to the great popularity of the Cults of Saints and, subsequently, pilgrimage. Whilst the later Reformers ordained that they were all saints, the medieval Church held the conviction that only those of particular devotion and workers of miracles, either in life or posthumously, deserved to hold the title.⁴⁹ Therefore the populace of medieval Christendom reached out for their sense of the divine, as well as their spiritual guidance, through appealing to those who they

⁴⁴ Watson, 'City as Charter', p.256.

⁴⁵ Spencer E. Young, 'More Blessed to Give and Receive', p.64.

⁴⁶ Eamon Duffy, *The Stripping of the Altars: Traditional Religion in England 1400-1580* (London: Yale University Press, 2005), p.2.

⁴⁷ Peter Marshall, *Beliefs and the Dead in Reformation England* (New York: Oxford University Press Inc., 2002), p.210.

⁴⁸ Virginia Reinburg, 'Prayers' in *Medieval Christianity in Practice*, ed. Miri Rubin (Princeton: Princeton University Press, 2009), pp.159-163 (pp.161-162).

⁴⁹ Robert Kolb, *For All the Saints: Changing Perceptions of Martyrdom and Sainthood in the Lutheran Reformation* (Macon: Mercer University Press, 1987), p.10.

perceived as victors over worldly evil – the Triumphant in Heaven. Whilst there were set prayers to saints, most famously the *Ave Maria* to the Virgin Mary, one way that one could petition a particular saint, as well as perform penance for one's sins, was to go on pilgrimage. This helps to explain why Becket's shrine became such a pinnacle of devotion – here, people supposedly saw miracles and received the good will of the saint.⁵⁰ This was reflected in other areas of England like Walsingham (Norfolk) where in 1061 a widow, Rychold, wishing to grow closer to the Virgin Mary, was given a vision where she was ordered to build an imitation of the house of the Holy Family for people to worship at.⁵¹ With such records of miraculous revelation, it is unsurprising that pilgrimage hospitals grew so important. The piety expressed through pilgrimage in turn explains the significance of the hospitals which aided those visiting them, and with Canterbury gaining an exponential increase following the canonisation of Becket, it is of no surprise why Eastbridge was founded.⁵²

For Eastbridge Hospital, its fortunes continued to improve throughout the Middle Ages. It received grants of property both in Canterbury and the surrounding countryside. In particular, it gained control of the tithes and some land of Blean from Hamo de Crevequer, a local baron who held Leeds, at the start of the thirteenth century, increasing its income greatly – Somner even stated that the majority of the Hospital's demesnes and revenues rested at Blean.⁵³ In spite of this investment, it is clear that the Hospital fell into ill repute in the fourteenth century, being ordered by Archbishop Stratford in 1342 to focus on care for the poor; and even receiving a personal indulgence from Pope Urban V in 1363, authorising it to care for the sick, poor, women, and pilgrims.⁵⁴ After the re-founding under Stratford, and instruction from the pope, there is little evidence to suggest that the Hospital fell into ill repute; in 1388, William Causton, the master at the time, was summoned to court for failing to repair the East Bridge which the Hospital was responsible for, but aside from this, nothing exists to suggest it stopped poor relief or was in the state it had been prior to 1342.⁵⁵

⁵⁰ Michael Staunton (trans.), *The Lives of Thomas Becket* (Manchester: Manchester University Press, 2001), pp.207-210.

⁵¹ Richard Pynson, 'The Pynson Ballad', The Walsingham Archives, <http://www.walsinghamanglicanarchives.org.uk/pynsonballad.htm> (accessed 7 March 2015).

⁵² Kay Brainerd Slocum, *Liturgies in Honour of Thomas Becket* (Toronto: Toronto Press Incorporated, 2004), p.98.

⁵³ Canterbury Cathedral Archives, U24/4/B/1, *Grant*, 13th Century.; Somner, *The Antiquities*, p.62.

⁵⁴ Webb, *Pilgrimage in Medieval England*, p.224.

⁵⁵ *Calendar of the Patent Rolls: 1385-1389* (London: Her Majesty's Stationery Office, 1900), p.523.

With the arrival of the Reformation, Eastbridge experienced religious change. A significant minority of England's population had, from the 1520s, started to abandon the faith of their forebears for the Reformist views of Martin Luther and John Calvin which, following Henry VIII's break with Rome only intensified.⁵⁶ For Eastbridge, this is a significant area of study. The Reformation brought in under the Tudor dynasty affected all aspects of the Hospital's identity. It challenged its financial status: as a religious institution which held land, it was very similar to the monasteries that King Henry VIII particularly despised. As an organisation that was largely in place to attend to the needs of the pilgrims travelling to Canterbury to venerate St Thomas, the ending of pilgrimage would have likely threatened the existence of Eastbridge – particularly as Becket's sainthood and shrine were particularly hated by Henry due to the saint's view that papal authority was higher than that of the monarch's.⁵⁷ Moreover, its very existence merely due to its role as a religious house led by monks and nuns would be questioned. These are the key subjects that will be focussed upon throughout this study, to see how far the reforms enacted by the Tudor king and his subsequent successors had upon the economic, social, and religious life of the Hospital.

England's identity as Protestant not just during Henry VIII's reign but also during those of later monarchs conflicted with beliefs held by Protestants on the continent. This had a significant impact on Eastbridge which, as a hospital, would have been treated in radically different ways by Catholics and Reformers in Europe. This lack of unity with either camp has led many to refer to the Church of England as neither Protestant nor Catholic but in between, taking attributes of both. Alderi Souza de Matos, for example, remarks that though Henry was declared Supreme Head of the Church of England, a uniquely Protestant element, the ecclesial style remained fully Catholic.⁵⁸

In order to proceed with the Reformation in England, it was understood that veneration and pilgrimages had to come to an end. In 1538, following the supposed miracles of icons crying and foaming at the mouth whilst the Bishop of Rochester

⁵⁶ Peter Marshall, *Religious Identities in Henry VIII's England* (Aldershot: Ashgate Publishing Limited, 2006), p.19, p.185.

⁵⁷ Helen L. Parish, *Monks, Miracles and Magic: Reformation Representations of the Medieval Church* (Abingdon: Routledge, 2005), p.96.

⁵⁸ Alderi Souza de Matos, *Fundamentos da Teologia Histórica* (São Paulo: Mundo Cristão, 2008), p.167; See also: Christopher M. Bellitto, *Renewing Christianity: A History of Church Reform from Day One to Vatican II* (Mahwah: The Paulist Press, 2001), p.134; and Leo F. Solt, *Church and State in Early Modern England, 1509-1640* (Oxford: Oxford University Press, 1990), p.41.

preached against them in London, the Reformer Nicholas Partridge wrote to Heinrich Bullinger, a protégé of Huldrych Zwingli in the Swiss Lands, stating that it was merely trickery by some of the monks present.⁵⁹ For Eastbridge, which had been served by monks and nuns, this would have been worrying. The evident contempt shown toward the religious from Reformers would have grown to become a serious threat to the Hospital's existence in the event of a Protestant takeover. Fortunately, the lands that were taken by Henry VIII and Edward VI did not result in Eastbridge closing. Although it would have meant a seriously reduced Hospital, it was lucky to have continued in existence.

With the Reformation gradually becoming established in England throughout Henry's reign, it is important to see how far Eastbridge Hospital was able to adapt to life in a changed religious context, especially in view of the reduction in the numbers of pilgrims. After all, St Thomas was so important to the Hospital that even its seal used his image, it held his image.⁶⁰ Moreover, the financial implications of the Reformation must be remembered. At the dawn of the Reformation, Eastbridge Hospital was worth £23 18s 9½d, and held impressive areas of land, such as those in Blean.⁶¹ With the loss of lands, it is important to investigate how far Eastbridge fell victim to economic misfortune, or whether it was able to survive the loss with minimal damage. Even though Somner stated that hospitals were in many ways their own parishes and were thus protected by this sentiment, Orme and Webster state that the Chantry Acts were particularly damaging to hospitals, and old ones like Eastbridge, as many had become entrenched as religious houses or even chantries, meaning that their land was taken away and they fell into ruin.⁶²

Though the population would have been expected to adhere to the religious changes of the Reformation, it is clear that, particularly in Canterbury, the Religious Orders enjoyed a significant presence due to the large number of religious houses in the city and its immediate environs. Many of the monks and nuns who ran the hospitals and monasteries belonged to local families, provided charitable and religious support for

⁵⁹ Carrie Euler, *Couriers of the Gospel: England and Zurich, 1531-1558* (Zurich: Theologischer Verlag Zürich), p.31; p.610.

⁶⁰ Edward Hasted, *The History and Topographical Survey of the County of Kent, Volume XII* (Canterbury: W. Bristow, 1800), p.338.

⁶¹ Cobbett, *A History of the Protestant Reformation*, p.85.

⁶² Somner, *The Antiquities*, p.63; Orme and Webster, *The English Hospital*, p.160.

local people. In some cases, monks held respect and influential positions – Dan Nicholas Clement, from the cathedral priory wrote to Lady Lisle in 1536, the year the Dissolution of the Monasteries began, requesting her and her husband to show favour on a child that he had sent from his choir to them.⁶³ It is therefore important to note how long it took for Eastbridge to remove fully any influence from monks and nuns, and how far it was able to replace the good works that they had done within. The transformation of the Hospital into one served by lay people is perhaps one of the most important differences to its pre-Reformation self; and how successful, how in line with Protestant belief, and how quickly this was enacted is worthy of study.

Edward VI's Calvinist theology brought about a deeper change than the initial Reformation. By removing any form of Catholicism from the churches – whitewashing or destroying statues and paintings – he made a statement as to which course he planned his Church to take.⁶⁴ It was during Edward's reign (1547-1553) that Cranmer's more serious Zwinglian theological convictions emerged. The religious practices that local people in Canterbury had to adopt were, therefore, quite different from those that had gone before. At least under Henry's rule, the populace had still been allowed to venerate some saints, continue to hold belief in transubstantiation, and celebrate the festivals of the Church.⁶⁵ Under Edward, they lost all of the ritual and splendour many embraced – though in Kent, the people were slightly more favourable to the Reformed theology.⁶⁶ This sentiment of a more deeply Reformed Church provides the essential background to understanding Eastbridge's adoption of Protestant ideology, and the actions undertaken by the later archbishop, Whitgift in his Ordinances which reflect a Calvinist theology on methods of poor relief.⁶⁷

The reign of Edward's successor, Mary (1553-1558) was focussed upon restoring England to the Church of Rome, and this she did with relative, if short-lived, success. Although she was challenged by her husband Philip's disagreements with the papacy, she nevertheless pursued her programme of implementing the policies of the

⁶³ Muriel St. Clare Byrne (ed.), *The Lisle Letters* (Harmondsworth: Penguin Books, 1985), p.298.

⁶⁴ Gerald Bray (ed.), *Documents of the English Reformation* (Cambridge: James Clarke & Co, 2004), p.248.

⁶⁵ Bray, *Documents*, pp.222-232.

⁶⁶ Diarmaid MacCullough, *The Boy King: Edward VI and the Protestant Reformation* (Los Angeles: University of California Press, 2002), p.59.

⁶⁷ Whitgift's ordinances were a set of rules that the Hospital had to maintain from 1584 (when they were ordered upon Eastbridge) onward found in Canterbury Cathedral Archives, U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

Counter Reformation's Council of Trent on the English Church. It is clear, though, that Mary, and her Archbishop of Canterbury, Cardinal Reginald Pole, recognised their potential weaknesses. In his *Articles to be enquired for* for Canterbury, Pole covered a vast number of sections from how far parishioners were given the sacraments, to whether priests were teaching them the Catholic faith.⁶⁸ Mary's reign is particularly interesting for Eastbridge as, although it was not a long reign, it did influence the organisation of hospitals, and is likely to have had a direct influence upon Eastbridge due to the installation of clergy as masters. The masters, who led the hospitals, had until this point not necessarily been priests or monks, but could have been a secular authority – by installing clergy, the aim was to ensure the hospitals were run in a godly manner, in accordance with the theological position of the state at the time. This was continued by the reforms of Archbishops Matthew Parker (1559-1575) and Whitgift on the Hospital.

Mary's sister and successor, Elizabeth I, inherited a religiously divided kingdom, and one that needed poor relief. Her Act of Settlement (1559) saw the start of the Church of England's *via media* stance: what was in many ways referred to as reformed Catholicism – not Catholic enough to be of Rome, but not Protestant enough to make the Reformers satisfied. The idea of her Church was to keep the majority of the country as content as was possible by encouraging Reformist ideals that would satisfy Protestants, yet also areas of Catholic theology that would ensure they would conform as well.⁶⁹ Under the Act of Uniformity (1558), Elizabeth made church-going compulsory with fines of 12d laid upon recusants to be used for the benefit of the poor of the parish.⁷⁰ This development had important implications for Eastbridge. Firstly, poor relief would have been the main focus of the Hospital and, with Elizabeth's reign covering the most important and transformative part of Eastbridge's history, this thesis will explore how Eastbridge adapted as an institution to the changing expectations placed upon it by successive archbishops of Canterbury. Secondly, with conformity being imposed on the people of England, it will also be valuable to consider Eastbridge's contribution to religious life in Canterbury, and whether this also changed as the Hospital's ties with the Church of England and the archbishops strengthened.

⁶⁸ Reginald Pole, *Articles to be enquired of in thordinary visitation of the most reuerende father in God, the Lord Cardinall Pooles grace Archbyshop of Cannterbury within his Dioces of Cantorbury. In the yeare of our Lorde God. m. d. c. lvi* (1556-1558: Pole), pp.1-2.

⁶⁹ Bray, *Documents*, p.329.

⁷⁰ Henry Gee and William John Hardy (eds.), *Documents Illustrative of English Church History* (New York: Macmillan, 1896).

This thesis will therefore consider how far Eastbridge was transformed from an institution that welcomed and housed pilgrims, into one used to promote the Protestant faith.

In spite of the introduction of Reformist beliefs into Kent, a majority of the population, particularly in Canterbury, maintained a moderate form of Protestant dogma as Episcopalians, so that by the Civil War (1642-1651) many were more likely to be sympathetic to the Royalist cause.⁷¹ In the city of Canterbury, it is clear that this was a controversial time both religiously and politically. Thomas Paske, subdean of the cathedral, lamented how the Puritan Parliamentarian forces caused a ‘great affright of all the Inhabitants’ by violating monuments to the dead, tearing tapestries showing the life of Christ, and overthrowing the Communion Table.⁷² Canterbury was undoubtedly a frontline of religious upheaval as, whilst there was dismay at the destruction in the cathedral, ‘the godly (Puritans) neare them [continued] to groane under... the... tyranny, superstition, and scandal [of the clerics in the cathedral]’.⁷³ However, this divide in the city is perhaps best displayed by the revolt in Canterbury on Christmas Day in 1647. In line with their beliefs of no ritual, the Puritans laid a ban on Christmas. Within the city most shops bar twelve were closed in honour of the day – those that had opened were harassed by the citizens of Canterbury to shut.⁷⁴ In turn, the city’s authorities tried to enforce the policy that ‘Superstitious Festivals (Christmas particularly included) should be put downe’ to the extent that there was no special recognition of the day – not even a sermon.⁷⁵ Eastbridge does not appear to be mentioned in the writings on the riots. It is therefore of interest to see how far the Hospital had been able to operate throughout these disturbances, the Civil War, and the

⁷¹ G.E. Aylmer, *Rebellion or Revolution? England from Civil War to Restoration* (Oxford: Oxford University Press, 1987), p.34.

⁷² Thomas Paske, *The Copie of a Letter Sent to an Honourable Lord* (London: 1642), pp.4-5.

⁷³ Richard Culmer, *Cathedrall newes from Canterbury shewing, the Canterburian Cathedrall to bee in an abbey-like, corrupt, and rotten condition, which calls for a speedy reformation, or dissolution* (London: Rich. Cotes, 1644), p.3.

⁷⁴ Anon., *Canterbury Christmas or, a True Relation of the Insurrection in Canterbury on Christmas Day Last, with the Great Hurt that Befell Divers Persons Thereby: Written by a Cittizen there, to his Friend in London* (London: Humphrey Harward, 1648), p.1.

⁷⁵ *Ibid.*, pp.1-2; Anon., *The Declaration of Many Thousands of the City of Canterbury and County of Kent: Concerning the Late Tumult in the City of Canterbury, provokt by the Mayors Violent Proceedings against Those who Desired to Continue the Celebration of the Feast of Christs Nativity, 1500 yeers and Upwards Maintained in the Church. Together with Their Resolutions for the Restitution of His Majestie to His Crown and Dignity, whereby Religion may be Restored to its Ancient Splendour and the known Laws of this Kingdom Maintained. As also, their Desires to all His Majesties loyall Subjects within his Dominions, for their Concurrence and Assistance in this so good and pious a work* (London: 1647), CCAL Ch Box 4/29, p.6.

Protectorate. What is for certain is that this is likely to be why there is such a gap in the surviving records of the Hospital during this time. The seventeenth century is likely to have been one of financial uncertainty and ruin, as ‘Since the late Unhappy times... the ancient Rent rolls... have been plundered or otherwise taken away Embezzled & lost’.⁷⁶ This meant that Eastbridge had to pursue a policy of trying to prove what moneys were owed to it by tenants and other debtors.

After the Restoration of the monarchy in 1660, Charles II, and subsequently his brother, James II fought to ensure the rights for people of most Christian faiths. In spite of the Declaration of Breda, Charles II’s outline of his plans for his return, stating that he ‘declare[d] a Liberty to tender Consciences; and that no Man shall be disquieted, or called in question for Differences of Opinion in Matters of Religion, which do not disturb the Peace of the Kingdom’, it was not possible to enact fully due to the high levels of anti-Catholicism in England at the time.⁷⁷ For Eastbridge which had by this point severed its Catholic connections, and had become devoutly Protestant in cause, this is unlikely to have had a directly negative connotation. However, it will be interesting to examine how the Hospital’s identity as a religious institution had evolved by 1688.

The environment that Eastbridge Hospital found itself in in Canterbury in the sixteenth and seventeenth centuries was one that had undergone dramatic religious upheaval. By experiencing the change from offering hospitality to a large number of devout pilgrims, to a religious climate within Canterbury that harboured a harsh hatred of the Catholicism that had once led those pilgrims there, it will be important to measure how far Protestantism had eradicated Catholic sentiments of the Hospital. This thesis will assess how Eastbridge adapted and developed as an institution in order to survive. It will examine the changing environments in which Eastbridge functioned within Canterbury: religious, due to the serious reforms that were introduced; societal, due to its role as being a part of the everyday lives of many of Canterbury’s citizens; and financial, due to its identity as a landholder and the expenses that it incurred through poor relief. The changing nature of poor relief at the time is valuable in understanding Eastbridge’s role as a charitable institution.

⁷⁶ C 9/53/45, *Canterbury, Eastbridge Hospital v. Pettit*, 1671.

⁷⁷ ‘The Convention Parliament: First Session – Begins 25/4/1660’, *The History and Proceedings of the House of Commons: Volume 1, 1660-1680*, <http://www.british-history.ac.uk/commons-hist-proceedings/vol1/pp2-25>, (accessed 8 March 2015).

Chapter I:

Organisation and Function of the Hospital

From its creation at the end of the twelfth century to the reign of Henry VIII, the purpose of Eastbridge Hospital had been focussed primarily on pilgrimage. Like that of the hospital at Beck (Norfolk) intended to aid those on pilgrimage to Our Lady of Walsingham, as a pilgrimage hospital, Eastbridge was concerned with taking in those who were visiting a shrine – in this case, that of St Thomas Becket.⁷⁸ This, it performed dutifully for those centuries. As discussed in the Introduction, a hospital was a place for care and hospitality for visitors, not medical treatment. The religious who worked piously there were not under any oath to heal, but to tend to the sick and comfort the dying – in line with the Rule of St Benedict.⁷⁹ Eastbridge's doors would have been held open particularly for the sick and poor pilgrims coming to Canterbury.

At the Reformation, the character of the Hospital changed in order to be of use in a period without pilgrimage. For Eastbridge, this change happened in two ways: organisation, and function. As hospitals had been run according to monastic rules and in many cases by monks and nuns themselves, the Hospital had to change its leadership style. Without a steady stream of visiting pilgrims for which it needed to provide hospitality, Eastbridge had no immediate importance and had to find an identity that placed it as necessary to Protestant England – as with other hospitals of the period, like the hospital of St Thomas of Canterbury in Southwark, which was dissolved in 1540.⁸⁰

In spite of this, Eastbridge retained certain aspects of its earlier identity as a medieval hospital, such as the organisation of the Hospital which maintained a similar character. Its first master, Ralph, was not a member of a religious order, whilst there is little to suggest any of his immediate successors were in any way monks or priests. Ralph was imprisoned in 1188, before he became master, by Archbishop Baldwin's

⁷⁸ Orme and Webster, *The English Hospital*, p.42.

⁷⁹ Nursia and McCann, *The Rule of St Benedict* (London: Burns Oates, 1960), pp.72-73.

⁸⁰ Orme and Webster, *The English Hospital*, p.157.

(1184-1190) followers, with no explicit mention of him being a cleric.⁸¹ Though it is not clear whether the masters from the late-twelfth to the mid-fifteenth century were at any point clergymen, the inauguration of Archdeacon Thomas Kemp in 1442 seems to have at least begun this policy which continued into the Reformation.⁸²

In many ways, the Hospital's masters retained religion as a key tenet of their roles – emphasised under Parker and Whitgift. Under Archbishop Parker's (1559-1575) Statutes of 1569, which will be investigated later, the master had to be a man of the clerical orders.⁸³ In 1597, the dean of Christ Church Cathedral, John Boys, was made master of the Hospital by Archbishop Whitgift (1583-1604).⁸⁴ This is further corroborated by the fact that the master at the end of the seventeenth century was John Batteley, the archdeacon of Christ Church.⁸⁵

There were changes to how the Hospital was staffed after the Reformation. In the medieval period, men and women of the religious orders generally looked after everyday affairs within hospitals – this was no different for Eastbridge. Medieval hospitals were places of religious devotion, and they kept within them chapels for prayer, and were used in similar ways to a parish church.⁸⁶ In many ways, this is what would have caused confusion during the Reformation as hospitals were incredibly diverse in nature. The larger hospitals appeared to function as religious houses, with monks and nuns serving within, whilst other hospitals were smaller and served by one or two priests – in this case it is clear that Eastbridge resembled the former.⁸⁷

Throughout the Reformation, one of the most obvious changes to Eastbridge was the loss of religious orders. One document held within Canterbury Cathedral Archives reveals that by 1585 all the religious brothers and sisters of the Hospital had

⁸¹ Sheila Sweetinburgh, 'Caught in the Cross-Fire: Patronage and Institutional Politics in Late Twelfth-Century Canterbury', in *Cathedrals, Communities and Conflict in the Anglo-Norman World*, Paul Dalton, Insley, Charles, and Wilkinson, Louise (Woodbridge: The Boydell Press, 2011), pp.187-203 (p.196).

⁸² James Edwin Oxley, *The Reformation in Essex to the Death of Mary* (Manchester: Manchester University Press, 1965), p.298; See also Appendix 2 for a complete list of Eastbridge's masters from Ralph to the present day.

⁸³ John Strype, *The Life and Acts of Matthew Parker, the First Archbishop of Canterbury in the Reign of Queen Elizabeth* (London: John Wyat, 1711), p.286.

⁸⁴ William Richardson, 'Boys, John (bap. 1571, d. 1625)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004, <http://www.oxforddnb.com/view/articleHL/3144?docPos=3&anchor=match>, (accessed 29 July 2015).

⁸⁵ C. S. Knighton, 'Batteley, Nicholas (bap. 1648, d. 1704)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004, <http://www.oxforddnb.com/view/articleHL/1710?docPos=2&anchor=match>, (accessed 29 July 2015).

⁸⁶ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.104.

⁸⁷ Orme and Webster, *The English Hospital*, p.156.

left. In place of serving in the Hospital, they were moved to one of two options: the Metropolitan Church, that is the Cathedral, or into their own chapels.⁸⁸ They were replaced with secular brothers and sisters, who were not in any religious order. This meant that they continued the ideology of the Hospital without the Catholic element.

Effectively, the new order of Eastbridge Hospital was very similar to that of the Catholic era. The only real changes were subtle. In service, it was led by people devoted to helping the sick and poor, whilst it continued to have a religious overtone throughout the period. As with the days before the Reformation, the master did not have to be a resident, and was in practice only master in name. Under Peter Lygham for example, in 1537, a keeper, Rafe Coker, took care of the Hospital instead.⁸⁹ Although Coker was, according to the quarter sessions papers of 1537, not successful at his work as he prohibited entry of the poor, this is revealing of the attitudes of the master upon the Reformation in Eastbridge – a lack of commitment and involvement.⁹⁰ That is, he felt he did not need to be resident to perform his duties. Eastbridge also had non-resident masters later in its history. The aforementioned John Boys held three properties in Kent and regularly visited them all.⁹¹ Resultantly, he would not have been a constant presence at Eastbridge. This is not to say he would not have cared for the Hospital, but he certainly was not consistently there.

Ultimately, however, perhaps the biggest effect of the Reformation on Eastbridge was its function. With the dissolution of St Thomas' shrine in 1538, the Hospital was no longer required to offer hospitality to visiting pilgrims. It is, however, a surprise that it fell into disrepute under Lygham and Coker's management before the shrine had been destroyed as it would have at least still had some purpose. At this point the Hospital was being used as a means of lodging for pilgrims, although it is likely that around the time that this corruption was reported, visits by pilgrims had temporarily come to a halt.⁹² Batteley reported that in 1547 Edward VI stripped many of its lands from it and whilst this is true, it cannot be certain how much it was still functioning as it should have been.⁹³

⁸⁸ Canterbury Cathedral Archives, DCc-ChAnt/C/1237, *Evidence*, 1615-1633.

⁸⁹ Canterbury Cathedral Archives, CC-J/Q/337/iv, *Quarter Sessions Papers*, 1537.

⁹⁰ *Ibid.*

⁹¹ William Richardson, 'Boys, John (*hap.* 1571, *d.* 1625)'.
⁹² CC-J/Q/337/iv, *Quarter Sessions Papers*, 1537.

⁹³ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.104.

During Mary I's reign, the Hospital appears to have reverted back to many of its previous responsibilities of care. Although the queen had re-authorised pilgrimage, William Wizeman states that the shrine of Thomas Becket, the most important pilgrimage centre for Eastbridge, was not restored likely due to the martyr's relics being completely destroyed.⁹⁴ As a result, the pious levels of pilgrimage in Canterbury were not truly restored – which is made clear by what is outlined as Eastbridge's duties. As part of Harpsfield's visitation of the Canterbury Archdiocese in 1557 he came to Eastbridge. The extant record for his visitation does not mention pilgrimage or the reception of pilgrims.⁹⁵ What it does suggest, however, is the sense of care that was undertaken before the Reformation. The Hospital was to take in wayfarers and the sick and treat them dutifully. On top of this, Eastbridge had within it twelve beds to care for them: eight for men, and four for women.⁹⁶ They were to watch over the wayfarers and the sick and allow them to stay for at least one night, though they were obligated to permit them to stay for longer should the inmates need to do so. Moreover, one responsibility of the Hospital (which was likely to have continued from its time as a pilgrimage hospital) was that it had the responsibility of burying the dead should the event of death occur.⁹⁷

It was during Elizabeth I's reign that the Hospital started to adapt its identity as a hospital in the new, Protestant form – similar to that of 1557, but with more responsibilities. This might well have been as a result of Archbishop Parker's statutes and it must be understood why they were put in place to contextualise the list of reforms. Unfortunately, the original document has disappeared, yet there are later copies of its content in Latin form elsewhere, alongside a narrative of Parker's dealings with the Hospital, again lost, in a record of his life by John Strype in 1701.

Strype suggested that the Hospital was converted from the 'Superstition' of Catholicism to charitable uses under Parker, as by this time Eastbridge had been 'greatly abused' – a factor that Batteley supported in his writings nearly two decades earlier.⁹⁸ Strype then listed the many faults and frauds that had happened in Eastbridge due to what he perceived as the careless nature of the previous masters; however,

⁹⁴ William Wizeman, 'The Religious Policy of Mary I' in *Mary Tudor: Old and New Perspectives*, Susan Doran and Thomas Freeman (Basingstoke: Palgrave Macmillan, 2011), p.167.

⁹⁵ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.108.

⁹⁶ *Ibid.*, p.108

⁹⁷ *Ibid.*, p.108

⁹⁸ Strype, *Matthew Parker*, p.286; U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.123.

Strype's claim does not corroborate with the accounts that remain intact, which all seem well documented, suggesting the masters were far from careless with their finances. Parker, though, was evidently convinced that the Hospital was not functioning to its purpose and felt that there was evidence in line with this. First of all, many of the goods and possessions of the Hospital had largely been embezzled to other parties for their personal use – this, in turn, detracted from the meaning of Eastbridge as a hospital for the poor, as it meant that it was unable to invest in them.⁹⁹ William Sworder, who had been appointed master in 1538, took £10 per annum out of the rent payments which were meant to be invested solely into the Hospital itself – as seen, this was unfortunately something that occurred a couple of times after the reforms.¹⁰⁰ Most controversial was the claim that the poor were withheld their alms throughout this period – again a factor that went against Eastbridge's purpose of existence – though no records from the archives exist to support or challenge this statement.¹⁰¹

In response to the fraudulent deeds of the Hospital, Parker put in place several reforms. One of his initial objectives was to reclaim the lands that had been sold or lost – they were in turn restored back into funding charitable goods.¹⁰² It was also in these reforms that the master was required to be a member of the clergy – either a priest or even the archbishop's suffragan (assistant bishop).¹⁰³ Here it is clear that Parker established a new order to the organisation of the Hospital – he tied it closer to the Church and ensured that it was in line with the archdiocese's wishes and under the watchful eye of the archbishop himself. Moreover, although the master had the ability to move around and did not have to live within the Hospital's Mansion House, he was expected to reside in the manor of Blean and Hoath if he was not at Eastbridge.¹⁰⁴

One responsibility of the Hospital was direct financial aid to the poor of the city. Every Friday the master was to receive thirty poor people, native to or long-living in Canterbury, at the door of the Hospital and distribute 30d to them.¹⁰⁵ This activity emphasised the Protestant ideals of outreach to the poor. It was in this period that as hospitals were decreasing in number, Protestants understood the need to focus upon

⁹⁹ Strype, *Matthew Parker*, p.286.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.123.

¹⁰³ Strype, *Matthew Parker*, p.286.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

poor relief. Mary Lindemann suggests that one of the New Religion's greatest accomplishments was to merge poor relief with religious reform, as it tied them closely together – Reformist views meant the poor were cared for, which in turn made a positive case for Protestantism.¹⁰⁶ This is a factor clearly shown by Parker. Whilst reforming the Hospital to be more in line with Church policies of charity and honesty, he reformed it to become more active in relieving the poor from their poverty. Moreover, he did this by attempting to remove the corruption that so surrounded the Hospital.¹⁰⁷

This relief was, however, to cease throughout wartime. In this case, Eastbridge's duty was to care for any soldiers passing through the city and to provide for them instead. Strype claimed that the rate of 30d was to be replaced by 4d to be distributed to soldiers who came into Canterbury – with especial care to those who had been injured.¹⁰⁸ According to the statutes, those that were permitted entry and a place in one of the twelve beds during this period were poor soldiers and other poor.¹⁰⁹ Parker's focus on making Eastbridge a refuge for the impoverished is shown therefore even in times of war, and reflects his determination to promote poor relief.

Care was not extended to those suffering leprosy, however, despite it still being rife throughout the period of study – most *leprosaria*, hospitals for lepers, closed around the eighteenth century suggesting it was only around then that a decline began.¹¹⁰ By forbidding help to lepers, Parker was not doing anything out of the ordinary for Eastbridge. Carole Rawcliffe suggests that due to new regulations in 1342 for the Hospital excluding lepers, it is likely that they had been welcomed in before – as a result, this was not a new policy but merely an extension of one already in place.¹¹¹ This was probably due to the contemporary perception of the disease as 'the salvation and purgatory of their souls' – suffering for God in life.¹¹² Moreover in a practical state, this

¹⁰⁶ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 2010), p.230.

¹⁰⁷ There is little evidence to suggest that Whitgift had such an in depth interaction with any other hospital of England. The farthest he went was to protest the installation of Thomas Cartwright, a puritan, as master of the Earl of Leicester's hospital in Warwick as shown in John Strype, *The Life and Acts of John Whitgift, D.D.* (Oxford: Clarendon Press, 1822), pp.425-429.

¹⁰⁸ Strype, *Matthew Parker*, p.286.

¹⁰⁹ *Ibid.*, p.286.

¹¹⁰ Christine Boeckl, *Images of Leprosy: Disease, Religion, and Politics in European Art* (Kirkville: Truman State University Press, 2011), p.161.

¹¹¹ Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: The Boydell Press, 2006), p.243.

¹¹² *Ibid.*, p.46.

is understandable for Eastbridge which would have feared the infection of the disease in such a small and enclosed place, such as that where the inmates were kept. As an illness that was incurable at the time, it would have been seen as dangerous to keep such people within their walls. Although *leprosaria* such as St James' Hospital, had existed in Canterbury; Sweetinburgh argues that by the late sixteenth century many had become desirable residences for families of aspiring gentry within the city.¹¹³ The surrender of St James' hospital building and possessions to the Crown in 1551 is one such example.¹¹⁴

Poor relief was then continued under the Ordinances of Archbishop Whitgift. One of the first provisions of the Ordinance was to declare that the Hospital was in place for the relief of 'bretherin not permanent' who were in need.¹¹⁵ Whitgift appears to have adopted a different interpretation of poor relief to Parker, however. The Archbishop emphasised the importance of having brothers and sisters reside and serve within the Hospital, these being known as in-brothers and in-sisters (at that time setting up five each). Up until this point, under Parker's statutes, there was to be a woman over forty, of a respectable demeanour, to care for the patients.¹¹⁶ Whitgift stopped giving money to the poor during peace and soldiers during wartime, stating that it was his belief that poor relief could be performed in a better way.¹¹⁷ He also observed that as a result of the loss of Calais, there was little reason for the soldiers to go through Canterbury and so it would not affect them too much; whilst the poor could be better served within the Hospital than by donations.¹¹⁸ In this way, twenty poor and elderly people were to be kept within Eastbridge's walls to be cared for. As a result, although both archbishops adopted different approaches to poor relief, they both regarded it with seriousness and wished the Hospital to take on a responsible and active role accordingly.

Relieving the poor was consistently done throughout the period. When Sackett was accused of embezzling money from the poor in 1637, this was seen as one of the

¹¹³ Sheila Sweetinburgh, 'The Hospital of Medieval Kent', p.126.

¹¹⁴ Ibid., p.126.; William Page (ed.), 'Hospitals: Hospitals in and around Canterbury', in *A History of the County of Kent: Volume 2* (London: Victoria County History, 1926), pp.209-216, <http://www.british-history.ac.uk/vch/kent/vol2/pp209-216> (accessed 22 May 2015).

¹¹⁵ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

¹¹⁶ Strype, *Matthew Parker*, p.286.

¹¹⁷ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

¹¹⁸ Ibid.

worst things the master could have done.¹¹⁹ To take from the twenty poor of the Hospital was not only wrong on a moral level; it was also wrong because Eastbridge was meant to represent the relief of the poor in the city. To take money for personal use when in a role of authority within the Hospital was perceived as a grave offence by the trustees.

Meanwhile, the re-emphasis on the roles of the brothers and sisters appears to have been one of Whitgift's biggest successes with the Ordinance. In the accounts that detail the Hospital's outgoings, which were drawn up in 1606/7, shortly after his death, the payments made to the brothers and sisters were regular and steady. On 24 December 1606, all ten brothers and sisters were paid the sum of £2 6s 8d, and were subsequently paid every three months after with a significant wage increase to £6 13s 4d.¹²⁰ Considering the significant amount paid, and the regularity of it, this reveals the clear care and attention that Eastbridge paid towards the new residents, seeing them as vital to the running of the Hospital.

By 1688, the number had been increased to twenty brothers and sisters – ten were to remain within the Hospital as residents and ten outside (known as out-brothers and out-sisters) with equal distribution accordingly. One of the payments that was regularly made in this year was for them. In-dwellers were paid £28, whilst the brothers and sisters not within the house were paid less at £13 6s 8d.¹²¹ This amount formed a substantial part of the Hospital's expenditure for that year, nearing 85% of the total amount. Yet again, this reveals the incredible importance felt towards those in service to the Hospital even a century after the statutes and ordinances. The archbishops' work in ensuring poor relief through charity and service, emphasising the Church's approach to those in poverty, can therefore, perhaps, be seen as a success. As the Hospital was no longer needed to care for pilgrims, who no longer came, it was able to turn its focus and become a functioning institution for relieving the poor of Canterbury, a policy undertaken by many hospitals throughout the kingdom from the Savoy Hospital in Windsor to Robert Knolles' almshouse in Pontefract.¹²²

¹¹⁹ Canterbury Cathedral Archives, DCc-ChAnt/C/940C, *Notes*, 1637.

¹²⁰ U24/15/8, *Folder*, 'Expenditure', 1606-1607.

¹²¹ Canterbury Cathedral Archives, U24/15/8, *Folder Containing Eastbridge Hospital Accounts*, 'Referid Rents upon Lease', 1688.

¹²² Orme and Webster, *The English Hospital*, pp.165-166.

One of the main themes of Eastbridge Hospital's reforms that started with Parker but extended to the end of the period of this study and beyond, is the method of poor relief through education. The statutes introduced a free school under the responsibility of Eastbridge with the master as the teacher, or someone employed by him to teach if he felt unable to do it.¹²³ This school, for boys only, was to instruct the poor young of the city in basic educational needs. According to Parker, such necessities included: reading, singing, and writing, with provisions supplied at the charge of the Hospital.¹²⁴ The creation of the school was clearly seen to be one of the most significant aspects of the statutes, over a century later, by Batteley who included it as one of three ways in which the Hospital fulfilled religious functions (the other two included relieving of the poor, and the maintenance of two scholars at Benet College, Cambridge which will be addressed later).¹²⁵

The school did have some restrictions placed upon it. It was only to admit up to twenty boys, and they were not allowed to stay for any longer than four years.¹²⁶ There is reason to this method, and it was done with charitable purposes in mind. Parker explained in the statutes that it was to make the turnover of students quicker, which would allow for more of them to benefit from the system.¹²⁷ In this way, the Archbishop showed the understanding that poor relief was to be done to benefit as many as possible, as quickly as possible. Eastbridge was also authorised to conduct religious worship with the children. Parker made it clear in the statute that these were to be regular acts performed three days per week.¹²⁸ Through the religious worship, he was to ensure that they were interacting by being a part of the service rather than just passively attending. This is why, upon attendance, they were to put their education in singing to good use by singing the litany or short prayers, according to the particular desires of the master.¹²⁹ Such actions ensured involvement with the Church, alongside the use of their newly acquired skills, under the generosity of poor relief. This yet again emphasises the Protestant mode of relief explained by Lindemann.¹³⁰ Parker aided the impoverished children of the city, but also did so with religious reform by placing the Church at the

¹²³ Strype, *Matthew Parker*, p.286.

¹²⁴ *Ibid.*, p.286.

¹²⁵ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.141.

¹²⁶ Strype, *Matthew Parker*, p.286.

¹²⁷ *Ibid.*, p.286.

¹²⁸ *Ibid.*, p.286.

¹²⁹ *Ibid.*, p.286.

¹³⁰ Lindemann, *Medicine and Society*, p.230.

centre of their education – which was, of course, to be expected of a religious institution.

Hypothetically this should have all been a success. With Parker in the highest place of authority, Eastbridge should have held his statutes with the highest regard. This does not seem to have happened though. Batteley makes reference to documents since lost – unfortunately the period between Parker’s statutes and Whitgift’s Ordinance only survive in the writings of others – stating that in 1584 Queen Elizabeth I sent commissioners to investigate the state of the Hospital. What was found was that the statutes were not only being overlooked, but they were being completely neglected. In spite of Parker’s reforms requiring the residence of the master, the upkeep of brothers and sisters, and the relief of the poor, he claims that Eastbridge had become ‘ruinated’ in the fifteen years, with neither brothers nor master occupying the place in a very long time.¹³¹

The charitable deeds of poor relief all but disappeared. By 1584, it was clear that the house itself was let out for private tenement usage on yearly rent, whilst the twelve beds for the purpose of helping the impoverished were all sold.¹³² As a result of Eastbridge not performing its duties, Queen Elizabeth assumed control and, in turn, gifted the Hospital and all of its revenues to John Farnham, who had been a soldier for Henry VIII, for his services to her as one of her courtiers, which, as a result, dissolved the establishment of the master and brothers.¹³³ Farnham then gave all these gifts that the queen had bestowed upon him to G. Hayes, a gentleman to whom he was indebted to the sum of around £550, to pay for his debts.¹³⁴ This not only underlines the corruption of the Hospital, but also its failure to adhere to its duties. Clearly, for the fifteen years from the Statute to the commissioners’ investigation, Parker’s school project had not been the success for which he had hoped, as it had neither a chance to establish itself nor the ability to make a lasting impact. It must not be forgotten, though, that Whitgift, after seeing the appalling state of affairs and even reclaiming land from Hayes, placed an ordinance upon Eastbridge that was designed to impose a similar level of reform to that envisaged by his predecessor. Whitgift even ensured that it met with

¹³¹ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.141.

¹³² *Ibid.*, p.141.

¹³³ Strype, *John Whitgift*, p.355.

¹³⁴ *Ibid.*, p.355.

the approval of parliament (1585) in order to establish it more solidly.¹³⁵ For such actions, Batteley referred to the archbishop as deserving the titles of ‘Patron, Founder & Endower of this Hospital...to be esteemed the greatest of all the Benefactors, yt (that) this house ever had’.¹³⁶

For Whitgift’s reforms and the reintroduction of the school, it is evident that he deserved such a generous title. With regard to the free school, the Archbishop placed greater expectations upon it, being stricter with those in charge of the Hospital. As with his predecessor, he ordered the education of twenty poor children using the profits gained from Eastbridge’s revenues but placed more explicit instruction on them. The boys’ age range was to be between seven and sixteen, whilst he reduced the length of time to be taught to three years over the previous four of Parker.¹³⁷ The more explicit instruction is likely to have been to ensure that the Hospital could stay steadily on that path. One of its main functions was from this point to be a school for the impoverished, and Whitgift did what he could to ensure such focus was dutifully paid towards it – with little evidence to suggest he did this with other schools within his diocese; Eastbridge is particularly significant for this purpose.

The Archbishop also continued the tradition of ordering the books, pens, ink, and other necessities of study to be paid for by the Hospital.¹³⁸ This is unsurprising as it could not have been expected that children from impoverished backgrounds would ever be able to afford such equipment. Furthermore, such instruction in the manner of lessons was slightly edited. Education at Whitgift’s Eastbridge included being taught how to ‘wright, read, and cast acompte (arithmetic)’, all of which would have been helpful for a rapidly moving society, and for the potential capability of social advancement for the poorer families. The emphasis on reading and writing are a sign of the growth of the literacy rate, which has been analysed by Frank Thackeray and his collaborators as having been 30%-40% in 1450 to over 50% by the late 1500s.¹³⁹

¹³⁵ Robert Potts, *Liber Cantabrigiensis, An Account of the Aids Afforded to Poor Students, the Encouragements Offered to Diligent Students, and the Rewards Conferred on Successful Students in the University of Cambridge* (London: John W. Parker and Son, 1855), p.424.

¹³⁶ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.145.

¹³⁷ U24/5a/B/1, *Archbishop John Whitgift’s Ordinance*, 1584.

¹³⁸ *Ibid.*

¹³⁹ *Ibid.*; John E. Findling and Frank W. Thackeray, *Events that Changed the World Through the Sixteenth Century*, (Westport: Greenwood Press, 2001) p.112; See also David Cressy, *Literacy and Social Order: Reading and Writing in Tudor and Stuart England* (Cambridge: Cambridge University Press,

Meanwhile the Hospital's function as a religious institution was again not forgotten. Though the students were no longer expected to sing during worship, they were still expected to regularly attend services in Eastbridge's chapel. Once more Whitgift provided rigorous guidelines. The responsibility of religious instruction was, in his mind, the responsibility of the schoolmaster. He was expected to read morning and evening prayers on Monday, Wednesday, and Friday at hours feasible for such prayer (for example, in the summer, joint worship was expected at 6am and 6pm, whilst in winter the worship was to be from 7am to between 4pm and 5pm).¹⁴⁰ Such actions again underline the religious atmosphere the students found themselves in as a result of their education. The religiosity of the Hospital was shown by the fact that the master was to be a man of holy orders, ensuring that the Reformed Church continued to play a big part in the students' experience.¹⁴¹ Following Whitgift's Ordinance, the reforms regarding the school were maintained. Expenditure from 27 December 1606, and again in June 1607, includes a rate of 20s for the schoolmaster.¹⁴²

This would suggest that the school continued to be seen as an important investment for the Hospital. As a hospital, however, Eastbridge was not rare at this time in providing education as a means of poor relief. In Bristol, in 1634, it was planned to include a girls' school as a part of John Whiston's hospital – the institution was to take in 40 girls for ten years (from eight or nine to eighteen years old), though it was only able to accept twelve initially, to teach them to sew and read English.¹⁴³ There is an evident difference with Eastbridge, which only accepted boys, in that their education included a religious environment, whilst the Red Maids' School in Bristol was focused purely upon secular poor relief. This is likely a reflection on the difference of their leading figures. Whilst Red Maids' had been founded by members of Bristol Common Council, every reform upon Eastbridge was from a religious figure that would likely have had a religious motive. This makes the school within Eastbridge, and therefore the Hospital itself, very unique and original in comparison to other hospitals of its time.

2006), for a more comprehensive analysis of literacy rates in England with regional and professional breakdowns.

¹⁴⁰ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

¹⁴¹ *Ibid.*

¹⁴² U24/15/8, *Folder*, Expenditure, 1606-1607.

¹⁴³ Kenneth Charlton, *Women, Religion and Education in Early Modern England* (London: Routledge, 1999), p.149.

Eastbridge's dedication to the school can be shown to not have been a short-term focus due to the previously mentioned accusation against John Sackett in 1637. One of the few things that Sackett claimed explicitly that he intended to do was to keep the Hospital's school, claiming that by statute, a schoolmaster had to remain.¹⁴⁴ In this way, it is clear that the master understood the importance of overseeing the education of the poor children, according to the Hospital's ordinances upon its refoundation. What are more significant than Sackett's statement, which is only a declaration and represents no definite evidence of the school actually being kept in use, are financial expenditures. In 1688, even after the turbulence of the Civil War and Protectorate, the 'Payments ordinary' list the wage of the schoolmaster as its third expense at £4.¹⁴⁵ The document indicates two things. Firstly, money was being paid to a schoolmaster to teach, meaning that a school was still in existence and was being used. Secondly, and most importantly, it is mentioned as a regular point of expenditure. Consequently, it is evident that the Hospital maintained the school throughout the period and had at least for a long while paid a significant amount to continue educating the poor children of the city.¹⁴⁶ Unfortunately, due to the absence of surviving records, it is not possible to uncover any evidence of how the school was run in the years between 1637 and 1688. As Eastbridge clearly suffered throughout that half-century, as reflected by its 'Unhappy times' prior to its disagreement with Thomas Pettit, it may have struggled to continue its charitable duties. However, it does seem to have maintained the school for a long period of time by the early eighteenth century – according to Strype's work on Whitgift, originally published in 1718, 'the government (including that of the school) of the hospital [had been settled], as it is at this day' from Whitgift's Ordinance onwards.¹⁴⁷ This may, of course, only have been since the Restoration (1660).

Another point that Parker introduced with regard to education was the charitable donation of money for two students from the free school to go to the College of Corpus Christi and the Blessed Virgin Mary (Benet College), Cambridge. This was made as an agreement between the master of Eastbridge, William Morphet Clark, and

¹⁴⁴ DCc-ChAnt/C/940C, *Notes*, 1637.

¹⁴⁵ U24/15/8, *Folder*, 'Referid Rents', 1688.

¹⁴⁶ It must be noted, however, that there is no certain way to be sure that the children selected were genuinely poor as records relating directly to the children for this period do not list names or social backgrounds.

¹⁴⁷ C 9/53/45, *Pettit*; Strype, *John Whitgift*, p.355.

the Keeper of the College, Doctor John Pory.¹⁴⁸ The two scholars were to be sent using money from the rents of the Hospital.¹⁴⁹ Parker placed a time scale upon this expenditure – seeming to put more focus upon the school. Nevertheless, it was undoubtedly a significant move to push for poor children to attend the school and gain an education, so his priority was a different yet still important focus for academic betterment. Whitgift’s removal of the timescale helped to place importance on university education and the Hospital’s association with it. For 200 years, the masters of Eastbridge were expected to maintain the payments of £6 13s 4d to Benet College for the students, to be paid annually on the Feast Day of St Michael (29 September) or within 30 days of it.¹⁵⁰ For every default, the Archbishop ordered the Hospital to pay an extra £3 6s 8d, although there is no record of whether Eastbridge ever did default.¹⁵¹

The statute was particularly in depth with regard to the university progression, in order to ensure that neither side was at a loss. For the payments given, Benet had to accept the scholars proposed by the master of the Hospital and the dean of the cathedral – the College itself had very little choice. For every rejection of a student, Benet had to pay the Hospital 20s, and if one of them was expelled, the master had to be informed within six weeks in order to find a replacement.¹⁵² For the money paid to the College, each student was to receive their own chamber and commons, and was to have a barber, someone to wash their clothes, reading material and other necessities for a scholar paid for.¹⁵³ This again emphasises Parker’s reforms as a movement towards education and poor relief – with the ability to climb through the ranks of university and academia, the selected impoverished children would have the opportunity to try to escape the social class they were born into.

Here again, Whitgift’s later ordinance seems to suggest a very different response. No longer were the students to have come from the free school, but from the common school – King’s School in Canterbury – but maintained the previous amount given by Parker to be paid to Cambridge.¹⁵⁴ This creates a very different picture to that

¹⁴⁸ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.133.

¹⁴⁹ Strype, *Matthew Parker*, p.286.

¹⁵⁰ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.134.

¹⁵¹ *Ibid.*, p.134.

¹⁵² *Ibid.*, p.136.

¹⁵³ *Ibid.*, p.135.

¹⁵⁴ U24/5a/B/1, *Archbishop John Whitgift’s Ordinance*, 1584; King’s School was an ancient foundation where many of Canterbury’s more affluent children attended and generally entered into university from. By the time Henry VIII refounded it in 1542 (where it gained the name ‘King’s’), the headmaster was

of Parker's reforms. Although Whitgift placed great attention in reforming the school set up in the statutes, it can be said that the Archbishop appears to have had less of a concern for the free school than his predecessor, as shown by his reduction in years for the education of the children there. Therefore, it is not necessarily surprising that he made the change. He also ensured within his Ordinance that the students would be funded in perpetuity at Cambridge in lieu of 200 years as Parker had ordered.¹⁵⁵ The function of the Hospital was therefore still greatly based in education – both within and without its walls.

What cannot be tested is how far or how long this was put into practise. In the list of 1606/7 expenditures, there is mention only of the free school, and considering that the Benet fees were £3 6s 8d per student, it might be assumed that the amount would be included; particularly as the wages for the brothers and sisters were the same as the two students.¹⁵⁶ Moreover, in the 1688 accounts, both the schoolmaster's wage and the expense for stationery are explicitly mentioned.¹⁵⁷ Yet again, there is no record of the fees being paid. In 1670, however, in the quit rent rolls, the 'expenses besides the reparations of the bridge' include a payment for 'two Cambridge scholars' at the expected rate of £6 13s 4d.¹⁵⁸ Therefore, with the documents that remain, this causes confusion as to whether Eastbridge stopped regular payments, or whether the particular documents of 1606/7 and 1688 were not meant to have included those expenses. It seems, however, likely that payment was regularly paid; otherwise by 1670 there would be mentions of default payments. One of the Hospital's new functions was to provide, with the possibility of progression to university.

At Eastbridge the masters were keen to involve students in the life of the Church. The religiosity of the Hospital at the time of Parker and Whitgift is unsurprising due to their roles as archbishops. In his ordinance, Whitgift even defended his position in changing some of the regulations laid down by Parker by stating that it was the

required to speak Greek and Latin, reflecting the humanist mode of academia. See more at: John Samuel Sidebotham, *Memorials of the King's School, Canterbury* (Canterbury: A. Ginder, 1865), pp.8-10; Nicholas Orme, *Medieval Schools: From Roman Britain to Renaissance England* (London: Yale University Press, 2006), p.125.

¹⁵⁵ Ibid.

¹⁵⁶ U24/15/8, *Folder*, 'Expenditure', 1606-1607.

¹⁵⁷ U24/15/8, *Folder*, 'Referid Rents', 1688.

¹⁵⁸ Canterbury Cathedral Archives, U24/15/3, *Folder Containing Accounts of Revenues of Eastbridge Hospital*, 1670-1689.

current archbishop's right to change the orders and foundations of Eastbridge.¹⁵⁹ Moreover, the chapel that was located in the Hospital emphasised its religious base, and even helped to ensure the consistent presence of the Church within the house's walls.

What is fundamentally significant about all of these reforms, and the changing identity of Eastbridge Hospital is that in reality it did not alter, in some ways, all that much. It continued to care for the poor and help with relieving their suffering, whilst also housing those who were particularly in need. After the Reformation, however, there were no longer pilgrims. The Hospital kept its service in the form of brothers and sisters whose sole aims were to help those who came to the Hospital. The creation of the school, however, helped focus and change Eastbridge's whole perspective greatly, where it moved much of its revenue towards school provisions in lieu of traditional methods of poor relief. In many ways, this is what made Eastbridge a real presence in post-Reformation Canterbury.

¹⁵⁹ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

Chapter II:

Financial Viability

As with any institution, it was vital that Eastbridge Hospital secured financial viability and security in order to safeguard its existence. Through economic stability, the Hospital would be able to ensure its continuation throughout the turbulent period from Henrician reform (1529) to the Restoration (1660), whilst maintaining a significant place within the city of Canterbury; meaning that it would have the capability to remain as a focal point to Canterbury's citizens as a source of public relief. Marjorie McIntosh in her work on poor relief during the period surrounding the Reformation, an exercise generally undertaken by the medieval hospitals, suggests that with the removal of Catholicism, it was for the Humanist cause to embrace a sense of universal aid.¹⁶⁰ Although there was a decline of hospitals in this period, those that remained continued to be a source of relief for the sick, impoverished, and downtrodden.¹⁶¹

On top of this, as Eastbridge gained more influence and control, it had to increase its expenditure as it gained yet more responsibilities. It is important to remember that land was possessed under the name of the Hospital. Its trustees controlled not only the building itself, but owned land in six of Canterbury's central parishes, as well as endowments in Blean, such as that at Hoath Court, dating from the thirteenth century with the gift of land from Hamo de Crevequer.¹⁶² Following the Reformation, although the Hospital lost many benefits that it had enjoyed as a pilgrimage hospital in Catholic England, such as generous monetary bequests from wealthy pilgrims, it continued to hold much property. In this sense, Eastbridge was able to gain money via its farmland, quit rents and tenement letting, whilst it was able to enjoy security as a Church of England institution.¹⁶³ Nevertheless the Hospital's bridge, lands, and other properties all required regular maintenance meaning that this steady flow of income was a necessity. This chapter will therefore investigate Eastbridge's

¹⁶⁰ McIntosh, *Poor Relief in England*, p.124.

¹⁶¹ *Ibid.*, pp.125-126.

¹⁶² The parishes that Eastbridge held land in were as follows: All Saints', Northgate, St Andrew's, St Dunstan's, St Margaret's, and St Peter's; U24/4/B/1, *Grant*, 13th Century.

¹⁶³ Quit rents were small rental payments paid by a freeholder or copyholder instead of services that could potentially be required of them.

financial viability, exploring its capability to provide aid to the needy and maintain its land, whilst securing an income.

A rental from the early sixteenth century, now preserved in Canterbury Cathedral's Archives, offers valuable insight into the Hospital's finances at the start of the Henrician Reformation. Unfortunately this document has been heavily damaged, leaving many sections of the text unable to be deciphered; however, those portions of documents that do survive contain important information about the different sources of Eastbridge Hospital's rental income. The dating of the document on the other hand is questionable. Although it is conventionally dated to 1527, it refers to the master as Dr Peter Lygham who gained the title in 1535 – as a result it is certain that this document was compiled at the beginning of Henry VIII's disaffection with the Roman Catholic Church sometime between 1535 and 1538.¹⁶⁴

This particular document primarily concerns the Hospital's rents and possessions in Blean and the Manor of Hoath, however other lands are also mentioned. The rental reveals just how significant the possession of these tenements was to Eastbridge's fortunes. The income from these properties alone totals £10 2s, with Robert Mayton and William Wyk contributing the majority of this amount from their farm at Hoath Court which they held as tenants at a rent of £8 per annum.¹⁶⁵ On top of this, Wyk and Mayton paid tithes amounting to 2s and 20s respectively.¹⁶⁶ This reveals the importance of its rental income to Eastbridge.

Documented dwellings elsewhere in the rental reveal much more – not only about income, but also the vast territorial holdings that Eastbridge held in Canterbury at the beginning of the Reformation. Robert Wellys, for example, held a close of land in Saint Thomas Hill, beyond Westgate and the city walls, whilst Thomas Kynge of Thanington is said to hold land in Cockerig.¹⁶⁷ The following rents that they were charged reveal the value of income derived from agricultural holdings for the Hospital. Among the eight farm holders listed, Kynge's payment of 30s was the highest – followed by a rent of a little over 22s paid by John Broke.¹⁶⁸ In total, the agricultural

¹⁶⁴ Canterbury Cathedral Archives, DCc-FX/48, *Eastbridge Rental*, 1527; Page, 'Hospitals: Hospitals in and around Canterbury', <http://www.british-history.ac.uk/vch/kent/vol2/pp209-216>.

¹⁶⁵ DCc-FX/48, *Eastbridge Rental*, 1527.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

¹⁶⁸ Ibid.

holdings in and around Canterbury yielded annual rents to the value of at least £3 18s 4d. When the rents from Blean are included, the Hospital obtained an overall total of £15 4d per year from its various properties. Resultantly, this rental places Eastbridge's agrarian properties as one of the most valuable forms of income that the Hospital had.¹⁶⁹

One of Eastbridge's most important tenants at the time that this rental was compiled was Mayton who held a number of properties from the institution at the time. On top of the payments for farms and tithes, he was also expected to pay for rents of assize which contributed a further 20s.¹⁷⁰ The Hospital evidently derived a significant portion of its rental income from this particular tenant, making it curious that his name, and that of any potential descendants, was omitted from other records preserved within the Hospital's archives.

Alongside Mayton, Master John Roper also features prominently within the same rental. While it was not uncommon for rents to be paid in kind, the rental indicates that it was preferred for tenants to make payments in the form of money instead; this would have been beneficial for the tenants as well, according to Christopher Dyer, who, whilst investigating living standards from the thirteenth to the sixteenth centuries, underlines how significant livestock was to the average person to sustain themselves.¹⁷¹ This entry provides a useful insight into the value of livestock. Roper paid money upon two occasions instead of livestock payments. These are at the prices of 17d (or 1s 5d), standing in for the cost of one cockerel and five hens, and another rent for woodland, amounting to 2s 2d in place of eight hens. This made his overall rental payment 3s 7d to the Hospital.¹⁷²

The price difference between hens and roosters is an important point to factor in as it highlights the importance of livestock for the people of Canterbury. The fact that hens could produce eggs would mean in turn that people could either use these or sell them on – hens were thus far more desirable to acquire than roosters. This might, perhaps, explain why Eastbridge was so much keener to demand the price of a hen over that of a cockerel from its tenant as an annual rent; fundamentally, it meant that they

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.; This sum may have been more, but regrettably this aspect is one where the document has faded to unreadable levels.

¹⁷¹ Christopher Dyer, *Standards of Living in the Later Middle Ages: Social Change in England, c.1200-1520*, 2nd edn. (Cambridge: Cambridge University Press, 1998), p.117.

¹⁷² Ibid., p.117.

would, on average, gain more out of the monetary exchange. The consistent monetary value assigned to the chickens throughout the rolls is that of 3d per hen and 2d per cockerel. With the consideration that Robert Marton paid 3d in place of a hen, Saint John's Hospital exchanged the rent of two hens for 6d, and Master Devonfeld replaced the offering of one for 3d, it is clear that the amount charged was not changed or affected by the tenant.¹⁷³ This is further corroborated by the 11d charged in place of the three hens and one cockerel initially demanded of John Litelcote as well as Roper's payment of 3s 7d, instead of thirteen hens and two cockerels.¹⁷⁴ In place of hens, Eastbridge was able to gain the substantial amount of 13s for what it otherwise would have held in the form of chickens.¹⁷⁵

Monetary payment was also, at times, of much smaller value. One such example lies in the 'heyers', or heirs, of George Belfar. They collectively paid 3d, the equivalent to just one hen, for the properties they held from the Hospital.¹⁷⁶ Likewise, the heirs of William John Thomas owe the small amount of 3d.¹⁷⁷ However, this is one of only a few payments made.

The widow of William John Thomas, Elinor, though only paying the annual rent of 3d for property in the Locke, owed over 3s for rent of assize.¹⁷⁸ This is equally the same result for Belfar's heirs who under rent of assize paid 22d.¹⁷⁹ Resultantly, it cannot be assumed that widows or heirs were financially struggling. All of the heirs and widows are mentioned more than once throughout the rental meaning that it was largely a small group of people that held the Hospital's tenements and appurtenances at the beginning of the sixteenth century.

The properties that brought in the largest amount of income in this period for the Hospital were the tenements that it let to citizens of the surrounding parishes where it owned land. All Saints' parish (written in the rental as 'Alholay' parish) in the centre of

¹⁷³ DCc-FX/48, *Eastbridge Rental*, 1527.

¹⁷⁴ *Ibid.*

¹⁷⁵ Surprisingly however there is no mention of cattle or sheep, especially with the consideration of the renowned Cattle Market of the city that had endured from before the Norman Invasion, which would have had the ability to bring Eastbridge a much more significant income as shown in D. J. Keane, 'Suburban Growth' in *The Medieval Town, 1200-1540*, R. Holt and G. Rosser (eds.), 2nd edn. (Oxon: Routledge, 2014), pp. 97-119 (p.110).

¹⁷⁶ DCc-FX/48, *Eastbridge Rental*, 1527.

¹⁷⁷ *Ibid.*

¹⁷⁸ *Ibid.*

¹⁷⁹ *Ibid.*

the city, and the parish in which the Hospital was situated, was the biggest contributor of rental income to Eastbridge Hospital from five tenements which brought in rents that amounted to £4 18s in total.¹⁸⁰ The largest individual sum, 30s, was paid for by the heirs of Harry.¹⁸¹ All Saints' was not the only parish to contribute a large sum of money. Another four tenements were located in the parish of St Peter, bringing the Hospital a combined rental income of £1 1s per annum.¹⁸² With tenement income from St Peter's and All Saints' coming to a total of £5 19s, it is evident that ownership of the tenements was one of Eastbridge's most valuable assets.

On top of the income from tenements, tenants of the respective parishes of Canterbury where Eastbridge held land also owed money in the form of quit rents. All Saints' list of quit rents has unfortunately been damaged, but some details survive. What can be deciphered is a charge on Master Bele of 4s for his garden, and the treasurers of Christ Church for a tenement at 23d.¹⁸³ Interestingly, the rental reports that there is a 'garden wyche Sir Thomas Hall hyrethe wythe In the est Bryge', suggesting that not all of the territory within the Hospital boundaries was kept for its use alone.¹⁸⁴ This is important as it shows that Eastbridge was willing to rent land within its own personal borders as well as outside of them.

Though the second side of the rental is largely damaged, there are still some statistics available. Properties located in Saint Andrew's and Saint Margaret's parishes, in the centre of the city, contributed rents of 3s 6d and 10d respectively.¹⁸⁵ All of the dwellings listed with readable rates (rentals regarding Northgate and Saint Dunstan's parishes for example are completely faded) reach a contribution to Eastbridge Hospital of 10s 3d. Evidently this total could be far less than the total sum of money that the Hospital might have received.

As expected within this period, most of the tenants who are named in this rental are men. Of 51 identifiable tenants, 48 are men, and only three are women.¹⁸⁶ Furthermore, all the women are widows, and are therefore likely to have gained the tenancy from an agreement between their late husbands and the Hospital, than having

¹⁸⁰ Ibid.; see Appendix 1 for a parish map of Canterbury.

¹⁸¹ DCC-FX/48, *Eastbridge Rental*, 1527.

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

had a natural agreement themselves. Whilst the men are generally referred to by monikers of ‘Master’ or ‘Sir’, two of the three women are defined by their marital status.¹⁸⁷ The only woman without that title is Elinor Wynter who paid the lowest amount of 1d as a rent of assize in the region of Blean and Hoath; as she is listed among men with the same last name, it is highly probable that they were related and that she had not yet married.¹⁸⁸ For widows, their properties were probably originally paid by their husbands, with the agreements continuing after their deaths, whilst a spinster would be looked after for by her brothers or father. What is perhaps most enlightening, however, is that only one man is referred to by his marital status, Robert Mayton, the aforementioned farmer from Blean, who is listed as a widower.¹⁸⁹ Eastbridge’s records are almost unique here. Margaret Pelling, whilst looking at a census of Norwich in 1570 notes that of over 2,000 people mentioned in the census, only one is listed as being a widower.¹⁹⁰

In regards the rents of assize, Elinor Wynter, and the aforementioned widow, Elinor Thomas, both owe personal amounts. Interestingly, Thomas’ rent of 3s is more expensive than most of the other men in the list – showing the significance of her payment to the Hospital.¹⁹¹ For all three women, it is not unlikely that they had some form of employment, as emphasised by Henrietta Leyser’s work into townswomen and occupation of the period, which shows that women were employed in a wide range of areas.¹⁹² This underlines that the money was paid directly from the women and that, though they were a small percentage of Eastbridge’s tenants, they contributed substantially to the Hospital’s income.

What this rental shows about the Hospital therefore is that on the brink of the Reformation, it had frequent dealings with people of all backgrounds in Canterbury and its immediate environs: women, widowers, farmers, and even fellow hospitals. It had

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

¹⁹⁰ Margaret Pelling, ‘Men without Women in English Towns before 1700’, in *Widowhood in Medieval and Early Modern Europe*, Sandra Cavallow and Warner, Lyndan (eds.), 2nd edn. (Abingdon: Routledge, 2014), pp.37-54 (pp.48-49).

¹⁹¹ DCC-FX/48, *Eastbridge Rental*, 1527.

¹⁹² Henrietta Leyser, *Medieval Women: A Social History of Women in England 450-1500* (London: Hachette UK, 2013),

https://books.google.co.uk/books?id=9LPmX4jgLRAC&printsec=frontcover&dq=women+working+medieval+time&hl=en&sa=X&ei=8DV3Vd6BDcT6UPm_gIAD&ved=0CCAQ6AEwAA#v=onepage&q=women%20working%20medieval%20time&f=false (accessed 9th June 2015).

many sources of income upon which it could draw for financial support. It is important to highlight that Eastbridge did suffer, financially, with the establishment of Protestantism. Nicholas Batteley, who recorded the history of Eastbridge Hospital up to 1695 in a book for his brother John who was then the master of the Hospital, suggested that during the reign of Edward VI, the Hospital was treated as a religious house and so lost land. He remarked, however, that this was not appropriate action as it was not a monastery and so should not have been treated so harshly; owing to its chapel, he argued that it should have been perceived as a parish church.¹⁹³ As a result, according to Batteley, the Hospital lost many of its richest lands to the monarch (many of those being in Blean, but he does not specify exactly where) – meaning that Eastbridge was greatly, and negatively, affected by some of the initial Protestant reforms.¹⁹⁴ As Batteley himself put it, a ‘great part of y Revenuis (the revenues) of the Hospital [were] fraudulently & unjustly taken away’.¹⁹⁵ With such land being perceived as chantry land, and not property to maintain a priest, Edward’s Chancies Act (1547) meant that a large amount of land contributing to Eastbridge’s income was lost.¹⁹⁶ If the Act had interpreted the Hospital’s lands to be owned by a parish, as Batteley suggested it should have been, then it would not have lost some of its most affluent lands. This in turn made a significant impact upon Eastbridge’s financial well-being, and were it not for Archbishop Parker’s later reforms restoring much of this lost land, it is unlikely that Eastbridge would have been able to maintain the financial responsibilities that were later expected of it regarding poor relief and upkeep of the properties and surrounding areas.

This is not altogether surprising, however, due to The Suppression of Religious Houses Act (1539) which not only aimed at subduing monasteries but all forms of religious building, which at the period of Reformation arguably included hospitals.¹⁹⁷ Equally, Edward Hasted highlighted that such houses were completely surrendered to the king and his successors, with much of the property that was owned by the religious

¹⁹³ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.104; p.97.

¹⁹⁴ *Ibid.*, p.104.

¹⁹⁵ *Ibid.*, p.104.

¹⁹⁶ *Ibid.*, p.104.

¹⁹⁷ Joseph Robson Tanner, *Tudor Constitutional Documents: A, Parts 1485-1603* (Cambridge : Cambridge University Press, 1930), pp.63-66.

destroyed, shared among lords, or sold.¹⁹⁸ Considering that hospitals were included in the Act, Hasted's claim that, by the reign of Edward VI, 'most of them soon destroyed, to the number of... one hundred and ten hospitals', would perhaps make Batteley's statement illegitimate, especially as Eastbridge was fortunate to at least remain.¹⁹⁹ Yet McIntosh's research indicates that Hasted's figures were inaccurate. She states that from 1530 to 1559, 47% of hospitals and almshouses in existence in the 1520s were destroyed, leaving 326 remaining (the number in existence on the eve of the Reformation was 617) – this was still a dramatic decrease.²⁰⁰ In comparison to the previous rental for Eastbridge however, later documents refer less to Blean and more to property within the city walls, which would hint that although Eastbridge survived, it lost many of its holdings in the countryside around Canterbury. Although Eastbridge's total income came to just under £24, Hasted calculated that from the Kentish monasteries, hospitals and chantries alone (including Eastbridge), revenues such as tenement income came to the sum of £9,000 – a small sum of this total.²⁰¹ Moreover, in Orme and Webster's map of English hospitals at the Reformation, they have plotted hospitals with a gross income of more than £50 per year – not only is Eastbridge not shown, it appears to have been greatly overshadowed by the Hospital of St John's in Canterbury which had earnings of over £100 per annum.²⁰² It must be noted, however, that with the amount of money that could be gained by the Crown by seizing some of the wealthier Blean and Hoath territories of Eastbridge Hospital, it would have been surprising if it had been left untouched anyway.

The Hospital did, however, maintain a rich proportion of property, and even to this day holds land in Blean, which were restored to it.²⁰³ The fact that it held any wealth after the initial establishment of the Protestant faith and reclamation of lands for the king is shocking. The re-establishment of the Hospital under Archbishop Parker and his subsequent reforms to it explains how he perceived Eastbridge should be managed post-Reformation.²⁰⁴ It is clear that Parker expected that the Hospital could succeed in

¹⁹⁸ Edward Hasted, 'General history: Religious Houses', in *The History and Topographical Survey of the County of Kent: Volume 1* (Canterbury: 1797), pp. 322-332, <http://www.british-history.ac.uk/survey-kent/vol1/pp322-332> (accessed 18 May 2015).

¹⁹⁹ Ibid.

²⁰⁰ McIntosh, *Poor Relief*, p.125.

²⁰¹ Hasted, 'Religious Houses', <http://www.british-history.ac.uk/survey-kent/vol1/pp322-332>.

²⁰² Orme and Webster, *The English Hospital*, p.162.

²⁰³ U24/4/B/1, *Grant*, 13th Century; Canterbury Cathedral Archives, U24/4/B/17, *Grant*, 13th Century.

²⁰⁴ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, pp.124-133.

spite of the absence of the Old Religion. Eastbridge was expected to take upon itself new responsibilities in helping the local community. Through the new Reformed faith, it transformed itself from being a hospital for sick pilgrims, to a centre for the sick, travelling armies, and the impoverished, whilst also being at the heart of scholastic development – particularly among the poor of the city.²⁰⁵ Parker's confidence in Eastbridge's success thus reveals an assurance on his part that, in spite of its heavy land losses, the Hospital would be able to financially get by. This is supported by the fact that merely a decade after Edward VI's Abolitions, the *Visitation Register Parish Entry* of 1557 stored in Canterbury Cathedral Archives, reveals that during Doctor Nicholas Harpsfield's visit on behalf of Cardinal Reginald Pole it ran almost uninterrupted in spite of the turmoil.²⁰⁶ It continued to receive twenty loads of wood per year for its use, beds to receive twelve wayfarers and injured people, and had 26s for expenditure on drink.²⁰⁷

The Hospital came close to closure three times throughout the sixteenth century – the first relating to the aforementioned Act of Suppression (1539), the second before Parker's reforms (pre-1569), and the third being between the Ordinances of Parker and Whitgift (1569-1584), when Eastbridge was under the mastership of Doctor Thomas Lawse, prebendary of Christ Church Cathedral – potentially as a result of financial difficulties. Batteley claimed that the Hospital had turned itself into tenements before Parker's reforms, a reason for the Archbishop to take action to address the Hospital's function. This shows that Eastbridge had largely defaulted on its duties of hospitality which Parker, and later Whitgift, were only too keen to re-establish.²⁰⁸ Unfortunately, Batteley appears to get this information from documents that no longer survive, yet his account does suggest that Parker's reforms were not as a result of economic problems, but due to a lack of religious purpose.

Whitgift's Ordinance gives a great insight into how the newly reformed Eastbridge was expected to expend its income. It even reveals what the new identity of the Hospital was to be. The necessity to continue to serve the poor and needy remained, yet some of the forms of doing so changed dramatically. One such case is typically revealed by the installation of a school for the poor children in Canterbury. Whilst

²⁰⁵ Ibid., pp.124-133.

²⁰⁶ Canterbury Cathedral Archives, DCb-J/Z/3.32/f/135/2, *Visitation Register Parish Entry*, 1557.

²⁰⁷ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.108.

²⁰⁸ Ibid., p.141.

before the Reformation, one of the main functions of hospitals was to support the education of poor boys and young adults, for example in food and lodging, having a school within, and with a schoolmaster, was only properly opened to the public throughout the fifteenth century.²⁰⁹ Whitgift therefore echoed these earlier policies, and ensured the children were to have ‘Bookes, Pennes, Incke and paper p[ro]vided for them by the appoyntment of the Maister out of the p[ro]fytte of the seid hospitall’.²¹⁰ This logically did not stop at the fees for the education, but also for the expenditure on the schoolmaster himself, who was employed by Eastbridge. This included a wage of £4 to be paid evenly every quarter, as well as lodgings within the Hospital itself – on top of this, the schoolmaster was to be paid two loads of wood per year.²¹¹ Whitgift also included a clause stating that the schoolmaster’s salary payment was to be the responsibility of the master himself. If the master was to view it as fit then he could make the schoolmaster the recipient of all ‘revenewes, comodytes and p[ro]fyttes of the seid hospitall’, which would have been a significant bonus.²¹² This underlines the significance of the role of the school for Eastbridge following the Ordinance. In many senses, it returned the Hospital to its days of hospitality, helping it to ingrain itself in this Protestant, Humanist form of public welfare. This is in grave contrast to the 1540s where the disestablishment of many hospitals also saw the loss of their schools. In Heytesbury, for example, William Sharington of the royal household made himself master of the hospital there in 1544 and immediately closed its school – this was similar to Exeter where the St John’s hospital was abolished along with its scholarships.²¹³ In this sense, for Whitgift to direct money towards the school reflects a very different viewpoint of poor relief and attitude to education via hospitals than his Reformist predecessors.

The archbishops also ensured that Eastbridge would contribute to education in a more prolonged way – through university education. The evident article to highlight is Whitgift’s renewal of the clause in Parker’s Act, but taking it further. This was a clause stating that Eastbridge had to pay for two scholars from King’s School in Canterbury to attend Benet College of Cambridge University. According to Parker, this came to a sum

²⁰⁹ Orme and Webster, *The English Hospital*, pp.64-66.

²¹⁰ U24/5a/B/1, *Archbishop John Whitgift’s Ordinance*, 1584.

²¹¹ *Ibid.*

²¹² *Ibid.*

²¹³ Orme and Webster, *The English Hospital*, p.163.

of £3 6s 8d per year which the Hospital had to set aside.²¹⁴ Under Whitgift this was to be paid in perpetuity.

Lastly, the financial impact of the Ordinance was great as it had to include its old form of life as a hospital, as well as paying for its new identity as a school. This meant the recruitment of brothers and sisters to tend to the sick and elderly. Whitgift ordered that ten brothers and ten sisters were to be recruited, five ‘in dwellers’ from each respectively, meaning that they would reside within the Hospital.²¹⁵ As with the schoolmaster, wage and lodgings must be considered when understanding the Hospital’s expenditure. It is unlikely the brothers and sisters had separate rooms – architecturally there is not the space for it. Each person was to be paid 26s 8d a quarter along with one load of wood. When looking at accounts, it is clear to see that the Ordinance adds up to an impressive expenditure. Merely the wages themselves amount to about £34, omitting any further money the master felt fit to pay the schoolmaster – then there was the upkeep of the building and tenements, the provision of free accommodation, and the supply of stationery, accounts for which do not survive in this period.

Within twenty years of Whitgift’s orders, it is evident that they were proving to be lasting and successful. Documents from 1606/7 explicitly detail the expenditure of the Hospital, revealing that the likelihood of it staying open and running successfully was high, particularly with comparison to the short-lived Statutes of Parker.²¹⁶ The first recorded payment is to the twenty brothers and sisters of the Hospital at the quarterly rate of £2 6s 8d, which underlines the important fact that they remained – this payment would have gone towards their work of caring for the sick and serving the community.²¹⁷ The extent to which the charitable work expected from them was performed is not so evident, yet an absence of Church and government interference would propose that the Hospital was being run according to Whitgift’s Ordinance. The next year on 28 March 1607, there was a significant increase in their pay moving to the rate of £6 8s 4d, with no documentary evidence to suggest that there was commensurate increase in the number of brothers and sisters, or ordinance ordering the wage

²¹⁴ U24/5a/B/1, *Archbishop John Whitgift’s Ordinance*, 1584.

²¹⁵ *Ibid.*

²¹⁶ For the following dates, it must be remembered that as a result of the year starting on Lady Day (25 March) until the mid-eighteenth century, what would be January 1607 in the modern calendar, is recorded as January 1606 here.

²¹⁷ U24/15/8, *Folder*, ‘Expenditure’, 1606-1607.

increase.²¹⁸ Regardless, this pay stayed at the same amount from this point onwards. This increase would appear to signal their importance to the upkeep of and maintenance to the life of the Hospital, whilst accentuating their presence.²¹⁹

The money received by the master of the Hospital, who at this time was Dr John Boys, dean of Canterbury cathedral, was paid at irregular times and in uneven amounts.²²⁰ In January 1606, he was paid 9s 9d; this is a modest sum in comparison to the payments to the brothers and sisters, however the amounts he was paid were inconsistent.²²¹ In both April and May, he took payments again at 40s and £5 4s respectively, whilst unfortunately his July wage has slightly faded.²²² The inconsistency in the amounts paid to Boys and the considerable variation in the sums he received may cause speculation of corruption. This cannot, however, be proven. What can be said though is that those dealing with the finances of Eastbridge were not remaining consistent with the Ordinance's outlined wages.

This was not, however, the only time that a discrepancy can be seen regarding the master and the Hospital's finances. In 1637, John Sackett, was "accused to detain some p[ro]fittes, (of Leaces, etc.)", from the twenty poor inmates of Eastbridge (that is, he kept profits from income that should have gone to aid the impoverished), and using it for himself – though it does not claim who by.²²³ This followed a previous accusation that he had equally been acquitted for, although frustratingly the surviving document does not specify the nature of the previous accusation. Like his predecessor, Sackett appears to have found himself in no real trouble with the Hospital's trustees, it is therefore curious that he had to reassert openly his support for the Hospital's aims, such as the education of the poor in Canterbury. He showed this by endorsing the employment of a schoolmaster for this purpose, and demonstrating investment towards this.²²⁴ Despite Boys and Sackett having controversial financial moments, most of the masters were financially sound, and had been personally picked by the mayor and archbishop due to their trustworthiness. Most masters were chosen from local clergy, or even clergyman within the cathedral. For example, Richard Rogers (1595-1596) was the

²¹⁸ Ibid.

²¹⁹ Ibid.

²²⁰ Edward Hasted, *Topographical Survey*, p.630.

²²¹ U24/15/8, *Folder*, 'Expenditure', 1606-1607.

²²² Ibid.

²²³ DCCc-ChAnt/C/940C, *Notes*, 1637.

²²⁴ Ibid.

Suffragan Bishop of Dover and served as Dean of Canterbury cathedral from 1584 until his death in 1597 – sharing the Calvinist views of Whitgift.²²⁵ Meanwhile, Edward Aldey (1664-1673) was one of the canons of the cathedral, and had preached in favour of Christmas in 1647, which reflected the more moderate policies of the Church of England after the Restoration.²²⁶ In this way, it was hoped that they would reflect a theological position similar to the religious authorities, and thus supposedly be reliable and faithful to the service placed upon them.

The success of the masters in managing Eastbridge's affairs in line with the Ordinances is revealed by their expenses. They focused upon obligations to care for private and public property outside Eastbridge's main building, as well as the Hospital itself. By the beginning of the seventeenth century, having gone through its own institutional reformation, Eastbridge began to show itself as an important part of Protestant Canterbury, delivering services that were not solely religious to the city. In 1606/7, regular payments to the Scavenger (the street cleaner), for example, at a price of 12d in December, 17d in March, and 16d in June and October reveal that Eastbridge regularly contributed towards the upkeep of local roads.²²⁷ Alongside the Scavenger, it also paid the Pavier 3s 4d in December 1606.²²⁸ Moreover, the Hospital had the continued responsibility of the East Bridge that it stood upon, paying 12d for 'a lode of sand' to sustain it.²²⁹ Sweetinburgh's study also reveals that this was a responsibility of the Hospital which had lasted from the medieval period, and though it was not always as successful in this duty (as it was indicted upon occasion for not repairing it) it was a responsibility that had lasted into the Protestant era.²³⁰ Yet again, Eastbridge was contributing towards community necessity and payment – an important reflection and fulfilment of the tasks placed upon it by Parker and Whitgift. The school also flourished and received payments from the Hospital twice a year at the six-month termly rate of 20s.

²²⁵ Charles Henry Cooper, *Memorials of Cambridge, Volume 2* (New York: Cambridge University Press, 2012), p.36; Patrick Collinson, *Elizabethans* (London: Cambridge University Press, 2003), p.11.

²²⁶ Jeremy Gregory, *Restoration, Reformation, and Reform, 1660-1828: Archbishops of Canterbury and Their Diocese* (Oxford: Oxford University Press, 2002), p.190. See Appendix 2 for a further list of the roles of the majority of the masters in the period of this study.

²²⁷ U24/15/8, *Folder*, Expenditure, 1606-1607.

²²⁸ *Ibid.*

²²⁹ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

²³⁰ Sheila Sweetinburgh, 'The Hospitals of Medieval Kent', p.124.

In 1671, an appeal from the Hospital to the Keeper of the Great Seal referred to the first half of the seventeenth century as ‘these late Unhappy times’.²³¹ This was in reference to two events: the Civil War in England (1642-1651) and the Interregnum (1649-1660). The significance of this is because Eastbridge misplaced or lost many of its original documents during this period, some of which were, perhaps, destroyed,, making the ability to demand rental payments and claim land much more difficult. Apart from the document detailing the accusation against John Sackett, no other records survive for the history of the Hospital in this period.

With the heavy impact of strict Protestantism under the Protectorate, particularly with the removal of the post of bishop in 1646, not only the Anglican Church was affected, but those groups of clergy and institutions associated with it.²³² In this case, Eastbridge Hospital, which had as its patron the Archbishop of Canterbury, was potentially exposed to such damaging influences. Following the Restoration, the Hospital had to re-establish its financial rights over its tenants. Some light on the way in which the Hospital tried to do this is shed by the records of a dispute between Eastbridge Hospital and Thomas Pettit in 1671. The dispute is unusual as it was not directed to the patron, Archbishop Gilbert Sheldon (1663-1677), but to governmental authorities. The extension of the plea reached Sir Orlando Bridgeman, Keeper of the Great Seal of England, whose role included the execution of laws, and the extant documents were signed by Vin Denne, who was probably the same person as the former (and then future) MP for Canterbury, on behalf of the Hospital. The plea stated that Pettit owed a yearly rent of 10s and 18d to the Hospital for his tenancy of two tenements by Westgate – this was in arrears, supposedly, for 31 years.²³³ It is understandable why Eastbridge might have assumed it owned the land – with the vast territorial holdings of a century prior, and lost documentation, it may have been a genuine mistake based on the few remaining records. Yet it could also have been a means for it to take land it knew it could gain profit from. Either way, as a result of the destruction of documents relating to the case, Pettit stated that it was unlawful and refused to make any payment unless it could be properly proven – something he knew the Hospital would be unlikely to achieve. Therefore the dispute became as much about reputation as it did finance for

²³¹ C 9/53/45, *Pettit*.

²³² Mark Kishlansky, *A Monarchy Transformed: Britain 1603-1714* (London: Penguin Books, 1997), p.171.

²³³ C 9/53/45, *Pettit*.

Eastbridge, as the Bill states that Pettit would make regular speeches against the Hospital claiming that they were only interested in unjustly taking his money. Thus it is evident that Eastbridge not only needed judicial support in order to secure its financial benefits, but also in order to protect its reputation.

Interestingly, Pettit led a response to the accusation not only through oral protest, but by writing to Bridgeman as well. He stated that, although he held land within the parish of Westgate, he did not believe it formed part of Eastbridge Hospital's demesne, and suggested that the former occupants, Richard Henley and Sir Peter Manwood be questioned.²³⁴ Through this, he further claimed that no such rents were payable to the Hospital and that neither he nor any representative on his behalf had ever 'consent[ed] knowledge or privity any receipts or acquittances for or concerning the said yearely rents on either of them'.²³⁵ With regard to payment, he argued that the likelihood that Eastbridge was owed money was slim due to the fact that he had recently paid 10s to the Manor of Westgate at the most recent Michaelmas (29 September) for his properties.²³⁶ He therefore asked that the charges against him, which had been 'most wrongfully sustayned' be dismissed, pleading that he should pay no money to the Hospital.²³⁷ Later statements by Henley and Manwood supported Pettit's view, making Eastbridge's claim in vain. For Eastbridge, this would have been devastating for its reputation and distressing with regard to understanding its territorial holdings. Pettit's case represents the complication caused by the misplacement and destruction of the Hospital's documents and reveals one such route it took to attempt to secure its financial viability, and reclaim ownership after the Restoration.

Following the Restoration and particularly its dealings with Pettit, the trustees of Eastbridge wrote into many of its indentures that the responsibility to maintain the property and surrounding areas was then the duty of the tenant.²³⁸ This included sweeping the streets and keeping the tenement itself tidy and well maintained – if either was not fulfilled then the tenant risked losing their place.²³⁹ In spite of this, in 1670 the Hospital continued its duty of caring for the bridge, putting money away for repairs, whilst also paying for a scavenger to clean it for the price of 5s 4d, and a paver to pave

²³⁴ Ibid.

²³⁵ Ibid.

²³⁶ Ibid.

²³⁷ Ibid.

²³⁸ Canterbury Cathedral Archives, U24/5a/C/1, *Indenture*, 1660.

²³⁹ Ibid.

it at the cost of 3s 4d per annum.²⁴⁰ Considering many of Eastbridge Hospital's tenants were within the central parishes of Canterbury that the bridge was in as well, it is important to note that Eastbridge paid solely for it from its rent revenues, and there is nothing to suggest that the tenants or their neighbours paid separately for the bridge as well. Despite other institutions and businesses along and near the bridge, the Hospital clearly held this responsibility.

In spite of the unfortunate situation of Pettit, Eastbridge did not have a bad relationship with the tenants it securely knew it had. Elizabeth Turner, a decade earlier, had a much better relationship with the Hospital as shown in her indenture of 1660. This is a useful comparison as it reveals a different and more successful alternative to some of the other ways in which Eastbridge tried to re-establish its rights after the Restoration. The confident wording and legal terminology employed by the indenture suggests that the Hospital was certain of its ownership. Turner was described as a widow, yet seems to have encountered no overarching difficulty whilst dealing with the Hospital.²⁴¹ They appear to have no trouble with her in asserting their ownership, and seem to continue having a healthy tenant-landlord relationship with her, as shown by the renewal of their deal in another indenture thirteen years later.²⁴² She was granted and demised two messuages, with all attached appurtenances within the parish of St Peter's just as was promised between the master, John Sackett, and her late husband Robert Turner while he was alive.²⁴³ This is important as it reveals her husband's provision for her, and the Hospital's willingness to maintain their agreement through her. With regard to finance, the Hospital appears to be shrewd enough to realise what would best gain it money – and in the weakened state of income that it was undergoing, this was a wise move to make. It also tied the land to her for 40 years, which may suggest she was significantly younger than her late husband and needing the extra four decades, paying a yearly sum of 32s. Of the amount, the indenture stated it was 22s for the initial payment, followed by a further 10s which had been added more recently.²⁴⁴ Why the extra money was added is unknown, but it is specified as 22s and 10s, again separately, in the renewed 1673 indenture.²⁴⁵ Additional clauses stated that if she were

²⁴⁰ U24/15/3, *Folder Containing Accounts*, 1670-1689.

²⁴¹ U24/5a/C/1, *Indenture*, 1660.

²⁴² Canterbury Cathedral Archives, U24/5a/A/3, *Indenture*, 1673.

²⁴³ U24/5a/C/1, *Indenture*, 1660.

²⁴⁴ *Ibid.*

²⁴⁵ *Ibid.*

to miss a payment, the master was allowed to take action either by repossession or taking personal property – it was also her duty to pay for repairs to the building or surrounding property.²⁴⁶ This seems to be a new form of saving money on the Hospital's behalf – having the tenant pay for repairs – and is echoed in other indentures from the 1670s. Interestingly, another renewal tied the land to her for a further 40 years again; this may have been a means for her to provide for her descendants, or the Hospital appeasing her with its extra demands or maintenance.

Eastbridge in this way was making demands upon its tenants to ensure that they fell into no further arrears and placed equal expectation on other tenants. Michael Kite, who rented six tenements within the parishes of St Peter and All Saints' from 1678, held these properties under similar restrictions.²⁴⁷ Like Turner, he was expected to pay his rent (60s) within twenty days with the same threat of repossession, and had to ensure that all buildings were repaired if necessary and maintained in a decent condition.²⁴⁸ In 1682, Isaac Terry of Thanington was granted tenements in All Saints' for an initial 33s 6d, with an increment of 26s 8d, to be paid yearly for 40 years.²⁴⁹ As with Turner and Kite, he was expected to keep all property sufficiently repaired, and the master, Doctor Samuel Parker, had permission to survey and void the deal with Terry should repairs not be adequately performed within six months.²⁵⁰ Like Turner, he was expected to pay quit rents which would increase the sum he was already paying.²⁵¹ This therefore reveals Eastbridge's more rigid approach to its ownership of land and tenements in the latter part of this study. With a loss of land and a more protectionist policy towards it, it had to ensure that messuages were desirable, yet also kept in a good condition – something it could ensure tenants did via indentures and leases, whilst the Hospital could pay for its expected expenses of the school, roads, and bridge.

An alternative and unexpected style of payment, however, is that of John Parkhurst. Instead of paying yearly, he paid after having held some parcels of land belonging to the manor of Blean, instead of throughout the period.²⁵² From Michaelmas 1679 to Michaelmas 1686, he was charged 7s 1d per annum to reach the sum of 49s

²⁴⁶ U24/5a/A/3, *Indenture*, 1673.

²⁴⁷ U24/5a/C/1, *Indenture*, 1660.

²⁴⁸ *Ibid.*

²⁴⁹ Canterbury Cathedral Archives, U24/6/C/1, *Lease*, 1682.

²⁵⁰ *Ibid.*

²⁵¹ *Ibid.*

²⁵² Canterbury Cathedral Archives, U24/15/1, *List of Quit Rents, Manors of Blean & Hoath*, 1613-1688.

7d.²⁵³ The hospital also charged him 4d for acquittance, which brought the total to £2 9s 11d.²⁵⁴ This could ensure a lump sum of money for the Hospital, and considering the income was for parcels of land it would have meant that Parkhurst could gain profit and see results before paying Eastbridge.

The later records touching quit rents are particularly useful as they list the parishes in which messuages, tenements, and appurtances were being rented. Moreover, they help to show the wider responsibilities Eastbridge was expected to fulfil by its trustees after the Restoration. Importantly in the quit rent rolls of 1670, it includes the fact that Eastbridge Hospital was expected to care for and repair the East Bridge.²⁵⁵ Significantly, the school appears to have been well established as expenses for it are listed separately and are automatically accounted for. The schoolmaster is listed as being paid £4, whilst the money spent on the Cambridge scholars had risen to £6 13s 4d, possibly in accordance with the increased expense of maintaining them there.²⁵⁶ Likewise, the expenses for the brothers and sisters had increased to £26 13s 4d which came to nearly double the amount that Eastbridge gained from Hoath Court that year, £14 5s 6d.²⁵⁷ In comparison, by the year 1688, the out-brothers and sisters (who did not live within the Hospital but served there) were earning £13 6s 8d, whilst those within earned £28 – the rate of money that the Hospital paid greatly increased.²⁵⁸ The roll itself shows the diversity and wide range of lands held, with twelve places listed. Richard Lea paid 26s 8d for eleven acres of land, revealing that Eastbridge did still hold large territories; meanwhile its property ownership ranged from tenements in the central parishes of Canterbury to properties as far as Thanet.²⁵⁹ Undoubtedly, the Hospital recovered from its ‘Unhappy times’, and was able to re-secure its presence in the city.

Evidently, when it came to finance, those who ran Eastbridge Hospital and managed its finances were able to act pragmatically. Sensibly, it wrote into its indentures and leases clauses that ensured tenant payment for as much as possible, whilst also asserting its right over that land. This meant that the trustees kept their presence as the owners, whilst spending as little as possible; an economic and social

²⁵³ Ibid.

²⁵⁴ Ibid.

²⁵⁵ U24/15/3, *Folder Containing Accounts*, 1670-1689.

²⁵⁶ Ibid.

²⁵⁷ Ibid.

²⁵⁸ U24/15/8, *Folder*, ‘Referid Rents’, 1688.

²⁵⁹ U24/15/3, *Folder Containing Accounts*, 1670-1689.

triumph. Confidently, it can be claimed that the Hospital was in no weaker financial position at the end of the seventeenth century than it had been at the beginning of the previous one. What is clear, however, is that occasional corruption and a lack of financial, social, and political certainty throughout the 1640s and '50s left it in a period of great financial weakness which could have caused its collapse. Fortunately, through prudent management at the Restoration, Eastbridge successfully overcame these difficulties and remained financially viable as an institution.

Chapter III:

The Religious Life of the Hospital

As a former pilgrimage hospital, Eastbridge Hospital had a strong religious background. As this thesis has demonstrated, its theological presence was not lost in the Reformation, but was carried through into its life as a Protestant institution. Whether through its leaders – the masters and archbishops – or its functions, the Hospital was consistently connected to religion. It must be emphasised that Eastbridge was re-founded (1569) under the authority of the Archbishops of Canterbury, and in doing so the Hospital was given over to charity. In this sense of the word, charity accounts for the Reformed Religion’s perception of it, meaning aiding the poor, feeding the hungry, and comforting the sick.²⁶⁰ Moreover, the changing character of the Hospital’s masters is significant. As previously seen, masters before the Reformation did not have to be clergymen or in a religious order – with the Ordinances of Archbishop Whitgift this was, importantly, changed. Throughout the following period therefore it is important to examine the connection these men had to the archbishops, as well as how far this theology may have affected the everyday running of the Hospital. Furthermore, the general post-Reformation religious environment that Eastbridge found itself in, and how far it continued to be based in spirituality as Sweetinburgh states medieval hospitals were, in lieu of laicisation, must be examined.²⁶¹ This will be done alongside comparisons with other hospitals to investigate to what extent Eastbridge was individual or uniform throughout this period.

Prior to the Reformation, hospitals were largely run by religious personnel whose chaplains dedicated to *cura pauperum* (the care of the poor) as much as their parochial counterparts aimed themselves towards *cura animarum* (the care of the soul).²⁶² Most hospitals were served by religious brothers whose confraternities, focusing on Christ suffering, guided them to directly nurse and aid the unwell and

²⁶⁰ McIntosh, *Poor Relief in England*, p.6.

²⁶¹ Sweetinburgh, ‘The Hospitals of Medieval Kent’, pp.117-118.

²⁶² James W. Brodman, ‘Religion and Discipline in the Hospitals of Thirteenth-century France’, in *The Medieval Hospital and Medical Practice*, Barbara S. Bowers (ed.), (Aldershot: Ashgate, 2007), pp.123-132 (p.123).

impoverished.²⁶³ These priests and brothers were duty bound to pray for the founder while living and his soul after death and on some occasions for others of the community, the king, and the country.²⁶⁴ However as the Reformation became embedded in European society, the religious elements of hospitals generally became less apparent. The Catholic Church's Council of Trent (1545-1563) limited the powers of religious personnel within hospitals to a solely religious role, giving administrative control to lay people with business experience.²⁶⁵ Fundamentally in England, as in other Protestant lands, as monasteries were outlawed the religious brothers and sisters were either paid to leave or move to a church with civic authorities taking control of these hospitals.²⁶⁶ From this point, they generally became more focused upon medical care than religious ritual.

In the early sixteenth century, anticlericalism was on the rise. It is necessary to remember that this affected much more than churches and monasteries. For Eastbridge, this would have been something that would have greatly influenced it due to the fact that, as with all hospitals of the period, it had clerics serving within the Hospital. A *Supplicacyon for the Beggars* written in 1529, by the Reformist Simon Fish while in exile in Antwerp, gives an understanding into the Protestant mentality of hospitals just before Henry VIII made his conversion. Fish asked what would help relieve the poor and sick, and then rhetorically questioned 'To make many hospitals for the relief of the poore people?'.²⁶⁷ His response was scathingly in the negative: 'The moo the worse; for euer the fatte of the hole foundacion hangeth on the prestes berdes'.²⁶⁸ He viewed the clergy within hospitals as being idle thieves who did not labour according to God's will. For him, when hospital clergy stopped practising this work, then 'shall you (the king) haue full obedience of your people... shall the gospell be preached... shall none begge oure almesse from vs; whiche shall be the best hospital that euer was founded for vs'.²⁶⁹ Though it is unlikely this alone influenced Henry's, and Edward VI's, views on hospitals – particularly as Fish was arrested for heresy – it reflects the growing

²⁶³ Thomas Glick, Steven J. Livesey and Faith Wallis (eds.), *Medieval Science, Technology, and Medicine: an Encyclopedia*, (New York: Routledge, 2005), p.228.

²⁶⁴ Sweetinburgh, 'The Hospitals of Medieval Kent', p.117.

²⁶⁵ Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals*, (New York: Oxford University Press), p.218.

²⁶⁶ *Ibid.*, p.218.

²⁶⁷ Simon Fish, and Frederick J. Furnival (ed.), *A Supplicacyon for the Beggars Written about the Year 1529 by Simon Fish* (London: N. Trübner & Co., 1871), p.13

²⁶⁸ *Ibid.*, p.13.

²⁶⁹ *Ibid.*, p.14.

anticlericalism and negativity toward hospitals in a religious sense at that time.²⁷⁰ To Fish, and many Reformers, leaders of the hospitals did not perform their religious duty of coming to the aid of the poor, but instead spent money donated to the hospitals, on themselves; for hospitals to lose the lands they had been given and for their clergy to be put to labour, would be a suitable outcome of the Reformation. Carole Rawcliffe views the growing demand for the reform of hospitals as the reason why so many of the institutions suffered throughout the Reformation; as patrons began to divert their wealth to other forms of poor relief, hospitals became more destitute.²⁷¹ This would contribute an explanation as to why Eastbridge had so many of its lands stripped from it under Edward VI as previously discussed, as with growing discontent and less patronage it would be easier to exploit.²⁷²

By the time the Reformation had begun, the sentiment toward hospitals in England was no fonder. Around 1542, Henry Brinklow, a mercer and allegedly former Greyfriar writing under the pseudonym of Roderick Mors, wrote a scornful pamphlet on the introduction of less Reformist religious policies after the fall of Thomas Cromwell (execution in 1540), with a contemptuous section on the state of contemporary hospitals.²⁷³ He told rulers to ‘loke vpon your hospytals, whether the poore haue their right there, or no’ further claiming that the ‘masters... be so fatt that the poore be kept leane and bare inough: the crye of the peple is heard vnto the Lord’.²⁷⁴ This claim by Brinklow is not altogether without evidence. For Eastbridge, it is clear that around this period there was negligence on the masters’ part for the poor. Master Peter Lygham’s lack of presence, instead employing a keeper, reveals his personal neglect to his duties as caring for the poor and sick of the Hospital.²⁷⁵ Moreover, it is clear that the keeper that was put in place by Lygham was equally as uncaring toward the poor by prohibiting them entrance into Eastbridge in the first place.²⁷⁶ Therefore it is

²⁷⁰ Gergely M. Juhász, *Translating Resurrection: The Debate between William Tyndale and George Joye in Its Historical and Theological Context* (Leiden: Brill, 2014), p.250.

²⁷¹ Carole Rawcliffe, ‘Communities of the Living and of the Dead: Hospital Confraternities in the Later Middle Ages’ in *Hospitals and Communities, 1100-1960*, Christopher Bonfield, Jonathan Reinartz, and Teresa Huguet-Termes (Bern: Peter Lang, 2013), pp.125-154 (p.131).

²⁷² U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.104.

²⁷³ Reeves Ryan, *English Evangelicals and Tudor Obedience, c.1527-1570* (Leiden: Brill, 2013), p.89.

²⁷⁴ Henry Brinklow, and J. Meadows Cowper (ed.), *Henry Brinklow’s Complaynt of Roderick Mors, Somtyme a Gray Fryer, unto the Parliament Howse of England his Natural Cuntry: For the Redresse of Certen Wicked Lawes, Euel Custom, a[n]d Cruel Decreys, (About A.D. 1542)* (London: N. Trübner & Co., 1874), p.52.

²⁷⁵ CC-J/Q/337/iv, *Quarter Sessions Papers*, 1537.

²⁷⁶ *Ibid.*

evident that at least some of the issues felt by the Protestant Reformers, that the duty of hospitals as faithful, religious institutions for the suffering, had failed, can be evidenced – and particularly shown in the case of Eastbridge Hospital.

Although there is little evidence related directly to Eastbridge under Mary, Harpsfield's visitation being the only document available, by drawing upon comparisons of other hospitals in the period, it is likely that an image of the religious life of Eastbridge can be understood. Obviously with the reversal of pro-Reformist policies, Mary attempted to reintroduce Catholic means of worship and devotion. To Cardinal Pole, Mary's Archbishop of Canterbury, hospitals were of utmost importance. As with his Protestant counterparts, Pole called for their inspection, stating in his *Reform of England* that 'it will be an object of inquiry how they are managed, whether their revenues are faithfully dispensed for the benefit of the poor, and whether the life of the inmates is holy and devout'.²⁷⁷ Pole encouraged his bishops to make visitations in their own dioceses, like that which he or his representatives conducted throughout the archdiocese of Canterbury.²⁷⁸

Pole endorsed hospitals, in spite of the controversy that surrounded them from the Reformers. Orme and Webster admit that hospitals were in a similar position to the monasteries that the queen and cardinal struggled to revive.²⁷⁹ However, some were able to be restored to their former glory. Mary and Pole both supported the introduction of clergymen as masters of the hospitals due to the belief that they would better be able to ensure that they served the institutions piously – and help the Catholicisation of what was, effectively, a form of religious house. In 1554, Mary had the lay master of the Hospital of St Katherine by the Tower (London) replaced with a cleric who, in turn, reintroduced the choirs and the hospitality-related functions of the hospital.²⁸⁰ Equally, in 1557, the cardinal appointed a priest as master of the hospital in Heytesbury with the aim of returning it to stricter religious service.²⁸¹ It is clear that like these hospitals, Eastbridge had survived the Reformation. The Master of Eastbridge who had been appointed in 1538, William Sworder, was likewise still in place during Nicholas

²⁷⁷ Reginald Pole, and Henry Raikes (ed.), *The Reform of England, by the Decrees of Cardinal Pole, Legate of the Apostolic See; Promulgated in the Year of Grace 1556* (Chester: R. H. Spence, 1839), p.59.

²⁷⁸ *Ibid.*, p.59.

²⁷⁹ Orme and Webster, *The English Hospital*, p.164.

²⁸⁰ *Ibid.*, p.165.

²⁸¹ *Ibid.*, p.165.

Harpsfield's visitation in 1557, and had continued to 'receive wayfaring and hurt men'.²⁸²

Mary and Pole's attempt at ensuring Catholicism held a presence once again within the hospitals of England would have needed more than the presence of a clergyman. One of Catholicism's biggest differences to Protestantism was the religious ornaments and furnishings, which were used to help the faithful focus their prayers on God. The records of Harpsfield's visitation of Eastbridge, however, noted that in Blean 'a mansion, which the priest always had to serve the chapel, [had been] taken away by the king', and further stated that there were no religious ornaments.²⁸³ As a result, the ability to perform religious rites associated with Catholicism was hindered. During the Marian period, the community who served Eastbridge was no longer able to use statues as a focus for worship or deliver Mass to the peoples living in or near the manor of Blean. As a result, Mary's religious restoration, with regard to Eastbridge, was only half-completed. The Hospital had been encouraged to uphold Catholic Christian values, and practise forms of righteousness in line with faith, yet was not given the capability to deepen Catholic roots. The lands were not returned to it, and although it continued to serve the community, it was without pilgrimage purposes – it had become a hospital in its most basic form, and performed good works dutifully, but there is little to suggest this was a direct result of renewed Catholic vigour.

It was during the Elizabethan era that Eastbridge transformed into the religious and social institution recognisable today. To understand the religious context behind Parker's and Whitgift's aforementioned ordinances, it is important to distinguish their particular theological views. For Parker, this is most easily seen through the *Eleven Articles* of 1559 which were put in place to define the beliefs of the Church of England and ensure widespread adherence to it. The final article, in particular, outlined his views of outward religion. What is significant to note is Parker's endorsement of traditional Protestant beliefs. These are highlighted when he 'utterly disallow[ed] the extolling of images, relics, and feigned miracles'.²⁸⁴ This makes one factor for Eastbridge perfectly clear: the ornaments that Harpsfield lamented were no longer present, would not have been restored. The chapel within the Hospital itself can therefore be pictured to have

²⁸² DCb-J/Z/3.32/f/135/2, *Visitation Register Parish Entry*, 1557.

²⁸³ *Ibid.*

²⁸⁴ Bray, *Documents*, p.351.

likely fallen into conformity with the Protestant religious view of simplicity. Due to Parker's close relationship with the Hospital, he is unlikely to have allowed Catholic practises, such as these, to continue there.

From this moment onward, Eastbridge's relationship with pilgrimage ceased. Although pilgrimage was revived as an outlet for piety during Mary's reign, it cannot be certain how many sick and poor who rested at the Hospital had travelled to Canterbury as pilgrims – if any had at all. However, when Parker authorised that 'wandering on pilgrimages, setting up of candles, [and] praying upon beads' were superstitious practices and had no promise of reward according to scripture, it is likely that forms of pilgrimage (at least openly) came to an end.²⁸⁵ Therefore, Eastbridge's days as a hospital for the purpose of housing pilgrims are certain to have ended upon the *Articles*' proclamation, if not before.

Yet it is interesting that the *Articles* included orders within them for the performance of good acts. The *Articles* exhorted 'all men to the obedience of God's law and to the works of faith'.²⁸⁶ Such works would have been suited ideally to the purposes of hospitals, and are indeed well shown within his statutes for Eastbridge. His first four descriptions of the works of faith were 'charity, mercy, pity, [and] alms', to which he claimed that all men were called.²⁸⁷ These accorded closely with his expectations of the role that Eastbridge should fulfil as a religious institution, hence his insistence that Eastbridge should care for the poor of Canterbury by giving 30d (or a penny each) to thirty paupers every Friday.²⁸⁸ In distributing money in this way, Eastbridge showed charity by helping its neighbours; it was also a reflection of mercy by the Hospital to give to those in need; it was a humble display of pity for those who were greatly suffering; and it was the very performance of almsgiving. In this sense, it is clear that Parker wove the very ideologies of the *Articles* into his statutes for Eastbridge. With this in mind, it is very apparent how Parker's faith influenced and encouraged the Hospital in the performance of its religious duties.

²⁸⁵ Ibid., p.351.

²⁸⁶ Ibid., p.351.

²⁸⁷ Ibid., p.351.

²⁸⁸ John Strype, *Matthew Parker*, p.286.

The most significant outward sign of worship were the religious services that the Archbishop ordered the children of the free school to attend and participate in.²⁸⁹ In this respect, Eastbridge's experiences support Lindemann's argument that religious reform was combined quite carefully with poor relief. By ensuring the children were engaged in and participating in worship under Parker's statutes, they were educated in and exposed to the influence of the Protestant Church of England. This could then be used to entrench an Anglican presence in these children's lives – which was already being aided by a particularly preferential attitude toward Protestantism felt in Kent throughout the Elizabethan era.²⁹⁰ As for direct preaching within the walls of Eastbridge, things are not so clear. Although it was not unheard of for hospitals to have sermons addressed to a gathered congregation – such as that by Lancelot Andrewes in Easter 1588 at St Mary's Hospital, Southampton – there is no record to suggest that any sermons directly took place within Eastbridge Hospital.²⁹¹ Therefore, any Church teaching would have been absorbed through the liturgy and reading of the Book of Common Prayer.

In 1572, while Parker was still archbishop, it became a legal duty that hospitals were to have regular episcopal visitations, that is, annual inspections by the local bishop, their chancellors, or another representative.²⁹² Regular visitations helped to ensure that the statutes were being observed. Due to Whitgift feeling the need to reform Eastbridge, it is likely that these visitations were not as regular, or at least as thorough, as they should have been for the Hospital. However, as Orme and Webster rightly state, such duties and interference reveal that due to the absence of the religious houses that had formerly overshadowed hospitals, the Crown and the Church were far more invested in them than they had been in the past, so that they became major buildings alongside parish churches and market halls.²⁹³ In Canterbury, the dissolution of St Augustine's abbey and other priories might have allowed hospitals like Eastbridge to assume a larger role in the everyday life of Canterbury, through educating the young and aiding the poor.

²⁸⁹ Ibid., p.286.

²⁹⁰ John Guy, *Tudor England* (Oxford: Oxford University Press, 1990), p.296.

²⁹¹ Ian W. Archer, 'Discourses of History in Elizabethan and Early Stuart London', in *The Uses of History in Early Modern England*, Paulina Kewes (San Marino: University of California Press, 2006), pp.213-214.

²⁹² Orme and Webster, *The English Hospital*, p.165.

²⁹³ Orme and Webster, *The English Hospital*, p.166.

Whitgift began to invest in Eastbridge very soon after he became Archbishop of Canterbury, as shown by his Ordinances in 1584. As with Parker, it is necessary to examine his theological convictions, in order to analyse his dealings with the Hospital. Gerald Bray views Whitgift as Calvinist in his theology, yet radically anti-Presbyterian.²⁹⁴ These views of Whitgift might, therefore, have influenced Eastbridge's identity, especially with regard to the schoolchildren who took part in regular worship, and considering a chapel existed there. To counter the arguments against the *Religious Settlement* (1559), Whitgift issued three articles in 1583 to underline his beliefs for the future of the Church, and although they were not consistently enforced throughout Elizabeth's reign, they were upon the succession of King James I (1603-1625).²⁹⁵

Whitgift's articles forbade the preaching, catechising, and ministering of a clergyman unless he accepted that the queen was ruler of all temporal and ecclesiastical roles within her realm; that the Book of Common Prayer and ordering of the clerical hierarchy was in line with scriptural teaching; and that the Articles of Religion were 'agreeable to the Word of God'.²⁹⁶ When read in conjunction with Whitgift's Ordinances for Eastbridge only a year later, we can gain an impression of the religious life of the Hospital at the end of the sixteenth century. It is quite possible that religious life at Eastbridge was radically transformed. The wealth of colour that would have formerly filled the hospital under Catholicism, would have been replaced by basic monochrome in line with the Protestant beliefs of simplicity. As a Calvinist, Whitgift would not have reversed this policy, or any policy, regarding statues or the veneration of saints and their relics, meaning that pilgrimage was not restored and simplicity was enacted in its strictest sense. Visually, Eastbridge Hospital probably became a stereotypically Protestant building in every way: free from colour, icons, and statues, illustrating the Reformers' desire for simplicity. Whitgift, in his Ordinance, even preferred to use the name Eastbridge Hospital, rather than its former name of St Thomas the Martyr's Hospital.²⁹⁷ This was probably due to the theological implications of sainthood, which the Reformed Religion denied, as well as the same issues that Henry VIII had had with Becket's memory, centring on papal claims to supremacy over secular monarchs. This was demonstrated in Whitgift's first article which declared that

²⁹⁴ Bray, *Documents*, p.397.

²⁹⁵ *Ibid.*, p.397.

²⁹⁶ *Ibid.*, p.398.

²⁹⁷ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

no ‘other foreign power... ought to have any jurisdiction, power, superiority, pre-eminence or authority... [within Elizabeth I’s] realms, dominions, and countries’ – Batteley even suggested that Whitgift made no referral to St Thomas as potentially being the founder of the Hospital, for this reason.²⁹⁸

The second article referred to the ordering of the clergy and the use of the Book of Common Prayer. Similar concerns were reflected in Whitgift’s Ordinance on Eastbridge. First of all, he declared that all masters were to be ordained clergymen of the Church of England.²⁹⁹ According to the opening clause of his *Articles*, in order to be a practising Anglican priest, one had to obey all three items addressed.³⁰⁰ This would have meant that the masters of Eastbridge were intended to hold the same or similar beliefs, as the archbishop – ensuring no radically Protestant or Catholic master. This similarity in conviction between the archbishop and master continued. In 1719 John Lewis was chosen to be Eastbridge’s new master on the grounds of his defence of current Anglican beliefs against its opponents.³⁰¹ In this case, therefore, Eastbridge became more entrenched in the Reformed Religion’s ideology and convictions.

Secondly, the worship authorised in the Ordinances would equally have had to be in line with the Book of Common Prayer, again stressed in his *Articles* by the fact that it was expected to be used ‘in public prayer and administration of the sacraments’ – with no other book being given the same allowance. In this way, it was ensured that, within Eastbridge, those attending services would be exposed to the official Anglican form of worship. It is clear here that this would largely have been with regard to the children attending the school. Therefore, when the schoolmaster was to read morning and evening prayers to the students, he would be surrounding them with a Church of England environment – and these prayers would have been officially sanctioned under that Church.³⁰² Therefore, Whitgift’s Ordinances were intended to influence more directly the religious lives of the children than Parker’s statutes had attempted to do.

²⁹⁸ Bray, *Documents*, p.398; U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.5.

²⁹⁹ U24/5a/B/1, *Archbishop John Whitgift’s Ordinance*, 1584.

³⁰⁰ Bray, *Documents*, p.398.

³⁰¹ Alexander Chalmers, *The General Biographical Dictionary: Containing an Historical and Critical Account of the Lives and Writings of the Most Eminent Persons in Every Nation; Particularly the British and Irish, from the Earliest Accounts to the Present Time*, Vol. XX (London: J. Nichols and Son, 1815), p.227.

³⁰² U24/5a/B/1, *Archbishop John Whitgift’s Ordinance*, 1584.

Whilst Parker had involved the students in the worship, Whitgift ensured that they were instructed properly by the Church as well.

John Lawson has argued that throughout the Reformation there was a shift from theological teachings by clergymen, to secularist tendencies and an increased focus upon religious and secular teaching being directed by laymen.³⁰³ In many ways for Eastbridge this was apparent throughout the transition from Parker's statutes to Whitgift's Ordinances. Although Parker initially ordered the children to be instructed in singing so that they could take part in choirs during Church services, Whitgift removed this clause.³⁰⁴ In this sense, Whitgift's focus instead upon reading, writing, and mathematics, would reveal a move away from traditional theological education toward secular knowledge. In this way there is little to refute Lawson's argument. Although Whitgift was able to utilise the school in order to ensure the attendance of the students at Anglican worship, there is very little on the part of education that is in any sense ostensibly religious. However, the purpose of this education is likely to have been very different, and this is where more modern scholarship has disputed Lawson's claims. Although education was seen as a possibility to advance socially in secular occupations, James Anderson states that it was also a means, particularly among Puritan communities, of ensuring that the Bible could be read – particularly in line with Puritan doctrine.³⁰⁵ Although, as discussed, Whitgift was no Puritan, it is possible that he would have agreed with them in this area, due to his insistence on the need for the young scholars to read and understand the Book of Common Prayer. Therefore, although there was little direct relation to religion in the form of education, it would have been highly significant for the students, and thus for Whitgift, that they had the ability to read the Bible in line with protestant beliefs.

It is likely that Whitgift's reforms, though not principally intended to instil a higher standard of pious observances and practices at Eastbridge Hospital, did have a religious objective. Considering masters would not only have held a role in the Hospital's finances and poor relief, but its religious life as well, Whitgift's choice of

³⁰³ John Lawson, *Mediaeval Education and the Reformation* (Abingdon: Routledge, 2013), <https://books.google.co.uk/books?id=SochIc9cRGQC&pg=PT41&dq=education+during+the+reformation&hl=en&sa=X&ved=0CCUQ6AEwAWoVChMI9a-lc WxwIVbgjbCh2Q5A7X#v=onepage&q&f=true> (accessed 31 August 2015).

³⁰⁴ Strype, *Matthew Parker*, p.286.; U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

³⁰⁵ James M. Anderson, *Daily Life During the Reformation* (Santa Barbara: ABC-CLIO, 2011), pp.188-189.

master following his Ordinance suggests the importance he believed religion should hold within the Hospital. In spite of the fact that the Hospital had needed reform due to its questionable financial and social policies, the Archbishop allowed Thomas Lawse to remain master for a further eight years after these reforms. With such a controversial history behind Lawse's maintenance of Eastbridge, it is likely he remained as a result of his piety, being the prebendary of the cathedral and commissary general of the archbishop.³⁰⁶ Therefore, it is clear that the Hospital's connection to the Church and its use as a centre for Protestantism were seen as a fruitful outcome of the Ordinances that should be carefully maintained.

Many hospitals in England were not as fortunate as Eastbridge to have been protected from dissolution during the Reformation. St Leonard's Hospital in York, earning £310 per annum, was distinguished as one of the greater monasteries and so the subject of dissolution in 1536.³⁰⁷ As previously stated, Eastbridge's earnings of under £50, according to both Cobbett, as well as Orme and Webster's estimations, meant the Hospital would not have suffered as a direct result of Parliament's Reformist policies of 1536.³⁰⁸ Eastbridge does not, however, reflect the norm for smaller hospitals of the period which, though surviving the initial parliamentary policies, were largely dissolved. From Kepier's Hospital in Durham (County Durham) to St John's Hospital in Redcliffe (Gloucestershire), these hospitals earning between £50 and £99 each year were permanently dissolved, along with the majority of other hospitals of similar size.³⁰⁹ As a result, it is clear that Eastbridge was very fortunate to receive the benefaction of Parker following Queen Elizabeth I's negative perception of it – else the Reformation could have borne it the same result as many of the other hospitals.

Upon Eastbridge's foundation under the archbishops, it is clear that it followed a similar religious approach to that of other hospitals. St Lawrence's Hospital in Bodmin (Cornwall), after gaining support from the queen in 1582, was equally expected to hold daily religious services and was obligated to find a priest to administer the sacraments –

³⁰⁶ Anthony W. Johnson, 'Laudianism and Literary Communication: The Case of John Boys's *Fasti Cantuarienses* (1670)', in *Literary Community-Making: The Dialogicality of English Texts from the Seventeenth Century to the Present*, Roger D. Sell (ed.) (Amsterdam: John Benjamins Publishing, 2012), pp.37-74 (p.41).

³⁰⁷ Claire Cross, 'Yorkshire Nunneries in the Early Tudor Period' in *The Religious Orders in Pre-Reformation England*, James G. Clark (ed.) (Woodbridge: The Boydell Press, 2002), p.146.

³⁰⁸ Orme and Webster, *The English Hospital*, p.162; Cobbett, *A History of the Protestant Reformation*, p.85.

³⁰⁹ *Ibid.*, p.162.

using the appointed Church prayers.³¹⁰ Eastbridge being authorised to undertake religious services every other week day in its chapel under the Ordinance by Whitgift reveals that it was not all too different to St Lawrence's.³¹¹ Its support by the archbishops, however, is also worthy of note, as many surviving hospitals had to rely upon alms from the public in order to continue in existence – Honiton's Hospital (Devon) even had to send alms collectors throughout the county and Cornwall to gain the sufficient funds.³¹² Evidently the archbishops' reclamation and confirmation of lands on Eastbridge was one factor where its Church connection was of particular use. Where the Reformation had harmed many hospitals, it came to protect Eastbridge.

Some of the regulations that Whitgift introduced at Eastbridge were not unusual even in Continental Europe. In Rome, the modernisation of hospitals, as well as the creation of new ones, had become a symbol of the papacy's ability to lead 'the world in spiritual and physical health', as Christopher Black remarks.³¹³ In 1583, for example, Cardinal Antonio Maria Salvati was named the 'Protector of Hospitals'.³¹⁴ Batteley, in turn, remarked that Whitgift was deserving of the title 'Patron, Founder & Endower of this (Eastbridge) Hospital'.³¹⁵ It was not just in England that the leading Church authorities had influence and control over their hospitals. The Archbishop of Canterbury's intervention in Eastbridge's affairs mirrored, to some extent, that of the pope and cardinals in the affairs of Roman hospitals. The biggest difference, however, with Rome would have been that the hospitals continued to serve pilgrims.

In a similar period, other areas of Europe were not as keen to have their hospitals as tightly connected to religion as those in Rome, or as at Eastbridge. In France, King Charles IX followed a policy of laicising hospital workers similar to Whitgift when dealing with Eastbridge's administration of using secular brothers and sisters within the Hospital – largely due to the absence of monks and nuns in Protestant England.³¹⁶ Another similarity between Eastbridge's administration and the French method was the

³¹⁰ Ibid., p.190.

³¹¹ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

³¹² Orme and Webster, *The English Hospital*, p.250.

³¹³ Christopher F. Black, *Church, Religion, and Society in Early Modern Italy* (Basingstoke: Palgrave Macmillan, 2004), p.144.

³¹⁴ Ibid., p.144.

³¹⁵ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.145.

³¹⁶ Susan E. Dinan, 'Motivations for Charity in Early Modern France', in, *The Reformation of Charity: The Secular and Religious in Early Modern Poor Relief*, Thomas Max Safley (Boston: Brill Academic Publishers, Inc., 2003), pp.176-192 (p.185); U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

interference that the respective monarchs had over the hospitals. As previously seen, Queen Mary intervened in the affairs of hospitals throughout the realm, such as ordering visitations and replacing masters.³¹⁷ Elizabeth was also involved directly with the state of hospitals, and particularly Eastbridge, as shown by her checking on its productivity, and then gifting it to John Farnham.³¹⁸ Susan Dinan claims that this approach to hospitals was also used by the French monarchy; the kings forced themselves upon the charitable institutions, with declarations on structure and personnel change that radically transformed them.³¹⁹ Whilst in France, they attempted to secularise hospitals, Whitgift's reforms on Eastbridge protected the idea of a religious institute led by a clergyman, alongside regular religious services and poor relief with a faith-based purpose. This approach was unlike what was being undertaken in Protestant Europe where Calvinism, the theological line of thought that Whitgift had, drove the force for the secularisation of poor relief.³²⁰ In this sense, the policies toward Eastbridge were clearly different to continental initiatives on hospitals from both Catholic and Protestant Europeans.

One key difference, who worked within the Hospital, and the difference between it as a Catholic and as a Protestant institute can be illustrated by the departure of Brother William Dale from the Hospital in 1661.³²¹ It is stated that he voluntarily resigned to 'John Sackett Clerke Master of the said hospitall and to me George Milles Maior of the said Citty'.³²² Dale's resignation underlines that the brothers and sisters of Eastbridge Hospital were not held within the same expectations of those within a Religious Order; that being, that it was not necessarily a lifetime commitment. For Eastbridge this reveals a significant difference between its Catholic past, and shows that by the end of this period of study, having continued to maintain the orders of Parker and Whitgift, it had fully transformed to be in line with English Protestantism.

To conclude, Eastbridge Hospital went through periods of profound religious change in the sixteenth century which influenced its existence in that and the following century. As a result of these changes it shed many of its characteristics as a Catholic

³¹⁷ Orme and Webster, *The English Hospital*, p.165.

³¹⁸ Strype, *John Whitgift*, p.355.

³¹⁹ Dinan, 'Motivations', p.185.

³²⁰ Robert Jütte, *Poverty and Deviance in Early Modern Europe* (Cambridge: Cambridge University Press, 1994), p.114.

³²¹ The fact that he resigned in 1661 may suggest that the Hospital remained fully functioning throughout the Protectorate, if not the Civil War as well.

³²² Canterbury Cathedral Archives, DCc-PET/290, *Declaration*, 1662.

institution, and adopted a Protestant ethos, largely due to the efforts of Parker and Whitgift. The accusations made by Brinklow, that the masters cared little for the poor, could no longer be seen at Eastbridge by the end of this period, where they ensured that regulations (such as beds for the sick, and the school for the young) were in place to aid poor relief; spent time living at or near the Hospital; and adhered to the entrenched beliefs of Protestant Christianity in helping those in need. Whilst there were moments that the masters may have faulted in these practices, such as the aforementioned case of Sackett in 1637, such piety was largely maintained by the masters throughout the period.³²³

Eastbridge had a unique identity as an institution that was partly religious and partly secular. In many ways, the Hospital followed a Calvinist dogma very in line with the belief system of early Anglicanism but the involvement of religious figures, the clerical masters, within the Hospital also illustrates an acceptance of some Catholic elements. Meanwhile, there were the secular brothers and sisters who performed their good works by helping the poor and sick within, ensuring that they were cared for accordingly. These attributes have helped define Eastbridge as particularly unique both in England and on the continent. Although it continued to hold religious services, as other English hospitals that had survived dissolution were obligated to, it was different to many other contemporary institutions in that it had such deep connections to the Church. Although the Crown continued to interfere with the secular functions of hospitals within England, Eastbridge had a distinctive involvement with the Church. Archbishops Parker and Whitgift being so invested in the Hospital was very dissimilar to the Church's approach to Honiton's for example, where it was left to the secular control of the Crown. Meanwhile on the continent, Eastbridge shared similarities with Catholics, due to its deep religious focus, but also with both Catholic and Protestant territories, due to the fact that the monarch had a significant hold over hospitals and their policies. What differentiates Eastbridge from continental hospital policies was its combination of Reformist and Catholic outlooks which made significant dissimilarities arise with the two religious groups. The Hospital was unlike those in Catholic lands, which hired monks and nuns to work in the institutions, due to its employment of secular workers; meanwhile it contrasted with Calvinist Europe by continuing to endorse Church led poor relief in lieu of growing secular management.

³²³ DCc-ChAnt/C/940C, *Notes*, 1637.

Understandably, Parker's reforms to Eastbridge had a significant impact upon it – they ensured that it became entrenched within religious poor relief and service to the community. By weaving his theology of good deeds into the Hospital's policy of poor relief, he reflected Lindemann's claim of reformation of poor relief through religious change.³²⁴ Whitgift's theology, however, clearly impacted the Hospital even more so. By ordering the need for Eastbridge to hold services for the youth during their education and underlining the importance of a clergyman as master, he ensured the spread and knowledge of Anglicanism from within the Hospital. Meanwhile, by focusing on the significance of welcoming and caring for the poor within the walls of Eastbridge, he underlined the essence of Protestant charity. This in turn helped to transform Eastbridge into an institution reflecting English Protestantism and of importance to Canterbury, and saved it, alongside Parker, from the ruination of many of its contemporary institutions throughout England. What makes Eastbridge's story of the Reformation so different to many other hospitals is its survival and its prosperity upon the introduction of Protestantism.

³²⁴ Lindemann, *Medicine and Society*, p.229.

Conclusion:

The Impact of Reforms on Eastbridge

Throughout the sixteenth and seventeenth centuries, Eastbridge Hospital rapidly transformed from a religious institution offering hospitality to pilgrims, into an organisation under the guidance of the Church, offering poor relief to a wide range of Canterbury's citizens. This study has investigated the Hospital's transformation and attempted to explain why the masters who led it, and the archbishops who had such influence over it, made the decisions and decrees that they did. Eastbridge reflects how the Reformation attempted to transform not only the beliefs of the populace, but the religious methods of institutions too. Fundamentally, economics, social pressures, and religion have all been shown to have played a significant role in the Hospital's development throughout this period. To be one of the surviving institutions from the Dissolution already reflects its significance, yet its ability to thrive in its particular style by the late seventeenth century as a Protestant hospital has led it to be very unique on both a European and a national scale.

Having lost a significant amount of land at the start of the Reformation, it is evident that those who controlled the Hospital's finances were pragmatic. Considering that even before its lands were reclaimed during the Elizabethan era, Harpsfield claimed that it continued to perform the majority of its work in poor relief; this would suggest that the Hospital remained financially viable throughout the period.³²⁵ Considering Whitgift felt that its income far outweighed its expenditure following the restoration of its lands, there is no doubt that Eastbridge was, by the end of the sixteenth century at least, economically sustainable. The rentals from Henry VIII's reign have helped to give a detailed and clear insight into the properties Eastbridge owned, ranging from inside and outside Canterbury, and the array of people it dealt with (from all social classes and professions, such as 'My Lorde of crystcherch' and the farmer Wylham Wyk).³²⁶

³²⁵ Page, 'Hospitals: Hospitals in and around Canterbury', <http://www.british-history.ac.uk/vch/kent/vol2/pp209-216>.

³²⁶ DCc-FX/48, *Eastbridge Rental*, 1527.

It has been shown that with the intervention of Archbishops Parker and Whitgift, the Hospital was able to be revived and used for the provision of poor relief – as it had been before the Reformation. The income that Eastbridge regained from its lost territories was undoubtedly significant in undertaking its new responsibilities. Considering it was expected to form and maintain a free school, with the schoolmaster and stationery under its own expenditure (a new financial expense), and Whitgift ordered it to pay for the two scholars attending Cambridge indefinitely, the use of its income would have had to be tightly managed.³²⁷ Although there were rare declarations of corruption, the Hospital appears to have used its income for the given purposes and maintained all of its responsibilities.

Essentially, its financial viability was in line with both its religious and secular purposes. The Hospital used its income for both poor relief and practical use. For poor relief, the brothers and sisters who served within the Hospital were paid generously and they seem to have become entrenched within the general organisation of the institution. Moreover, with regard to community practicality, Eastbridge was held by its responsibility as a pilgrimage hospital of maintaining the East Bridge and cleaning the streets surrounding it. Yet again, these payments appear to be regular and there is no sign that they were defaulted. In this sense, the Hospital seems to have been a particularly successful institution.

In its relationship with its tenants across its history, Eastbridge appears to have had a good rapport – the responsibilities asked of them, such as maintaining the rented property, were commonplace and caused no complaint. There is the obvious disagreement with Pettit but, considering it is likely he was not a tenant within the Hospital's lands in the first place, it is understandable why such a dispute arose. The repetition of the indenture with Elizabeth Turner would suggest a reliable landlord-tenant relationship and reveals that Eastbridge was able to function adequately as both an institute for the poor and a landowner.

With regard to financial status, Eastbridge came out of the Reformation surprisingly unscathed – its restoration of lands due to Parker largely meant that the initial losses it suffered were reversed.³²⁸ Financially for Eastbridge, the Hospital was

³²⁷ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

³²⁸ U24/1/1, *Book: Lib. Hospit de East-Brigge Cant.*, 1695, p.123.

very similar to how it had been before the Reformation – owning land and receiving a regular income. By continuing to use its income fruitfully, and in line with Whitgift's Ordinances, the Hospital was able to function sustainably and afford both its religious and social duties.

Social pressures had a significant impact upon both Catholic and Protestant Humanists of the time who realised that more needed to be done to help those in need. Even as early as the fifteenth century, Humanists were writing on how poor relief and social welfare could be improved.³²⁹ This can be seen to have had a great impact upon the Reformers of the Church in England, where relief was slowly combined with governmental bodies still in place. This would explain why Eastbridge became so important.

The idea of the Reformers was to create a nation where those who were impoverished could be helped, and then able to become invested and valued members of society once more.³³⁰ The way in which Eastbridge came to orientate itself appears to echo this. Although the Hospital initially helped with direct financial relief – the 30d that was supposed to be distributed to the poor under the terms of Parker's statutes, for example – it grew to encompass so much more than merely assisting in the short-term. Whitgift's reforms of ensuring that people were welcomed and kept within, with direct care from the brothers and sisters, shows that the Hospital became more interactive with the poor.³³¹ In fact, it can be claimed that Eastbridge came to be much more invested in the futures of the poor that it helped. It is even claimed that the famous playwright, Christopher Marlowe had benefitted from being a member of the free school (shown by his education in music) before venturing on from there to university.³³²

Eastbridge's largest impact on poor society was undoubtedly its role in education, which it treated as a form of poor relief. By opening its doors to poor children, it was able to ensure that they benefitted from an education that they would otherwise have been unlikely to attain. The fact that this continued well into the 1680s suggests that Eastbridge took this responsibility as one of its most important, revealing

³²⁹ Lindemann, *Medicine and Society*, p.229.

³³⁰ Ole Peter Grell, 'The Protestant Imperative', in *Health care and Poor Relief in Protestant Europe 1500-1700*, Andrew Cunningham and Grell, Peter Ole (eds.) (London: Routledge, 2002), pp.50-60 (p.58).

³³¹ U24/5a/B/1, *Archbishop John Whitgift's Ordinance*, 1584.

³³² Constance Brown Kuriyama, *Christopher Marlowe: A Renaissance Life* (New York: Cornell Paperbacks, 2010), p.22.

that, for the Hospital at least, this had become one of its biggest concerns. In 1688, it spent £5 2s 6d on provisions for the school (from the schoolmaster to stationery).³³³ With what appears to be an almost unbroken period of educating the poor youth of the city, it is clear that education, as a form of poor relief, had become enshrined into the nature of Eastbridge – a great difference in relief to its time as a pilgrimage hospital.

As for religion, the Hospital appears to have been significantly influenced by the Reformation and the attitudes of the archbishops who oversaw its transformation. Many of Eastbridge's financial and social policies were based upon the religious change brought on by the Reformation. As discussed, its poor relief was largely influenced by the thinking of the Humanists and Reformers of the time – tying social wellbeing to the new religious changes brought in steadily throughout the Tudor governments. The instruction of boys in reading and writing would have helped them to be able to study, discuss, and share scripture. The fact that they were exposed to Anglican teaching would also have aided the Church authorities who led the Hospital (and so the school) to ensure that the Established Church's policies were well-known among a large number of children (particularly due to the quick turnover of four years maximum studying per student).³³⁴ The Hospital therefore is likely to have become an important player in the proselytising of Anglicanism and conformity to it among Canterbury's poor.

The Hospital had become a Protestant institution. It had adhered to the simplicity of the Calvinist ideology followed by the Church of England at the time, and with the aid of masters who were instructed with Anglican doctrine and ordained members of the Church, Eastbridge became further and further invested within religion. This was greatly in contrast to the form that hospitals took in the Protestant lands on the continent, as shown in the Low Countries by the middle of the seventeenth century where benefactors felt called to invest in alternative forms of poor relief to that found in hospitals.³³⁵ There is little to suggest that Eastbridge lost support from benefactors, as shown by the Church's clear involvement into the eighteenth century with master selection, and Denne acting on its behalf to Bridgeman during the dispute with Pettit.

³³³ U24/15/8, *Folder*, 'Referid Rents', 1688.

³³⁴ Strype, *Matthew Parker*, p.286.

³³⁵ S. Amanda Eurich, 'Curing Body and Soul Health Care in Early Modern Orange' in *The Reformation of Charity: The Secular and Religious in Early Modern Poor Relief*, Thomas Max Safley (Boston: Brill Academic Publishers, Inc., 2003), pp.154-175 (p.159).

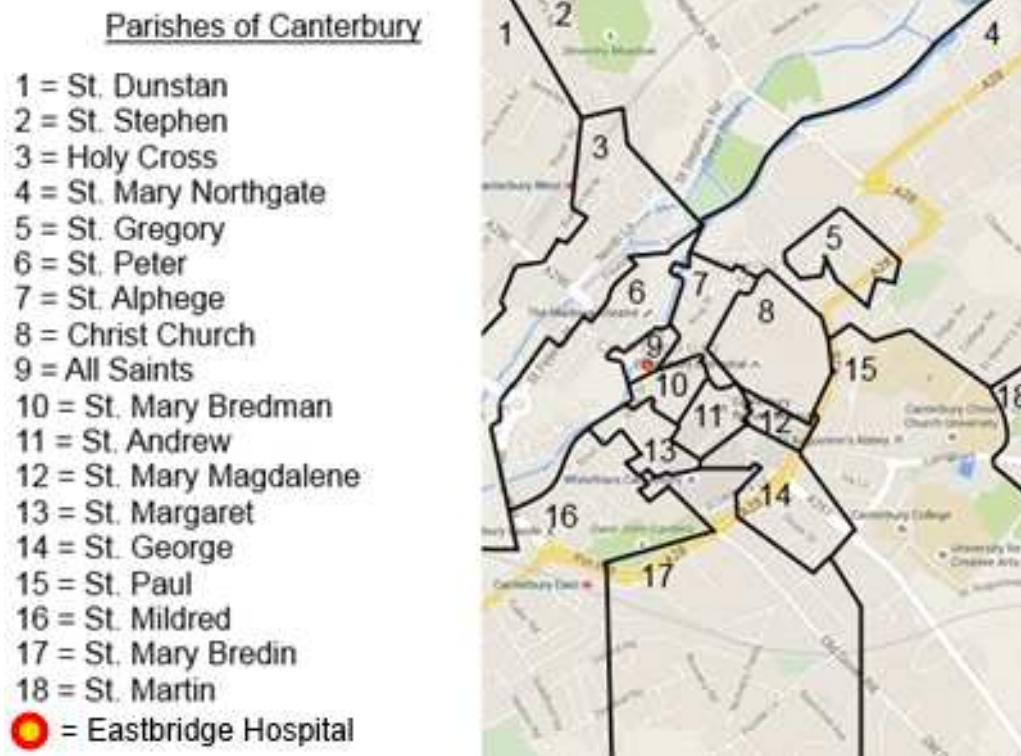
The relationship that Eastbridge had with religion was profound, and this is probably due to its strong connection to Parker and Whitgift. The Church link gave the Hospital a different style to other institutions in England which were largely run secularly – as expected of Protestant hospitals on the continent. The investment of Church interaction with the surrounding populace, and the employment of a clergyman as master, underlined the Hospital as a fundamentally religious organisation. By directing Eastbridge's statutes under the rules of the archbishops' respective articles, this made the Hospital develop quickly and effectively into a Protestant institution for poor relief and education.

It is important therefore to note that Eastbridge Hospital was a remarkable institution for its time. It survived the turmoil of the Reformation which saw the ruin of much older organisations within Canterbury, like the monastery, St Augustine's Abbey. It survived the Civil War, and the riot that struck out throughout the city on that fateful Christmas day in 1647. It also survived many of its records being purged and lost throughout the two centuries of disturbance. Within this period what makes it even more noteworthy is that apart from the occasional error along the way – the interim between Parker and Whitgift's reforms, and the accusations against Sackett for example – there is little to suggest that Eastbridge Hospital stopped providing poor relief.

As an institution representing the ideal form of aid for those in need during the early years of Protestantism, the Hospital was able to perform its duties readily and devotedly. It was never short of the money that it needed to help the destitute, and most of the time it did it with little controversy. It reformed in ways that were rapid and successful in aiding a vast range of people from soldiers to children. As its role had previously been to mind pilgrims, its swift refocus is an impressive feat considering this took place in under half a century after the Reformation began in England. Lastly, it was an institution that was invested in the whole community in a way that not many were – especially a hospital: it was a landowner that was responsible for dozens of people; it was a teacher for those who were most deprived in Canterbury; and it was an adherent and preacher of the established faith. Eastbridge did all of this in spite of the resistance and shortcomings that it faced within the first years of the Reformation – in many ways, it was a unique and influential institution that deserves more recognition for its significant impact in the Early Modern life of Canterbury.

Appendices

Appendix 1: Map of modern Canterbury divided into the parish borders of the Reformation period



Appendix 2: A list of the Masters of Eastbridge Hospital as displayed within the building



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