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THE HOSPITAL OF ST JOHN THE BAPTIST, WINCHESTER

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ABSTRACT

Excavations and survey recording at St John's Rooms provided valuable insights into the structural history of the only surviving parts of the medieval and later Hospital of St John the Baptist. A complex sequence stretching over more than nine centuries was revealed and an attempt is made to fit this structural history to the written record.

INTRODUCTION

St John's Rooms and its adjoining Chapel, situated on the northern side of the Broadway in Winchester, are the only surviving buildings of the medieval and later Hospital of St John the Baptist. The other parts of the original structure have been destroyed by the succession of development of the area, although the boundaries of the medieval Hospital have survived virtually intact to form the limits of the current St John's Charity almshouses complex.

Modern opportunities to record structural details of the surviving buildings have been limited. However, in January 1981 plans were put forward to refurbish both floors of the St John's Rooms; these plans required some structural alterations. Although limited in nature because of the Grade II listed status of the building, these alterations allowed access for some limited archaeological investigation and structural recording. After the removal of modern plaster, the ground floor of the building, thought to be the original infirmaries of the hospital, was surveyed, and drawings prepared of the internal faces of the walls. A partial renovation of a Victorian extension to the north of St John's Rooms also facilitated the recording of parts of the outer face of the north wall of the infirmaries. There was some limited excavation in the area of the blocked northern door.

Inside, the removal of the suspended timber floor revealed earlier floor surfaces. Limited excavation was undertaken in three separate areas to determine if evidence for earlier use survived. Subsequent observation of the internal renovation of the upper floor of the building revealed evidence for the survival of the medieval structure at this level.

Although restricted by the limited opportunities for archaeological recording, this programme of survey and excavation gave valuable insights into the structural history of the building, and allows an attempt to be made to fit this structural history to the written record.

DOCUMENTARY BACKGROUND

A number of authors and historians have written on the foundation and development of St John's Hospital. These include Ralph Lambe, the founder of the Hospital almshouses in the 16th century (Atkinson 1963, 25–6), John Trussell in the 17th century, Milner in his famous history of Winchester (1798), John Deverell in his history of the Hospital of 1879 and its update by Thomas Stopher in 1924. More recently, Carpenter-Turner has written accounts of the Hospital, which are especially useful in dealing with the later history and the St John's Charity (1955, 20–34; 1992b). Keene has also summarised the known documents and related evidence (1985, 814–22).

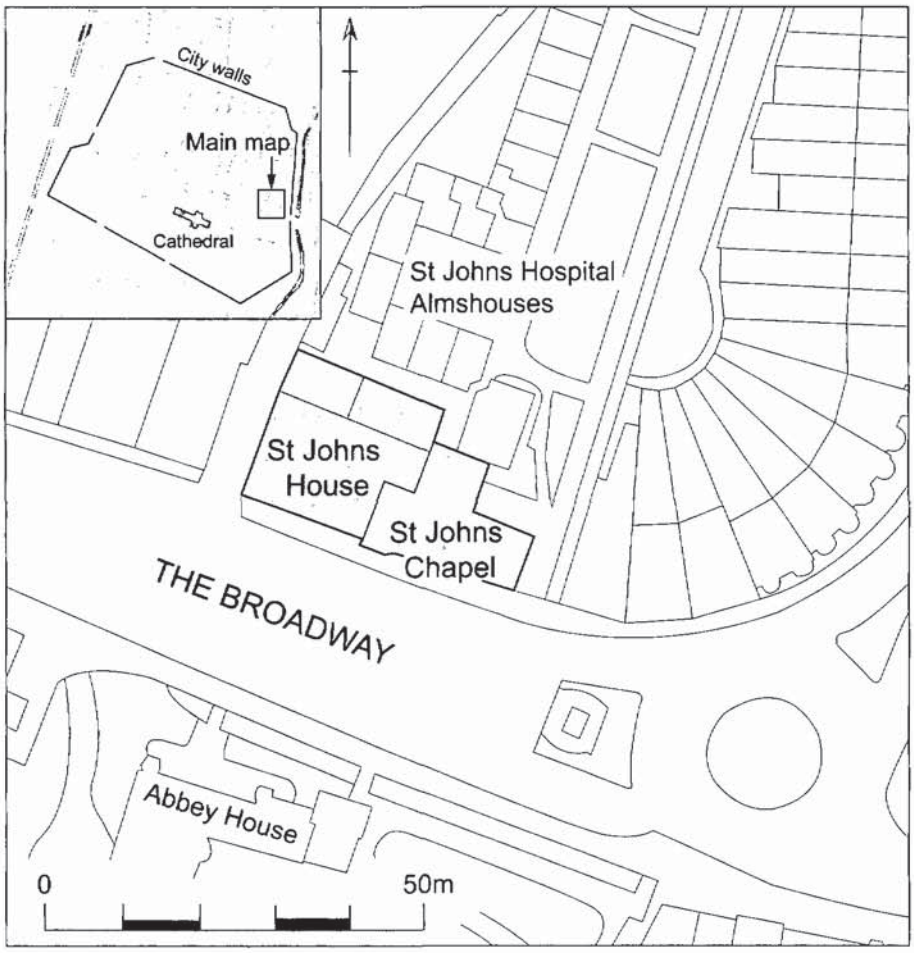

Fig. 1 St John's Hospital – location plan

The written record is also represented by the remarkable survival of a large part of the records of the administration of the Hospital and its estate. These, together with other city records (May 1954, 325–33; Bird 1925) give a reasonably clear picture of the functions of the hospital, and its interaction with the processes of government of the city.

The history of the Hospital, as both a centre for medieval administration, and an embodiment of civic sensibilities and personal philanthropy, must be virtually unique within the city. The Hospital was ideally situated both physically and politically to reflect both the origin and rise of true municipal urban power and its associated urban population, and the subsequent financial decline and stagnation of this power. Thus the fluctuating fortunes of the Hospital closely represent both a model and a microcosm of Winchester's civic history.

The Location of the Hospital (Fig. 1)

The site of St John's Hospital, at the edge of a raised causeway leading from the centre of the city to the east gate and bridge, probably cor-

responded with an 'island' between the various channels of the river Itchen, similar to that at Wolvesey Palace (Biddle 1976, 239) The construction of masonry buildings in this area, other than on one of these 'islands' would have been a very rash endeavour, and we must assume, from the locations of other masonry buildings, that the contemporary architects and builders had knowledge of the ground conditions throughout the city. These ground conditions may also explain the absence of any evidence of cellars (although these cannot be completely ruled out without further investigation).

Density of occupation in the upper, drier part of the city during the 12th and 13th centuries was such that this new, large-scale foundation had to be constructed in the lower, wetter part of the city. This pattern of occupation was also reflected in the marginal land used by the friaries (the Black Friars in Winchester constructed their buildings immediately to the east of the Hospital), a situation common in other towns.

The Hospital buildings of the 12th and 13th centuries do not survive, but were probably located on the same site as the later buildings. Indeed, possible evidence for these early buildings was recorded in one of the excavated trenches (Trench III).

The Foundation of the Hospital

The information, evidence and traditions relating to the origins and development of the Hospital have been gathered by Carpenter-Turner (1992b) and Keene (1985, 813–22), and need not be repeated in detail here. However, a summary is appropriate.

A late medieval tradition that St John's Hospital was founded by Saint Beornstan, (latterly St Brinstan), is probably erroneous. By 1395 there was a painting of the saint in the chapel of the Hospital, and a calendar of Hyde Abbey, now lost, but copied in 1478, commemorated Beornstan as the founder of the Hospital. However, earlier accounts of the life of the saint make no mention of the Hospital. Later tradition suggested the foundation of the Hospital originated with John (le) Devenish in 1289. Devenish was a citizen and alderman of Winchester, and thus one of its foremost residents. Although he played an important part in the Hospital's later history, written sources indicate that its foundation must be earlier. These issues are discussed more fully by Keene (1985, 814).

The 12th century, nationally significant because of the upheaval of the war between King Stephen and Empress Mathilda, was of mixed fortune for Winchester. Stephen's brother Henry de Blois, Bishop of Winchester from 1129 to 1171, seems to have been in effective rule of the city, rather than either of the warring parties. De Blois was a shrewd politician, a great patron of the arts, and supporter of charitable foundations (Bussby 1979, 15–35). It was during his episcopate that the other Winchester hospitals came into being.

There were at least three other hospitals in Winchester by the middle of the 12th century. The Sustren Spittal, certainly in existence by 1148, may have been founded as early as 1110. Situated outside the Kingsgate, it was maintained by a group of sisters, dependent on the Cathedral Priory. Also in existence by 1148 was the leper hospital of St Mary Magdalen, alongside the road to London, over a mile east of the city centre. This was Winchester's only true hospital in the modern sense of the word, solely intended for the care of those with one of the myriad of illnesses commonly covered by the blanket term of leprosy. Its foundation was probably attributable to de Blois.

The third hospital, that of St Cross, was founded by de Blois in 1133. This institution was intended for the poor rather than the sick, and so may have fulfilled a similar function to that of St John's Hospital. St Cross was placed under the custodianship of the Knights Hospitaller between 1151 and 1204, before being returned to the rule of the bishops (McIlwain 1993, 3).This may have led to the supposition that the Hospitallers were involved in the foundation of St John's Hospital. Hospitaller foundations were commonly called St John or St Mary, but this is purely coincidental.

Despite, or perhaps even because of, the upheavals of civil war and the financial chaos

that came in its wake, the civic functions and powers of Winchester were becoming established during this period. The merchant guilds, and separately the citizens, received their first charters from Henry II in 1155. In 1200 the first record of a Mayor of Winchester was made, and the citizens had acquired a common seal for the authentication of charters. St John's Hospital may have originated as an embodiment of this new civic power. The foundation of the Hospital from funds given by citizens was clearly a major undertaking during a period of financial instability. It is also possible that it represented a civic response to the episcopal Hospital foundations.

The first written record of the Hospital comes from a rental of Southwick Priory dated 1219. It describes 12d rent being due from a property '*per manum fr'is Hospitalis Sancti Johannis*'. Another possible reference of 1219 comes from an encroachment of Adam Cawet '*iuxta hospitalem Winton' in magno vico*', clearly establishing a Hospital somewhere on the main street of the city. Thus the Hospital seems to have been founded by the 12th or early 13th century.

There is a possibility that the late 12th or early 13th century hospital succeeded an earlier institution. A possible guildhall, the *Hantachenesele*, mentioned in the mid 12th century survey of the city for the Colebrook Street aldermanry, may represent part of the Hospital (which was considered to be within this aldermanry). The later use of the hall of the Hospital for the *Burghmote*, or thrice yearly assembly (described below), part of the link between the prominent citizens and the Hospital, perhaps originated with this '*Hantachenesele*'.

The Hospital in the 13th Century

The Hospital thrived during the 13th century. There are various documents surviving from 1235–6 onwards, when the first record is made of its master. In 1244–6 the transfer of some of the hospital property to establish the new precinct of the adjacent Black Friars was recorded. The first mention of the chapel is made in 1270, confirmed in the registers of John de Pontissara, Bishop of Winchester 1282–1305. In 1270 it had been granted land in Micheldever, and in 1283 land in the western suburb of the city, whilst in 1276 a free loom was granted to the Hospital.

The first recorded major donation to the Hospital came from Simon Le Drapir, also known as Simon of Winchester, one of the most important local citizens of the time. Simon was a prominent merchant, and powerful in local politics. In 1266 he became Mayor, and was to remain so for seven years. Despite being imprisoned in Westminster in 1275, he seems to have redeemed himself, as he was made sheriff of Hampshire in 1282, and knighted in 1286.

On Simon's death he granted property in St Giles' Fair to the Hospital, to maintain a chaplain to celebrate for the souls of his family, and to sustain a brother to aid the warden of the Hospital. He also granted two cartloads of straw annually from his manors of Drayton and Lainston to the poor of the Hospital. The St Giles' fair property was to provide the bulk of the income of the Hospital whilst the fair prospered, and the decline of the fair is clearly marked in the decline of the income from these properties. The Hospital rental of 1294 provides the first clear picture of the property endowed up to this point, rental income amounting to £56.18s.3½d, an enormous sum for that period, a quarter of which was obtained from the properties in the fair.

The Hospital in the 14th Century

John (le) Devenish first appears in the history of the Hospital in the 14th century. The Devenish family were prominent citizens throughout the century, with several, including John, becoming bailiff, mayor, or Member of Parliament during the period. However, John was the only family member to donate property to the Hospital. In 1331–2, he endowed it with the rent of 100s annually from property in Winchester and Little Somborne. The gift was intended to support a chaplain to celebrate for the family. Devenish also had a new chapel, that of St Mary, constructed for this purpose. The money was also to aid the sick and poor housed in the

Hospital to a level of 6d per week. Confusion has arisen from this gift, and various dates for its endowment are given, even suggesting that this was the total value of the Hospital's property at the time. This may in turn have led to the supposition that Devenish founded the Hospital.

John Devenish's gift was the last major donation to the Hospital in the medieval period, although individuals regularly made smaller donations. However, by this time the Hospital was one of the wealthiest landlords in the city, rivalling the royal and episcopal estates in the city area.

The financial demise of the city in the second half of the 14th century was mirrored by the decline in wealth of the Hospital. This was most marked during the decline of St Giles Fair, as most of the income of the Hospital had come from this source. In real terms the Hospital's income from the Fair had declined to almost nothing by *c.* 1370. Despite beginning to acquire property away from the fair and thus stabilising its income, the Hospital was never to re-achieve the level of wealth it had attained in the early part of the century.

The Hospital in the 15th Century

The policy of diversifying its property holding meant that by the early 15th century, the amount of properties held by the Hospital was almost four times that held at the end of the 13th century, and yet the income had not increased in proportion.

During the first two decades of the 15th century a major reconstruction of the Hospital buildings was undertaken. This seems to have occurred through the auspices of the then Mayor, Mark le Fayre. Although his involvement with the Hospital was limited to that traditionally undertaken by the Mayor (described below), he was mistakenly thought to be one of the Hospital benefactors. Like Simon of Winchester, and Devenish, he was a merchant, who became a bailiff, and subsequently Mayor several times. He was also MP for the city several times, and was thus one of its most influential citizens. His influence must have been further enhanced by the marriage of his daughter, Catherine, to Henry Somer. Somer was then Chancellor of the Exchequer and warden of the exchange and mint at the Tower of London, and later became a Justice of the Peace for the county of Middlesex. Le Fayre made Somer his heir, but Somer, resident in London for most of his life, appointed a collector for his rents in Winchester. In 1442, the city authorities bought Somer's Winchester properties. This was commemorated in the chapel of St John's, and a memorial to Le Fayre and his family was erected (May 1954, 327).

This commemoration may have added to the confusion (over whether Le Fayre's and later Somer's properties belonged to the city or to the Hospital) when the city began to administer both its own estate and that of St John's together. The city authorities employed Nicholas Portland, master mason of Salisbury Cathedral, to reconstruct the Hospital buildings, and it is his work that is the earliest to survive in the standing buildings (described below). This work cost over £70, clearly a very major undertaking in a time of financial decline in the city.

The rest of the 15th century seems to have been a remarkably stable period for the Hospital. The dramatic decline of the wealth of the city during this period is not reflected in the Hospital revenues. Changes in the pattern of property values over the town area seem to have cushioned the effect on the Hospital, and the rental of Hospital chambers seems to have aided in this relative stability.

The end of the 15th century was marked by a serious fire at the Hospital, which apparently destroying many of the larger chambers, although the masonry infirmaries and chapels do not appear to have been seriously affected. However, this fire seems to have marked a watershed in the history of the hospital, and its function was to change dramatically afterwards. Thus it becomes necessary to outline the diverse functions of the medieval Hospital up to this point in time.

The Role and Functions of St John's Hospital

It is possible to break down the role of the medieval hospital into several key functions. Again, these have been researched and

published in detail by Carpenter-Turner (1992b) and Keene (1985, 814–22).

The care of the poor and sick

The modern concept of a hospital, as a place for the treatment of the sick, only formed a minimal part of the functions of St John's. It did provide care for the sick and infirm, but for short-term periods only, and probably never for more than six people at any one time. One servant was assigned to the care of the sick. It seems that the poor people who stayed at the Hospital were often strangers, travellers, or pilgrims, rather than residents of the town. However, few details of this function are preserved in the accounts, which is suggestive of the transitory nature of their occupancy. Clearly the double infirmary was of more than adequate size for the care of so few local sick people, and thus may also have fulfilled the function of hostel for the poor travellers. Infection may not have been a problem, as infectious patients would have been restricted to St Mary Magdalen Hospital.

The brothers and sisters, and the payment of alms

The brothers and sisters of the Hospital were the long-term residents. Their exact status is unknown, but it seems clear that they and the master formed the 'body' of the Hospital. They were probably disadvantaged members of the community, given shelter, clothing, and food, paid for from the general revenues of the Hospital. They were bound in obedience to the master, and may have assisted in the care of the sick, and in the religious observances of the Hospital. It is clear from the records that they had to take a religious vow, alone among those who received alms.

Another aspect of the charitable side of the Hospital was represented by the payment of 'exhibitions' and 'wages'. These seem to represent both alms as we understand the term, and annuities purchased with a grant of property or cash. It is not clear whether the recipients were lodged in the Hospital, but it seems likely that they were provided with private chambers. A grant of property could ensure that an elderly or less fortunate member of the community could be cared for. Thus an important citizen could individually, or as part of a group, fraternity, or guild, make provision for their own or another's' welfare in later life. This seems to have reinforced the link between the Hospital and the community.

The Hospital as chantry

The chapels fulfilled several functions. They acted as a place of worship for the occupants of the Hospital, and also acted as chantries for the souls of the founders and later prominent citizens. They were the chapels of the tailors' guild and the fraternity, and were to become the principal chapels of the mayor and the civic authorities.

Prior to the gift of Simon Le Drapir, two chaplains were present, celebrating masses for the souls of the founders. Simon's gift established a third. They all presumably celebrated mass in the chapel of St John. When John Devenish founded the new chapel of St Mary immediately to the north, a fourth chaplain was added. By the end of the 14th century only two clerks were employed by the Hospital: the warden himself, and a chaplain, usually described as John Devenish's chaplain.

The fraternity of St John the Baptist

The fraternity of St John the Baptist originated as a fraternity of tailors, and grew to become identical with the ruling elite of the town. It met at St John's House, presumably in the hall over the Hospital. It resembled a guild in nature, its revenue derived from subscriptions and entrance payments, and its principal expenditure was on torches and candles to be used in religious ceremonies. The members of the fraternity were prominent in both the feast of Corpus Christi and the Nativity of St John the Baptist in midsummer.

The fraternity grew in size during the course of the 14th and 15th centuries, with as many as 170 members in 1411–12. The majority were not tailors, but did represent the most prominent citizens of the time. During the 15th century, its membership appears to be co-extensive with that of the merchant guild. This was formalised in 1477, when all citizens were ordered to be

brothers of the fraternity, on pain of loss of liberty. The mayor provided a chaplain for the fraternity, and the city chamberlains provided income and clothing for him. At this time the wardenship of the fraternity was an important separate office, but by 1511 the chaplain had assumed the wardenship. This arrangement ended in 1540, when the mayor was denied a chaplain, but by this time the fraternity had gone into decline. Its disappearance was not total however, with the midsummer feast persisting into the 17th century.

Although the civic function of the fraternity became the dominant aspect, it continued in its role as the guild of the tailors. Thus in the Corpus Christi procession of 1437 the tailors were not directly represented: the fraternity, whilst occupying the most prestigious position, was presumed to also represent the tailors.

The civic activities of the Hospital

From early in its history there was a strong interrelationship between the Hospital and the mayor and citizens. The principal civic activity associated with St John's was the holding of the Burghmote, a thrice yearly assembly of freemen presumably held in the hall above the infirmaries, at which elections took place, and ordinances were sealed by common consent. From the 15th century the enrolments of deeds and city ordinances were sealed at St John's, and were stored in a chest there, which may have been the same used in the 13th century for the storage of the common seal.

Therefore the Hospital was one of the principal bases of civic power, fully reflected in the financial contributions the city made for the upkeep of the Hospital buildings. Accordingly, the mayor and citizens exercised an overriding control over the affairs of the Hospital. Grants and leases of Hospital property were made by the mayor and citizens in conjunction with the warden and brethren. The mayor and citizens were responsible for the appointment of the warden, and the mayor and the warden were jointly responsible for the appointment of the hospital chaplain.

The mayor headed the annual audit of the Hospital accounts, and the annual surplus of the accounts was paid to the city chamberlains. This had problematic repercussions when, in the 19th century, an attempt was made to determine which parts of the estate administered by the city belonged to St John's.

The Hospital in the 16th Century

The Dissolution of the Monasteries in the middle of the century had a dramatic effect on the wealthy religious establishments of Winchester. Indeed, the chantry functions of the Hospital put it at grave risk of sharing the fate of Winchester's abbeys and friaries. However, the civic functions of the Hospital, becoming more dominant during this period, aided the city corporation in their claim that the Hospital was a purely civic charity, and that the property was a corporation building, representing the main city hall at this date. The claims of the Corporation were to lead to confusion at a later date, but they preserved the basic structure of the Hospital relatively intact. However, it is possible that the chantry chapel of St Mary was demolished during this period.

The success of the city authorities' claims allowed part of the charitable work of the Hospital to continue. A recorded source gives details of certain poor almsfolk being kept and relieved by the Hospital. However, it would appear that during this period part of the Hospital was let to Bishop Hogieson, the suffragan of Bishop Fox. Fox was well loved by the city, and had settled a dispute about the succession of the mayor. Thus when he became blind and Hogieson was appointed, the city showed its gratitude by letting him rent a substantial part of the Hospital.

The middle of the 16th century seems to have been a time of relative stagnation of the charitable functions of the Hospital, as most of the chambers were not rebuilt after the fire at the end of the previous century.

It is at this point that another influential citizen became involved in the history of the Hospital. William Lawrence was a prominent Winchester lawyer, who went on to become Mayor, and who had taken a pivotal roll in helping the Hospital avoid dissolution. He was

instrumental in obtaining for the city authorities the delivery of possession of the city estates of St Mary's Abbey, Southwick Priory, Wherwell Abbey, and St Mary Kalender College. Lawrence went on to represent the city in numerous dealings with the court of Mary. He negotiated the city wardenship of Winchester Castle, and a reduction in the fee farm.

A client of his, Ralph Lambe, a fellow Catholic and citizen of London, visited the city for the wedding of Philip of Spain and Queen Mary in 1554. Lambe seems to have been auditor of the accounts of Stephen Gardiner, Bishop of Winchester. In 1558 he left the sum of £400 in his will (drawn up by Lawrence) to create new almshouses at St John's for six poor persons, subsequently usually widows. The money was used to purchase several properties in the town and Ratfin (one of various alternative spellings) Farm near Amesbury in Wiltshire, and to provide annual incomes, clothing, and fuel for the almspeople.

One of Lawrence's final acts was the delivery of the city Charter to Mary for renewal in 1561. However, the Charter was not to be renewed until 1587 under the reign of Elizabeth. The new Charter clarified the situation of the corporation's claims on the Hospital property:

> 'And know ye, that whereas there is within the said city of Winchester a certain Hospital ... pertaining and belonging from time whereof no memeory of man is to the contrary, founded in pure and perpetual alms, commonly called the Hospital of St John the Baptist, wherein many poor people are relieved and provided for ... which Hospital ... always was and yet is in the government or custody of the said Mayor, Bailiffs and Commonalty; and whereas also for the better relief and sustenance of the poor and feeble persons ... divers lands and tenements have been granted ... as well by one Richard Lamb as by others ... by sundry and special names, of which many debates and ambiguities have arisen, and do daily arise ... we, willing that all doubts, ambiguities, and strifes should be altogether taken away and removed, and that the name of the aforesaid Hospital shall not in future be doubtful, do ... found, establish, and ordain the aforesaid Hospital of one keeper of Lay Brethren and Sisters; and that the Mayor, Bailiffs and Commonalty of the city of Winchester shall be keeper of the aforesaid Hospital, and ... shall be hereafter by the same name founded, called, incorporated, and, in fact, deed and name be reputed, and esteemed to be keeper of the Hospital of St John the Baptist in Winchester, and that they and their successors ... shall have perpetual succession ... demand, receive, appropriate, have, enjoy, and possess, and grant and discharge all and singular whatever lands, tenements, profits, hereditaments, goods, chattels, and rights whatsoever they may be, and that they and their successors shall hereafter have a common seal for demises and grants, and other leases, contracts, and proceedings whatsoever, to be treated, done, and executed ... and, moreover, we do ... give, grant, appropriate, confirm, and release ... as well all single manors, messuages, lands, tenements, woods, underwoods, rents, reversions, and other hereditaments ... which heretofor have been given, granted, or confirmed ... for the maintenance, relief, and support of the said Hospital, and that they [the Mayor, Bailiffs and Commonalty] ... shall retain, enjoy, possess, have, and quietly keep all the premises ... in pure and perpetual alms; willing, nevertheless, that they and their successors shall allow and cause to be allowed to each Brother and Sister of the Hospital aforesaid, such allowance, alms, and relief as they were wont to be allowed in times past, and we do also ... grant that the aforesaid Brethren and Sisters, and all other ministers and officers of the said Hospital, shall be chosen, constituted, managed, and governed in all things ... according to the ordinances and statutes heretofore made or hereafter to be made ... ' (HRO W/A1/25/1)

The reference to Richard Lambe may be a mistake, although Richard is known to have existed, dwelling in a house at the rear of the Hospital property. It may be that he was an heir of Ralph, or some other relation, and may have been linked with the execution of Ralph's will (not finally completed until 1662). His dwelling on Hospital land, and yet not in the almshouses suggests that he may have been involved with the running of the Hospital, although this cannot be confirmed from available sources.

Elizabeth's charter thus provided a stable re-foundation for the work of the Hospital. However, although intending to clarify the ownership and control of the property,

assigning it to the Mayor, Bailiffs and Commonalty was to lead to the subsequent stagnation of the estates of the Hospital, and the confusion and legal battles of the 19th century.

The Hospital in the 17th and 18th centuries

Elizabeth's charter gave power over the Hospital into the hands of the Corporation, and management of the Hospital properties was carried out in conjunction with the properties already held by the Corporation. Thus the unique character of the Hospital estate eventually came to be lost. Whilst Lambe's foundation ensured that some charitable work continued, at least for six poor persons, other functions of the Hospital declined to a lamentable degree during the 17th century, and the rooms of the Hospital were appropriated for the use of the Corporation, and other public purposes.

The turn of the 17th century saw dramatic change in the fortunes and the function of the Hospital. In 1699 major repair work to Lambe's almshouses and the chapels was carried out under the control of the architect Frederick Tylney. Then in 1701 a prominent doctor, William Over, died with no surviving family, and so left all his wealth for the foundation of a school. The school was to be free, supporting 24 boys of parents who could not afford schooling. The boys were to be taught the basic skills, so that they could be apprenticed to a trade.

The purchase of land outside Romsey produced an income for the school, but it was not until later that the corporation decreed that the chapel of the Hospital be used as a school. Thus the Winchester Charity School was established, and survived in the Hospital chapel until the 19th century (the chapel had not been regularly used by the six residents since the Reformation).

The next major upheaval in the life of the Hospital was to take place in the middle of the 18th century. In 1751 the legacy of George Brydges, Member of Parliament for Winchester, and owner of the Avington estate in the Itchen valley, left £800 to the mayor and corporation for the improvement of the Hospital. This money was used to create a large hall room above the infirmaries, raising the roof and decorating the walls in sumptuous manner. This was to become known as St John's Room, and was the venue for the less serious aspects of corporation life, including feasting and celebration, balls, musical evenings, and theatre productions, as well as public meetings.

The Hospital in the 19th and 20th centuries

The main character in the 19th century reform of the Hospital was Samuel Deverell, a city lawyer. He was disgusted by the misappropriation of charity funds for banqueting, and the bribing of voters and populace by the corporation and prominent citizens. He also had a genuine humanitarian concern for the poor in the central area of the city. Thus suits were brought against the corporation in 1811 in an attempt to gain control of the Hospital funds. The plan was to establish the Hospital as a recognised charity, and place management of the Hospital almshouses and its estate in the hands of a body of trustees. Thus a second case also began, investigating the holdings of the charity, in order to establish whether the residents were receiving all the benefits due to them.

The cases continued until 1829, when an Act of Parliament decreed that the estates of the Hospital be transferred to new trustees, appointed by the Court of Chancery. Soon after the trustees were established, reform of the hospital began in earnest. New almshouses were constructed to the rear of the St John's Rooms, replacing those constructed with Lambe's bequest, and the chapel was repaired. In 1834 the charity constructed a new group of almshouses on the southern side of the Broadway, designated St John's South. The chapel was again refurbished in 1874, major reconstruction giving the chapel its present appearance.

Other charitable foundations which were brought under the control of the trustees added further properties during the 19th century, whilst the St John's Rooms continued in use as a meeting place, museum, dining hall, and lecture theatre amongst other activities.

The 20th century has seen the modernisation and expansion of the hospital property, with

the continued use of the St John's Rooms for events. Its later development as a restaurant/bar, and subsequently as a Crusades museum and display resulted in the archaeological investigation described below.

THE BUILDINGS OF THE HOSPITAL

Before summarising the results of the structural recording and archaeological excavations, it is worth trying to describe the layout of the medieval and later Hospital buildings (Figs. 2–5). The surviving structures provide very limited evidence of the 15th century complex, but the various records of repair provide some help in reconstructing the layout.

The 15th century Hospital seems to have been constructed in the form of two courtyards, the great and little courts described in a repair bill of 1495–6. The exact position and alignment of these two courtyards is unknown, but the surviving buildings probably represent the southern part of what was the great court.

Apart from the surviving buildings, the repair records provide evidence of a kitchen, a storeroom, stables, a latrine, and large number of chambers. The arrangement of the chambers is not fully known. There seems to have been one at the end of the great hall, another entered from the stairs leading to the hall, one above the stables, and the warden's chamber next to the storeroom. No other chambers are documented fully, but it would seem from the repair records that several structures containing two or three rooms were constructed. These were probably arranged around the courtyards.

These details suggest that the great court consisted of a partial or full square of two storey buildings. The little court was probably located to the north, and may have consisted of only single storey structures. The main entrance was probably on the western, Buck Street, frontage, described as the 'great gate' in various property records. The chamber accessed from the stairs to the hall may have been above the gate. The arrangement of buildings on the northern and eastern sides is unknown, but may have contained the stables with chambers above, the kitchen, store rooms, and the master's quarters. The little court probably consisted almost exclusively of chambers, although the presence of any of the other rooms mentioned above cannot be ruled out.

The location of the latrine probably coincided with one of the several streams that ran through the grounds. The two most significant seem to have run along the western and eastern edges of the grounds. That on the western side may have necessitated the construction of a bridge at the main gate, although it is possible that it was culverted underneath the structures.

The rear of the property seems to have been occupied, at least for the earliest part of the history of the Hospital, by the church of All Saints. This fell out of use before the middle of the 14th century. It may have been demolished in 1355–6 and the property was absorbed into the Hospital gardens, part of which seem to have been used as vineyards.

The principal building, now modern St John's House comprised the infirmaries and hall of the Hospital, the former on the ground floor, and the latter above (Figs 2a, 4). The greensand plinth and quoins, attested from the accounts of Nicholas Portland in the early 15th century, still survive, and have been exposed. Otherwise the outer face of the building has been much altered. The ground floor windows date to the 15th century, but those of the top floor were replaced in the 18th century. However, a drawing made by Godson immediately prior to the alterations seems to show four two-light lancet windows on the southern side. It is possible that a piece of tracery, which survives at the eastern end of the north side, represents part of one of these windows, although the window itself has been removed. Elsewhere, on the northern side of the top floor, were traces of single lancet windows, although some of these appear to be re-used masonry (Fig. 4).

The ground floor was divided into two infirmaries by a spinal wall. At the eastern end was a passage with three doors. The southern door now forms the main entrance to the chapel, and the northern and central doors are blocked. The southern door was probably originally only a side entrance, whereas the northern

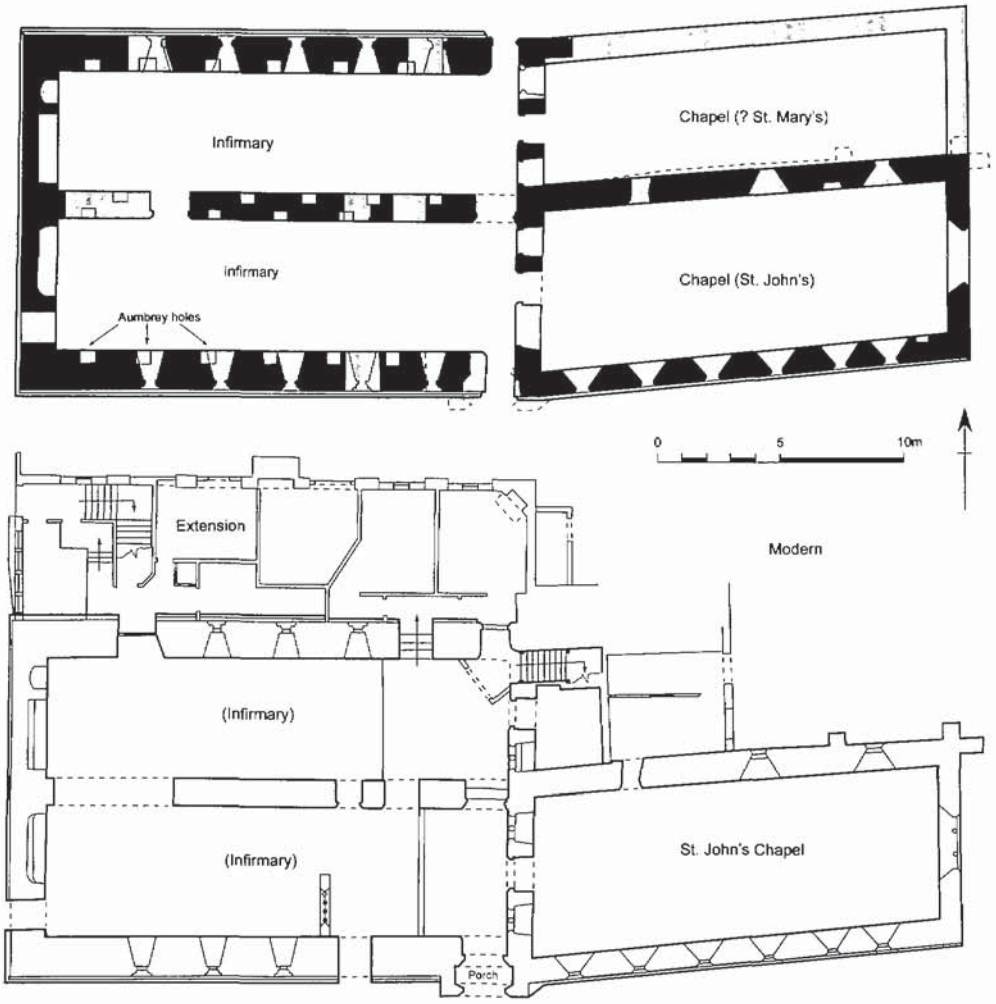

Fig. 2 St John's Hospital – (a) 15th century reconstruction (b) modern plan

door was probably the main entrance from the courtyard to the infirmaries and chapel. At the western end of the spinal wall, a second doorway provided alternative access between the infirmaries.

There was space for up to twenty or perhaps twenty-two beds, six against each face of the outside walls and four or perhaps five on each side of the spinal wall. Each bed space was provided with a small in-built cupboard or 'aumbry'. Although once common as medieval 'furniture' these aumbries are now a rare survival (Eames, 1977). Each bed may have had a curtain or temporary dividing wall, traces of which may survive as some or all of the small holes pierced in the walls (Fig. 3).

The lancet windows in both the southern and northern walls provided all the daylight illumination, although there may have been further windows in the western wall (possible evidence of which was recorded in the survey).

The floor was paved with large flat stone slabs.

In part of the northern infirmary this floor survived at its original level, but in the other areas it had been deliberately raised by *c.* 0.30m, although the reason for this is unknown.

The hall of the Hospital was located above the infirmaries. It was of an impressive size, measuring 61 feet 6 inches long, 37 feet wide, and 19 feet to the plate level internally (Figs 4, 5). Some investigation of the northern wall of the hall revealed two features that may have been window openings, but were more probably doorways. The westernmost seems to have been smaller, and may represent the door to the chamber described as being at the end of the hall. To its east was a larger doorway, which probably represented the main entrance to the hall, accessed via the external stairway mentioned in relation to the chamber layout.

The twin infirmaries were matched by two chapels to the east (Fig. 2a). The skewed nature of the surviving chapel is more often exhibited in the relationship between nave and chancel of churches. Skewing has been described and analysed by several authors, although without any definite conclusion being reached (Bulmer-Thomas 1979). It has been ascribed to poor workmanship by either architect or builder, or both. Alternatively, it has also been ascribed to the desire of the builders to align the chapel/chancel with the direction of sunrise, either on the day of construction, or the feast day of the patron saint. Difficulties in the mathematics of gauging the sun's alignment on a particular day of a particular year within the medieval calendar, combined with the lack of knowledge of the height and character of the contemporary horizon make for such large scale inaccuracies that either theory is difficult to prove, especially where ground conditions might significantly affect the design of any structure.

The southernmost chapel of St John is probably the earliest of the surviving structures, although it has been considerably altered and restored since its construction. On the north, the chapel of St Mary has been almost completely demolished, leaving only slight traces of its structure (Trench V, below) and roof line in the eastern wall of the hall. Both chapels seem to have been accessed from the passage at the eastern end of the infirmaries. Each had a doorway bounded on each side by small window openings. These were probably originally left without glass so that the occupants of the infirmaries could easily see in, and thus be 'spiritually uplifted'.

Comparative Hospitals

There were at least 750 similar Hospital and Almshouse foundations in England during the medieval period, a number of which still survive in identifiable form. The simplest typical ground plan closely resembled the infirmary and chapel arrangement of St John's. The Hospital of St John the Evangelist in Sherborne (Orme & Webster 1995, 133), the Bede house at Higham Ferrers (Orme & Webster 1995, 117), St James Hospital at Dunwich (Orme & Webster 1995, 98), and St Mary Magdalen in Glastonbury (Orme and Webster 1995, 113) are all examples of this layout. Several others, including St Mary's Hospital in Chichester (Orme & Webster 1995, 88) and the infirmary of Canterbury Cathedral (Orme & Webster 1995, 86), seem to have been based around an aisled form, although the ground plans are similar to that of St John's.

The skewed nature of the chapel of St John is rarely reflected in other Hospitals, with only the Hospital of St John the Evangelist in Cirencester possibly exhibiting this trait.

The Hospital of St Nicholas in Salisbury (Orme & Webster 1995, 100, 104) was constructed with twin infirmaries and twin chapels, and, aside from the lack of skew, must have closely paralleled St John's. It even seems to have had a partial courtyard on its northern side.

Perhaps one of the closest surviving parallels to St John's is The Merchant Adventurers Hall in York. This finely preserved complex, built in the middle of the 14th century, comprises an undercroft with a hall above, and a single chapel at the south-east end. Documents associated with the buildings show that, like St John's in Winchester, the complex combined

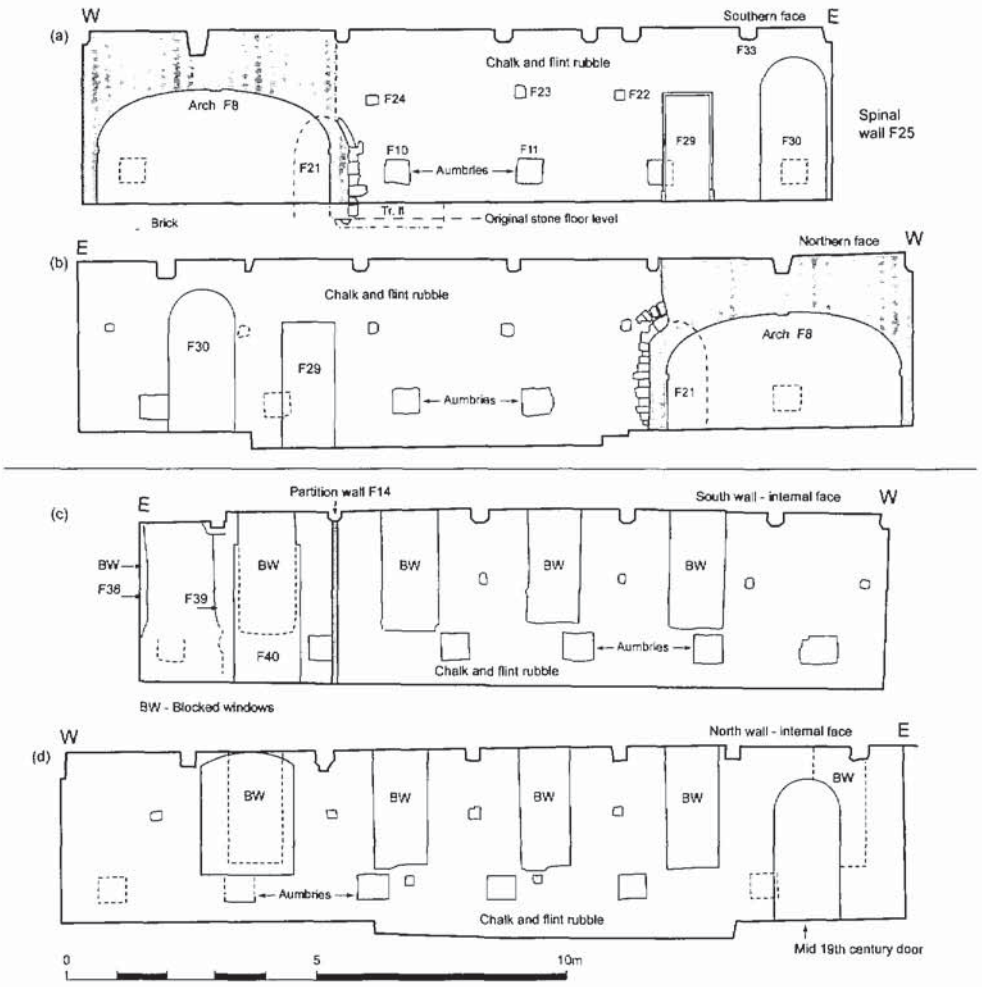

Fig. 3 St John's Hospital – (a) spinal wall F25 – southern face (b) spinal wall F25 – northern face (c) south wall – internal face (d) north wall – internal face

the three main functions – business and social in the hall, charitable in the undercroft or hospital, and religious in the chapel (RCHME 1981, 82–88).

The use of the names St John and St Mary was common for Hospitals. St John was the name used for the male part, and St Mary for the female part of the Hospital. The name St John was typical of Hospitals of similar function to that in Winchester, as the saint was often associated with travellers. St Mary Magdalen was often the name used for leprosy hospitals. Hampshire alone had five other Hospitals called St John, and four others called St Mary. St Nicholas also appears to have been a common name, although the name is only used once in connection with St John's in Winchester. It is possible that the Knights of the Hospital of St John of Jerusalem (the Knights Hospitaller) were influential in this naming process. They used both names for their Hospitals.

STRUCTURAL RECORDING

During the refurbishment and renovation works, there were limited opportunities for recording the structural features exposed. Thus the recording operation was undertaken in sometimes difficult circumstances, resulting in what can only be regarded as a partial record. However, as detailed below, important information about the structural changes made during the life of the buildings were recorded, Taken with the documentary and archaeological evidence, they contribute to the understanding of the history and evolution of this important complex.

12th–13th century elements

A number of features contemporary with the initial construction of the hospital, in the 12th–13th centuries were recorded during the wall survey (Figs 3, 4). Some of the contemporary windows survive, but could not be recorded in detail. There seems to have been five windows in each wall, although the eastern and western windows in the north wall had been removed by later features Fig. 3d). The two easternmost windows in the south wall had also been partly removed or blocked (Fig. 3c). Each window was *c.* 1.30m above the stone floor surface, and measured 1.10m wide and over 2.20m high internally (the tops of the windows were obscured by the ceiling). The easternmost window on the south wall, F36, seems to have been blocked by construction of the entrance porch in the 16th century. The next window to the west had been partly removed by the more recent insertion of a doorway, F40 (both are described in detail below).

There were originally three doors at the eastern end of the infirmaries. Only the southern door is still in use, as the main access to St John's Chapel. Traces of the western doorway, F21, in the spinal wall, F25, were located *c.* 5.30m to the east of the western wall (Figs 3a, 3b). The presence of the stone threshold slab in Trench II suggests that the doorway was contemporary with the construction of the wall, as does the similarity of appearance between this doorway and the blocked northern doorway. Although mostly removed by a 19th century archway, it probably had an original height of *c.* 2.30m, and width of at least 1.00m. None of the doors were recorded in detail.

To the east of the doorway F21 were the remains of three of the aumbries (F10, F11, and one unnumbered). F10 and F11 were *c.* 0.50m square, and 0.30–0.35m deep, and were set at a height *c.* 0.65m above the stone floor level, *c.* 2.15m apart (Fig. 3a). The third, unnumbered, aumbry was mostly removed by the construction of an 18th century doorway, F29. A fourth was probably totally removed by the construction of the 19th century doorway, F30, whilst a fifth may have been removed by the 19th century archway, F8, at the western end of the wall. A further aumbry, F37, was recorded in the north face of the southern wall. Five others set in this wall were not recorded in detail. This gives a potential total of eleven for the southern infirmary.

None of the aumbries in the northern infirmary were recorded in detail. However, drawn elevations of the walls revealed that there are three surviving in the northern face of the spinal wall, with perhaps a further two removed by the later features cutting through the wall. There was evidence for four surviving in the southern face of the northern wall, with two other removed by later features. Thus the total for the northern infirmary probably matches that of the southern infirmary. This would seem to be supported by the symmetrical positioning of the aumbries. Each one in the southern wall was directly opposite another in the northern wall. Those in the spinal wall were precisely offset so that no weaknesses were created in the structure.

The other possibly contemporary features were a series of small square holes, set in both the outside walls and on either side of the spinal wall F25 (Fig. 3). It is possible that they represent putlog holes for the erection of scaffolding used during the construction. However, this seems unlikely due to the use of large chalk blocks as partial surrounds for each hole. It is more likely that they relate to the aumbries, as each one is *c.* 1.00m above an aumbry, offset slightly to the left or right. They may represent

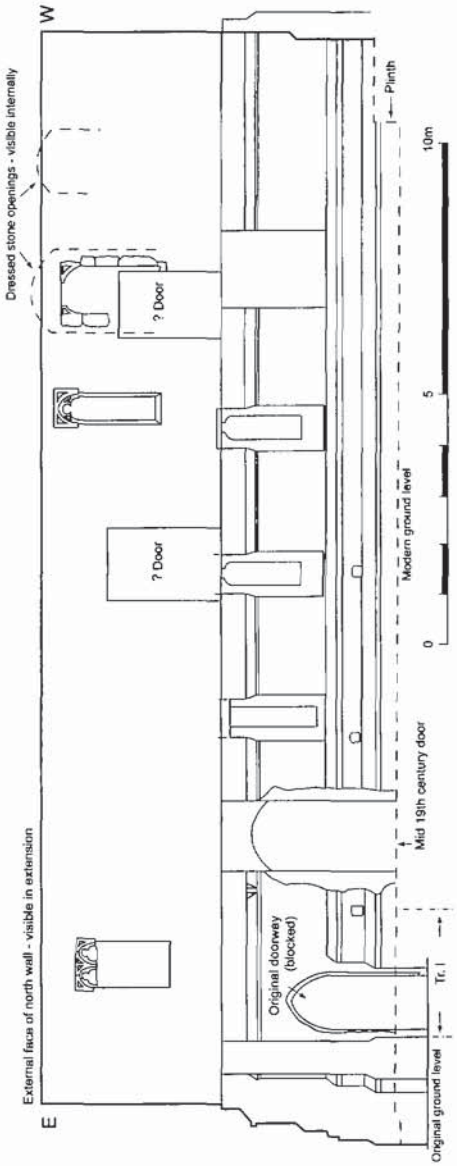

Fig. 4 St John's Hospital – north wall – external face

some form of internal subdividing structure. They were only recorded in detail on the south face of the spinal wall F25 (as F22, F23, F24, F31/32), but at least four survived on each of the other wall faces. Each aumbry was *c.* 0.20m square, surrounded by large chalk blocks, and had subsequently been filled with smaller blocks and chalk rubble.

15th century elements

The features of the 15th century hospital have already been described (cf The Buildings of the Hospital, above).

16th century elements

Further structural alterations did not occur until the middle part of the 16th century, perhaps corresponding to the construction of Lambe's almshouses. A porch was added to the front of the southern doorway, and the doorway itself was widened. This necessitated the blocking of the easternmost window, F36, with large amounts of masonry rubble (Fig. 3c).

Late 17th–18th century elements

In the late 17th or 18th century a new doorway was added to the eastern part of the spinal wall, possibly as the result of a subdivision of the infirmaries (Figs 3a, 3b). The new door, F29, was constructed from stone and brick, with a square lintel. It measured 2.50m high and 0.90m wide. An attempt was made to re-establish the integrity of the spinal wall, bricks being used to fill the gaps between the moulded stone and the wall (73, 74, 76) and the gap above the lintel (75).

It is possible that at this time, a new doorway F39, was constructed in the southern wall. Traces were observed in the wall immediately to the east of the more modern doorway (Fig. 3c). However, so little of this feature was visible that any interpretation of its function must be tentative.

Mid 18th century elements

The next significant structural activity occurred in middle of the 18th century, when Brydges' bequest initiated the programme of alterations to the hall above the infirmary. As well as raising the roof level of the hall, it would appear that the floor level was lowered. This required a reduction in the height of the spinal wall, and the insertion of a series of new beams at a lower level. These beams were not recorded in detail, except in one case, F33, where the new beam cut the rebuilt structure over the doorway F29 (Fig. 3a). The timber beam, *c.* 0.23m square, was inserted into a new hole cut into the new top level of the spinal wall, which was then back-filled with masonry rubble.

Mid 19th century elements

During the middle part of the 19th century the infirmaries underwent radical change. The initial activity seems to have been the insertion of the brick arch, F8, at the western end of the spinal wall. The arch was flat headed, measuring *c.* 4.75m wide and *c.* 2.60m high at its central point. The area above the arch was infilled with shaped bricks (Figs 3a, 3b).

After construction of the arch, the floor level in the southern infirmary and all but the central part of the northern infirmary was raised by an average of 0.30m. A sequence of rubble and soil deposits were used to gradually raise the level in *c.* 0.10m stages. These layers were excavated in both trenches (contexts 26, 35, and 38 in Trench II, 24, 25, 36, and 40 in Trench III). Above these layers, a new stone floor F13, was constructed. It is possible that it used the stones from the earlier layer, as they did not seem to survive below these layers. A step, F6, was constructed between the new and old stone floors in the western part of the northern infirmary. It was set *c.* 0.10m below the new floor, and thus *c.* 0.20m above the old floor.

The building then seems to have been subdivided. Three or perhaps four walls were inserted. The first only survived as a foundation, F4, constructed in the northern infirmary, immediately to the east of the brick arch. It seems to have had a doorway, F5, at its southern end leading to the step to the lower floor. The second wall, F14 was constructed in the southern infirmary,

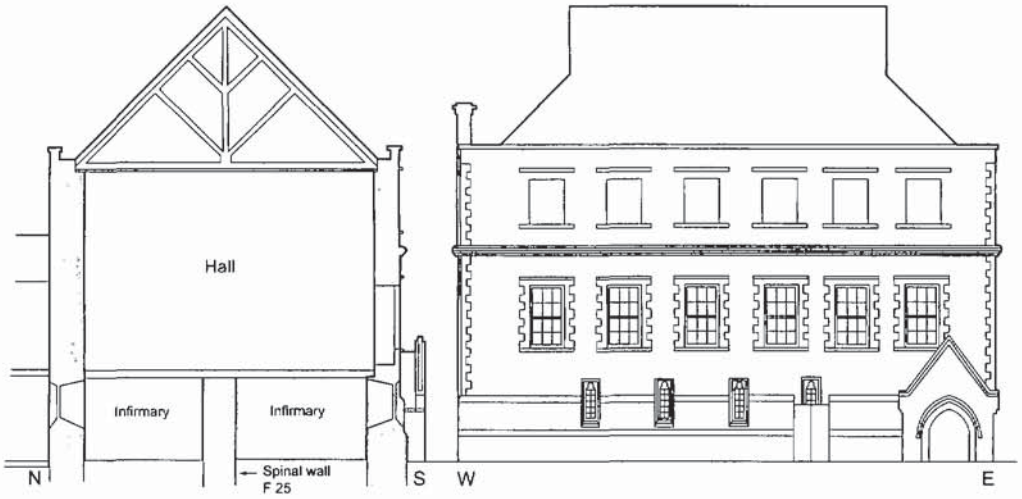

Fig. 5 St John's Hospital (a) cross section through building (b) southern elevation

immediately to the west of the doorway F29 (Fig. 3c). It had a doorway close to its centre. The third wall, F28, was constructed in the southern infirmary, *c.* 4.00m to the east of F14. It was used to create a new entrance area to the chapel. The main southern door was used as the new chapel entrance, and the eastern door in the spinal wall was blocked to create an enclosed lobby area.

The fourth wall may have been located in the northern infirmary, slightly to the east of the doorway F29. Although there was little physical evidence for a wall, the lack of a step to the eastern part of the raised floor, together with the construction of a new doorway, F30, less than 1.00m to the east of the doorway F29, and presumably giving access to this raised area, seem to support this hypothesis. The new doorway was constructed from brick with a round arch, perhaps reflecting the arch to the west. It measured *c.* 2.80m high to the top of the arch, and *c.* 1.30m wide. Above the doorway an attempt was made to reset the stones disturbed during construction in light brown cement (81).

The insertion of these walls created a series of chambers. However, the creation of a new lobby for the church removed the only entrance to the infirmaries on the southern side of the building, making it necessary to cut a new doorway. The location of the eastern-most window was chosen, presumably because of the ease with which a doorway could be cut (especially if, as postulated above, a doorway had existed here in the late 17th or early 18th century). The new doorway, F40, was *c.* 1.40m wide and *c.* 2.40m high (Fig. 3c). The top moulding of the window formerly occupying this space was preserved above the doorway.

In the western wall of the building, two fire-places were inserted, although they may have replaced earlier versions. It is possible that they were used for cooking, but more likely that they provided heating for the infirmary rooms.

In the northern wall the main door was blocked (described in relation to Trench I above) and a new doorway was created *c.* 2.00m to the west, in the space formerly occupied by the eastern window (Fig. 3d). This doorway was also arched, measuring *c.* 2.75m high, and 1.45m wide. It gave access to the new northern extension to the building, which enclosed the entire northern wall. The western window was widened to 1.90m, possibly to function as a coal chute or hatchway.

The internal faces of the walls were also

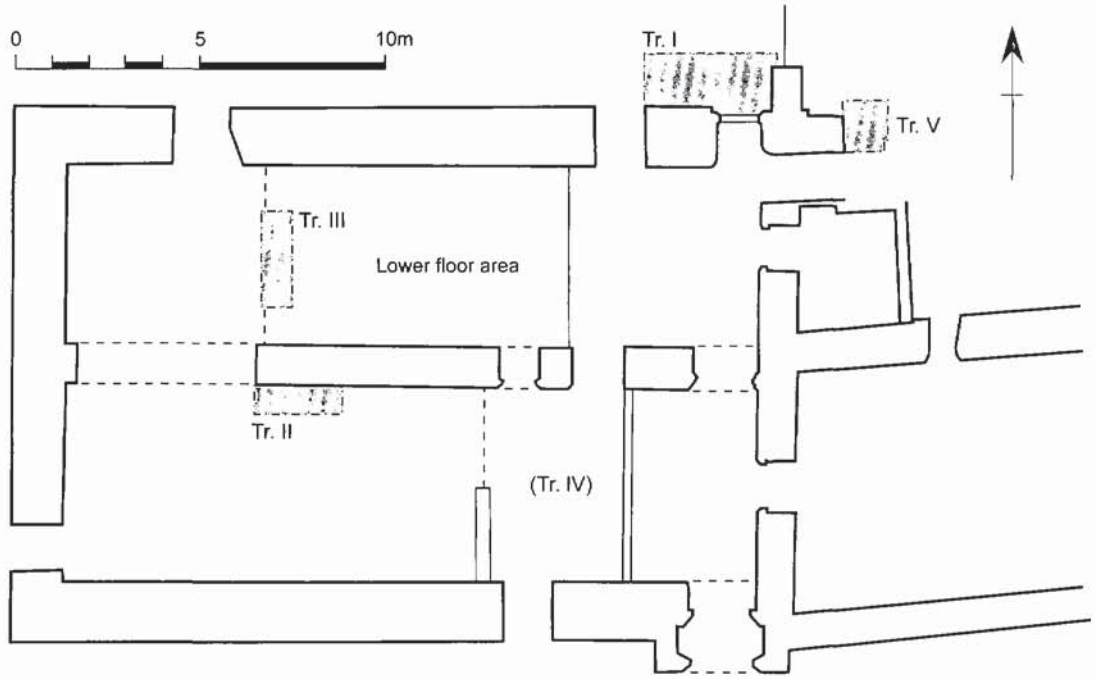

Fig. 6 St John's Hospital – trench location plan

adapted to some form of structure. It seems that at this point the aumbries were blocked.

A number of recesses in the walls and floor were recorded. At the level of the aumbries a series of small recesses (F16 A-D, F34) were cut into the walls. These corresponded with small slots cut in the floor (F17/18 A-D). The recesses were usually *c.* 0.15m square, but in some cases had been enlarged, perhaps by the collapse of the surrounding wall structure. The slots were 100mm long and 40mm wide. Above the level of the aumbries were a series of small recesses, F20 A-F, *c.* 1.20m above the floor surface. Each measured *c.* 0.10–0.15m square, and they were *c.* 0.90m apart. They were only observed on the south face of the spinal wall, suggesting a purely localised feature.

These features probably represent some form of internal structures, but their precise interpretation is unclear. The alterations occurred at a time when the function of the infirmaries was not precisely defined, being put to various uses throughout the 19th and early 20th centuries.

20th century elements

The latest features recorded from the infirmaries related to the recent installation of raised wooden flooring. In the northern infirmary a series of brick and timber sleeper walls, F2 and F3, supported timber joists, which in turn supported the floor, F1. In the southern infirmary the joists, F15, rested on timber sleepers set directly on the stone floor surface.

ARCHAEOLOGICAL EXCAVATIONS

The renovations and refurbishments allowed a number of small trenches to be explored archaeologically. The locations of the trenches

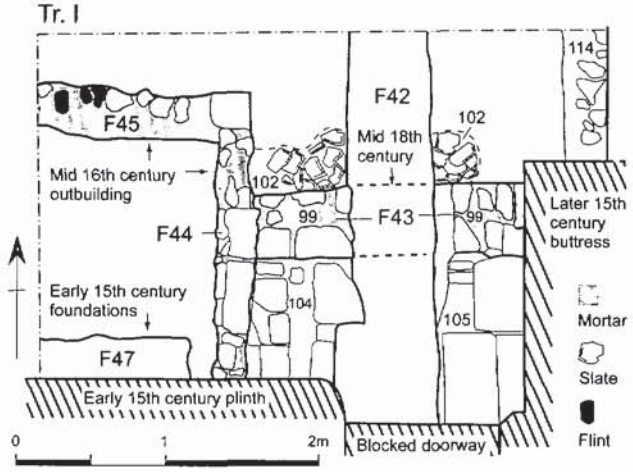

Fig. 7 St John's Hospital – Trench I – plan of excavated features

are shown in Fig. 6. It was originally intended to investigate five small trench areas inside and immediately outside the ground floor of St John's House. Trench IV was proposed to the south of the spinal wall, but in the event, no investigations were carried out.

Finds from these trenches were very few in number, and are not reported on here. Records of the finds recovered are available in the excavation archive.

Trench I (Figs. 7–8)

Trench I was excavated in order to try to determine the sequence of activity in the area outside the blocked northern door of the infirmaries, and to ascertain whether it ever possessed a porch structure similar to that of the southern door.

The trench was located immediately to the north of the blocked doorway (Fig. 7). It measured 3.80m east-west and between 2.30 and 2.60m north-south. It was excavated to a depth of *c.* 0.70m over most of its area.

The earliest activity present in the trench related to the main northern wall of the infirmary structure. The foundations of the wall, and the lower part of the plinth formed the southern boundary of the trench. The plinth, dating to the early 15th century, originally extended for *c.* 0.70m below the current ground level (and thus the original ground level must have been *c.* 36.00m O.D.). The foundations, F47, were formed of chalk rubble, in large lumps, set in grey clay. They extended between 0.28 and 0.30m north of the wall. If this was paralleled internally then an overall width of *c.* 2.20m is likely. There do not seem to have been any contemporary surfaces surviving to the north of the plinth

The northern doorway itself, in the south-eastern corner of the trench, seems to have been a rather simple pointed arch, with little or no decoration, although its height, over 2.80m, increases its significance.

In the later part of the 15th century a buttress was added to the north-eastern corner of the infirmaries, and this formed part of the eastern boundary of the trench. A shallow trench, F49, had been cut, extending only *c.* 0.09m from the proposed buttress. This was filled with small chalk lumps, compacted into grey clay, seemingly a rather insignificant foundation. Two clay silt layers may have been associated with the construction of the buttress, possibly representing spills of raw materials, or levelling deposits.

In the main part of the trench a number of

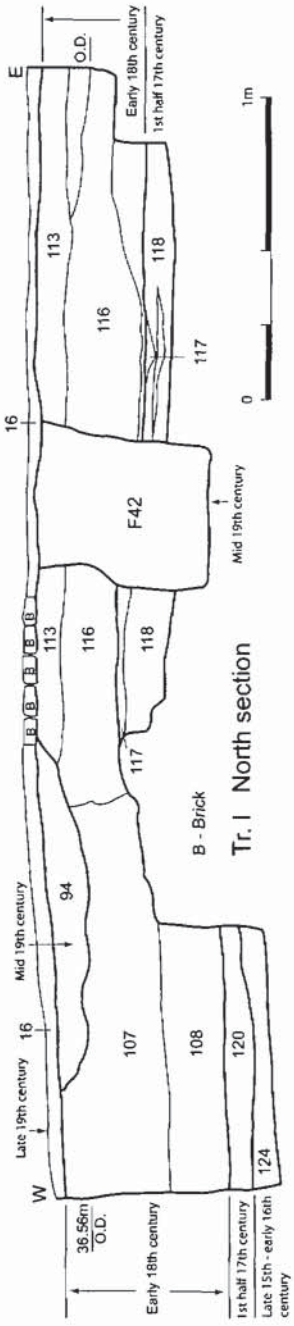

Fig. 8 St John's Hospital – Trench I – north section

compacted chalk and mortar layers seem to form at least two phases of surface construction. It is not clear whether an original compacted chalk surface was superseded by a chalk and mortar surface, or if the former acted as a levelling and foundation for the latter. They probably represent a surface or surfaces approximately contemporary with the buttress construction.

Sealing these deposits over most of the trench area was a general accumulation of clay soils containing charcoal and some fragments of building materials. These seem to represent use related deposits accumulating during the late 15th and early 16th centuries.

In the middle of the 16th century, a rather basic building was constructed in the western part of the trench, abutting the northern wall of the infirmaries. Only the eastern part of this building was within the trench area. The eastern wall, F44, was *c.* 0.50m west of the doorway, extending *c.* 1.90–2.00m northward from the infirmary wall. The northern wall, F45, extended *c.* 1.40m westward to the western edge of the trench. The walls were founded on chalk and flints set in light brown mortar, F46b. A similar matrix, although including some stone, was used for the walls. The eastern wall, F44, was *c.* 0.30m wide, whereas the northern wall, F 45, varied between 0.25m and 0.35m wide.

This building was probably related to the new construction initiated by the bequest of Ralph Lambe, although its exact function is unclear. It is possible that it relates to some form of porch structure, although this seems unlikely given the lack of a similar structure to the east of the doorway. It more probably represents some form of outbuilding, relating to the use of Lambe's almshouses.

Within the building there was no evidence for primary deposits, suggesting either a raised floor, or lack of use of this structure at this level. Outside the building the careful cleaning that had marked the earlier use of the chalk surfaces seems to have been abandoned, a layer of silt gradually accumulating and being trampled into the earlier surfaces.

In the first half of the 17th century the out-building seems to have collapsed or been demolished. Layers containing building rubble and quantities of charcoal accumulated both inside and outside the building. These perhaps suggest a greater likelihood of collapse, although slipshod demolition cannot be ruled out.

Later in the 17th century a new compacted chalk surface formed outside the doorway. It is not clear whether this was ever intended as a permanent surface, or simply occurred as the result of trampling of the earlier deposits.

Within the building area and immediately to its north further soil and rubble accumulated, suggesting the continued collapse of the building, or perhaps the use of the area for the dumping of waste material. This process seems to have continued into the early 18th century.

In the early 18th century a new brick step, F46a, was added to the front of the doorway. It was founded on compacted mortar which also acted as a levelling layer over the rubble based layers below.

In the middle of the 18th century a stone wall, F43, seems to have been added in front of the doorway. It measured *c.* 0.50m wide, and extended *c.* 1.75m westwards from its abutment with the north-east corner buttress, *c.* 1.10m from the doorway. The function of this wall is unclear. It seems to have blocked the direct entrance to the doorway, although it possibly allowed for access from the west. Thus it may form part of a westward opening porch. At this point a new stone and brick surface was added to the front of the doorway, bedded into the silting deposits that had formed over the brick step. The waste materials used in this construction work seem to have been dumped on the northern side of the wall, suggesting that this area had become disused. This building activity may have been contemporary with the work carried out in the hall above the infirmaries, initiated by Brydges' bequest.

The final period of pre-modern activity represented in the trench area was the construction phase of the middle of the 19th century. It was probably during this period that the doorway was blocked with bricks (12). Prior to this, a water drainage pipe trench, F42, was cut across the doorway area.

Evidence for the construction of this extension was represented in the trench area

by a short length of wall foundation 114, extending northwards from the north-east corner buttress. The area of the trench seems to have acted as a yard area. It appears to have been levelled by the deposition of a quantity of general soil, before being compacted with chalk and mortar, which acted as the bedding for an ornamental stone and brick path, F7, leading north-westward from the blocked door. To the west of the path a layer of flints may have represented a contemporary cobbled surface. This seems to have been rapidly superseded by a brick surface, F41, in the north-west corner, and a layer of compacted soil to its south.

Trenches II –III (Figs. 9–11)

Trenches II and III were opened to explore the development of the infirmary structure. The evidence recovered presented a unified picture of development from the 15th century onwards. Deposits earlier than this could only be excavated in Trench III.

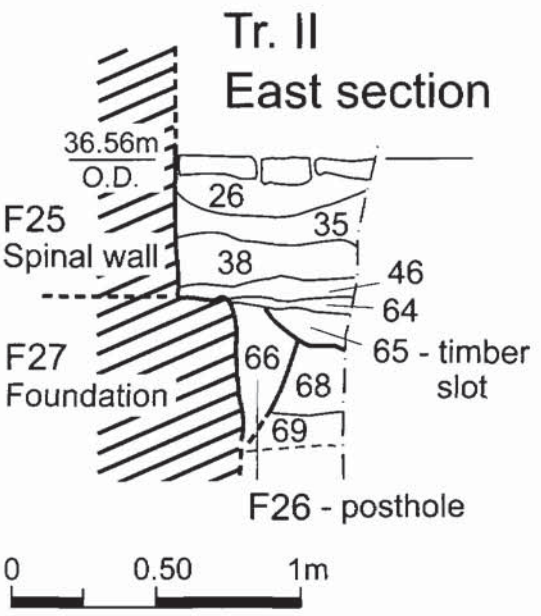

Fig. 9 St John's Hospital – Trench II – east section

Trench II (Fig. 9)

The trench was located to the south of the spinal wall, west of an internal dividing wall. It included a small shallow trench cut on the southern side of the spinal wall. The trench measured *c.* 2.25m east-west, and 0.65m north-south, and was excavated to a depth of 0.70m.

In the trench, the earliest activity related to the construction of the spinal wall of the infirmaries. The foundation, F27, constructed of compacted chalk blocks in light brown clay, extended *c.* 0.20m southwards from the wall, at a depth *c.* 0.35m below the latest stone floor level. If the foundations were paralleled on the northern side of the wall a total width exceeding 1.20m is likely. Excavation was limited to a depth *c.* 0.35m below this level, and thus the total depth of the foundations could not be ascertained.

The construction trench of the foundations occupied the rest of Trench II at this level. The southern limit of this trench was not within the excavated area, and thus its original width could not be determined. It was filled with a mixture of rubble and mortar deposits, presumably waste materials originating from the construction.

There was some evidence for the construction of the infirmary structure. Parts of a post hole, F26, over 0.25m in diameter and 0.30m deep, and a timber slot, 65, over 0.20m wide and 0.15m deep, were located in the southern part of the trench area. These, together with a small charcoal patch, possibly represented traces of the timber scaffolding used during construction.

In the western part of the trench there was evidence of the stone floor surface. A single stone block, F19, possibly represented part of the threshold slab in front of the western doorway. The stone floor was originally set in compacted mortar, some of which survived within the trench area.

Trench III (Figs 10,11)

Trench III was sited in the northern infirmary, north of the spinal wall. The trench measured

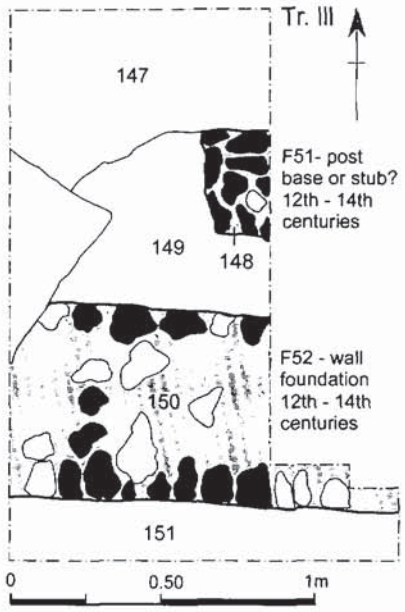

Fig. 10 St John's Hospital – Trench III – plan of excavated features

c. 1.85m north-south, and 0.85–1.30m east-west, and was excavated to a depth ranging between 0.85 in the eastern part of the trench and 1.20m in the western part, corresponding to the level of the water table at that time.

The earliest activity in the trench III related to a wall foundation F52. This was constructed from flint, chalk, and stone blocks set in orange chalky mortar. It was located *c.* 1.20m from the spinal wall, measured *c.* 0.65m wide, and was at a level *c.* 0.70m below that of the latest stone floor surface (c. 1.1m below the more recent timber floor). It was aligned slightly more south-east–north-west than the spinal wall, suggesting that it belonged to a different structure, rather than an earlier phase of the same structure.

Associated with the wall was a sequence of floor surfaces and silting deposits. These survived particularly well on the northern side of the wall, but had been mostly removed by later activity on its southern side. The earliest surface, 161, was formed of compacted chalk. Its relationship with the wall is unclear, but it may represent the primary floor. It was sealed by a layer of grey clay silt, 160/151, which survived on both sides of the wall.

This silting deposit was sealed by a compacted mortar floor, 159, the first of the deposits only represented on the northern side of the wall. This was partly sealed by another silt layer, 158, which was in turn sealed by another mortar surface, 157. There was no evidence of a silting deposit on this surface, it being directly sealed by a surface of compacted chalk and mortar, 156.

At this point evidence for some form of internal timber feature was observed. A post hole, F54, measuring 0.20m square, may have been associated with a shallow (60mm) slot *c.* 0.25m wide, located at the northern edge of the

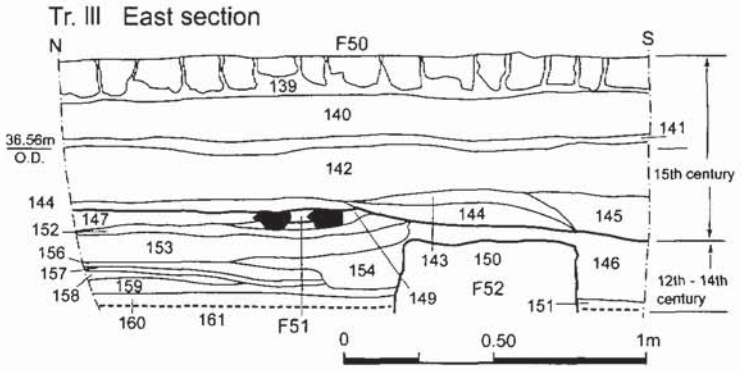

Fig. 11 St John's Hospital – Trench III – east section

wall. These modifications seem to have been short-lived, being sealed by a layer of compacted chalk, 153, which acted as the foundation for a mortar floor, 152.

A small masonry feature, F51, possibly representing a post base or stub of wall foundation, was inserted in this floor level, *c.* 0.30m north of the wall F52. It measured *c.* 0.35m wide, and extended *c.* 0.20m into the eastern side of the trench. It was constructed from flints set in light brown mortar, bedded in compacted orange chalky mortar, 149. The structural function of this feature is unclear, but it seems to have represented the final phase of this early structure. To the north of the feature, a layer of compacted chalk, 147, may represent the final phase of floor surface. The dating material obtained from these deposits was limited, but suggests a date range covering the 12th to 14th centuries.

It seems likely that this sequence of deposits represents the construction and use of part of the original Hospital structure. The limited area excavated makes interpretation difficult, but clearly the earlier structure must have had a different internal lay-out to the later structure. What is not currently clear is whether the walls of the later Hospital contain elements of the earlier structure, or even respect the line of its walls.

At the beginning of the 15th century the original structure may have been demolished prior to the construction of the new double infirmary structure. The wall F52 was reduced to a level slightly below the ground surface. Some of the rubble and waste material produced was dumped in situ (142–146), mixed with general soils to level the surface, and raise it by *c.* 0.20m. These layers were then compacted with a thin layer of mortar, 141, before a thicker mortar layer, 140, was deposited to act as the bedding for a stone floor surface, F50. The individual stones ranged in size from *c.* 0.15m to 0.30m long, and *c.* 0.10m to 0.20m wide. A significant area of this stone floor survived in Trench III, both in the excavated area, and the area to the east. However, elsewhere it seems to have been completely removed (with the limited exception of the block in Trench II, described above). The reason behind this partial survival is unclear.

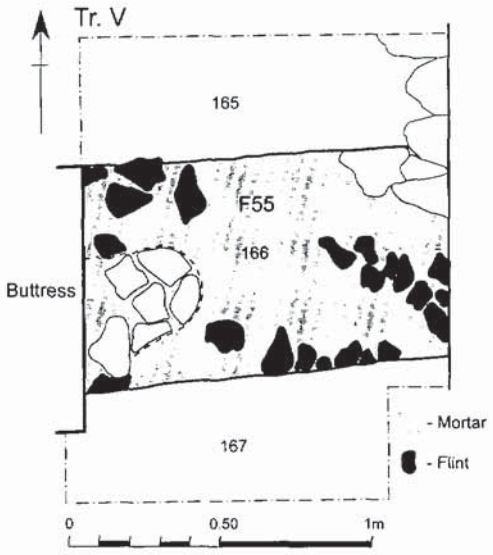

Fig. 12 St John's Hospital – Trench V – plan of excavated features

Trench V (Fig. 12)

Trench V was excavated to investigate the possible survival of structural elements of the northern chapel of the Hospital. It was located immediately to the east of the north-eastern buttress of the St John's Rooms, within the northern extension of the building. It measured between 1.10m and 1.25m east-west, and 1.55m north-south, and was excavated to a depth of *c.* 0.45m.

Although the trench was shallow (c. 0.40m), at its base, a wall foundation, F55, was discovered. It was constructed from chalk blocks and flints set in dark orange mortar. It measured *c.* 0.75m wide, and was on an identical alignment to the walls of the southern chapel, seeming to support the hypothesis that it represented the foundations of the northern wall of the northern chapel. To the south of the wall was a compacted chalk layer, 167, which may represent the final phase of floor surface within the building. No actual dating evidence was recovered, but the mortar type was typical of the medieval period.

The trench had been back-filled with several layers of soil and debris, similar to the post medieval sequence in Trench I.

CONCLUSIONS

The excavations and the survey recording, coupled with the documentary information, provides a partial picture of a complex sequence of development over more than nine centuries of use of the Hospital buildings. Clearly further research and excavation would help to clarify the many uncertainties in the description above. However, the constraints imposed on the alteration of a listed standing building, although ensuring the survival of the building, will probably prevent anything more than the most cursory of active archaeological investigation.

It is possible that further research into the various source archives, both of Winchester, and bodies and individuals associated with the city, will clarify the relationship of the Hospital within the structure of city government. It may also yield further evidence of the still somewhat piecemeal history and administrative structure, perhaps together with information on the physical structure and layout of the buildings of the Hospital.

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