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Fear of disease in medieval Scotland

In evaluating responses to both endemic and epidemic disease in medieval Scotland this article cautions against assuming an overarching sense of fear among society of leprosy, the Great Pox and plague that might be implied in the written sources. While the actual or threatened presence of each could to varying extents precipitate a governmental, moral and medical crisis, entailing negative responses including a heightened distrust of strangers and the enforced segregation of sufferers, they nevertheless came to be regarded as tractable inconveniences which, while fearful in themselves, were recognised as being afflictions whose causes and consequences could with medical, bureaucratic and (above all) spiritual intervention be proactively managed.

Johan Huizinga famously cast the Middle Ages as a calamitous time during which disease was only one of myriad disasters society regularly had to face. In his classic *Waning of the Middle Ages* he stressed what Barbara Rosenwein has since called 'the zig-zagging emotions' of the period, noting that 'all things presenting themselves to the mind in violent contrasts and impressive forms […] tended to produce that perpetual oscillation between despair and distracted joy, between cruelty and pious tenderness which characterised life in the Middle Ages'.[1] The Scottish poet William Dunbar pondered these 'violent contrasts' about which Huizinga later wrote in *Lament for the Makaris*, his eulogy to dead poets composed around 1507. In 'persistently objecting to Death's victory while explicitly accepting it'[2]

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1   Barbara Rosenwein, 'Writing without fear about early medieval emotions', *Early Medieval Europe* 10 (2001) 229-234, at 230.
2   William A. Quinn, 'William Dunbar's fear of fame', *Essays in Criticism* 61 (2011) 215-231, at 219.

Dunbar lamented that 'the state of man does change and vary, now healthy, now sick, now joyous, now sorrowful, now dancing merrily, now liable to die, *timor mortis conturbat me*'.[3]

The poem's Latin refrain -'the fear of death unsettles me'- formed one of the litanic responses from the *Office of the Dead* that Dunbar, who had trained as a priest, would probably have been used to reciting.[4] Echoing Huizinga's famous assertion that 'no other epoch has laid so much stress as the expiring Middle Ages on the thought of death,'[5] several scholars have identified death as a 'profound concern of the period' and have particularly noted how it 'contributed not only to the visibility and scale of late medieval mortality, but also to lay people's concern for readiness to meet the eventuality of sudden death'.[6] Margaret Aston asserted that both the mid-fourteenth century pandemic known as the Black Death and later repeated visitations of pestilence 'etched themselves deeply into contemporary consciousness,'[7] while Paul Binski stated that 'the macabre was reinforced by late medieval demographic disaster, particularly the Black Death of the mid-fourteenth century and subsequent reoccurrences of plague'.[8]

Plague was the most intractable and hence the most feared of diseases as it had the ability to strike its victims so subtly that by the time infection was detected the patient might be beyond help, with death quickly following. This made it imperative that every individual prepared themselves for a 'good death', in case plague killed before the last rites could be received – 'that we should thus be quickly stricken, and die as beasts without having

3   Harriet Harvey Wood, ed. and intro., *William Dunbar: Selected Poems* (New York 2003) 98: 'Lament for the Makaris', lines 9-12: 'The stait of man dois change and vary/Now sound, now seik, now blith, now sary/Now dansand mery, now like to dee;/Timor mortis conturbat me'.

4   John Burrow, 'William Dunbar', in: *A Companion to Medieval Scottish Poetry*, Priscilla Bawcutt and Janet Hadley Williams eds. (Cambridge 2006) 133-148, at 133.

5   Johan Huizinga, *The Waning of the Middle Ages: a Study of the Forms of Life, Thought and Art in France and the Netherlands in the Dawn of the Renaissance* (Garden City 1956) 138.

6   Margaret Aston, 'Death', in: *Fifteenth-Century Attitudes: Perceptions of Society in Late Medieval England,* Rosemary Horrox ed. (Cambridge 1994) 202-228, at 202, 206.

7   Aston, 'Death', 204.

8   Paul Binski, *Medieval Death: Ritual and Representation* (Ithaca, NY 1996) 127.

The Dance of Death carvings at Rosslyn Chapel near Edinburgh: this motif, depicting a skeleton coupled with a human from each level of society (shown here are a ploughman, and an abbot and abbess) reminded observers of the imminence and indiscrimination of death

confessed' was how the poet Robert Henryson described every Christian's fear in *Ane Prayer for the Pest* (c.1498),[9] in which he pleaded with God to spare his native town of Dunfermline from an epidemic which had broken out in Edinburgh the previous year. An awareness of the imminence and indiscrimination of death was reflected not only in poetry but also in forms of art including the *Dance of Death*, an expression of the juxtaposition between death and life in the form of a skeleton coupled with a human being representing each level of society. An excellent carved example of the Dance dating from the mid-fifteenth century is to be found at Rosslyn Chapel near Edinburgh, and several scholars have suggested that both Henryson and Dunbar were inspired in their poetry by the motif.[10]

However, although as Philippe Ariès has noted, 'the great epidemics must have left vivid images in the collective

9   Robert L. Kindrick, ed., *The Poems of Robert Henryson* (Kalamazoo 1997) 239; 'Ane Prayer for the Pest', lines 20-21; 'that we suld thus be haistely put doun, and de as beistis without confessioun'.
10 A.M. Kinghorn, 'Death and the makars: Timor Mortis in Scottish poetry to 1600', *English Studies* 60 (1979) 2-13, at 4-5; R.D. Drexler, 'Dunbar's Lament for the Makars and the Dance of Death', *Studies in Scottish Literature* 13 (1978) 144-158.

memory', it is important not to overemphasise what he termed 'the catastrophic quality of the late Middle Ages'[11] because 'it must be acknowledged that the whole grim panoply evoked by artists [and] poets […] was not used by ordinary people when they thought about their own death'.[12] In any case, for as much as epidemics reminded medieval society of the inevitability of death and the necessity of preparing to die well, there was more to the fear of disease than simply the fear of mortality. A focus only on the individual views of poets and chroniclers entails a risk of misrepresenting the majority of medieval society's pragmatic acceptance of death and the diseases such as plague that caused it. Historian Jacques Heers has cautioned against placing 'excessive faith in […] contemporary witnesses [who were] quite naturally inclined to magnify the losses and the problems, to present a distorted, fictionalised image, to lament the woes of a humanity whom they saw as struck down by the wrath of God'.[13] This warning is useful to remember when analysing Scottish chroniclers' accounts of plague, who *prima facie* noted fear as a response to fourteenth-century outbreaks.

John of Fordun, writing in the 1380s described both the novelty and the horror of the Black Death pandemic, pronouncing it to have 'never been heard of by man, nor [to have been] found in books, for the enlightenment of those who come after'. He noted how 'men shrank from it so much that, through fear of contagion, sons, fleeing as from the face of leprosy or an adder, durst not go and see their parents in the throes of death'.[14] Walter Bower's *Scotichronicon*, a continuation of Fordun's chronicle, written in the 1440s, discussed the recurrence of plague in 1362 and noted that the Scottish king David II fled north 'partly because of the horrible sights and sounds of the multitude of ill and dead, [and] partly because of fear and alarm at that pestilence which was then spreading in the southern parts

11 Philippe Ariès, *The Hour of our Death* [trans. Helen Weaver] (London 1981) 124. The spectacle of death may have lost some of its power, though Aries is perhaps stretching the point in claiming that by the sixteenth century descriptions of the horrors of decomposition 'would probably have been received with indifference by people who were too familiar with images of death to be much affected by them'.

12 Ariès, *Hour of our Death*, 28.

13 Quoted in Ariès, *Hour of our Death*, 27.

14 W.F. Skene, ed., *John of Fordun's Chronicle of the Scottish Nation* vol. II (Lampeter 1993) 359.

of that kingdom, and which he planned to escape in good health'.[15] These are the only two chroniclers who specifically mentioned fear as a response to plague and significantly both referred to outbreaks of the fourteenth century, when the disease was a relatively novel phenomenon.

This accords with historian Samuel Cohn Jr.'s assertion that in analysing responses to epidemics the Black Death ought to be regarded not as a paradigm but as an exception, because the passage of time helped to mitigate contemporaries' unbridled fear.[16] Reactionary horror became replaced with comparative silence in reports of later epidemics and the modern perception of medieval society invariably responding in sheer terror at the threat of plague 'completely overlooks the way in which recurrent outbreaks ... became increasingly familiar'.[17] A familiarity with repeated visitations of plague engendered by the passage of time helped to mitigate further the fear instilled by outbreaks, particularly those in the distant past. The fifteenth-century commentators Andrew of Wyntoun - whose work can be dated roughly between 1406 and 1420 - and the anonymous author of the *Book of Pluscarden* (1460s), itself a reworking of Bower's chronicle, were comparatively conservative in reporting the epidemic of 1350 noting only that it apparently killed victims quickly and that a third of the population died during that year.[18] Epidemics continued to strike intermittently during the fifteenth century and were chronicled for 1439, 1455 and 1475.[19] By the sixteenth century plague outbreaks occurred at least once a generation in many localities, transforming them from novel unmitigated disasters to intermittent inconveniences which, while fearful in themselves, were recognised as being events whose causes and consequences could, with medical, bureaucratic and (above all) spiritual intervention, be proactively managed.

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15 D.E.R. Watt, ed., *Walter Bower's Scotichronicon* vol. VII (Aberdeen 1998) Book XIV, 319.

16 Samuel K. Cohn, Jr., 'The Black Death: End of a paradigm', *American Historical Review* 107 (2002) 703-738, at 703.

17 Cohn, 'End of a paradigm', 706-707.

18 David Laing, ed., *The Orygynale Cronykil of Scotland, by Andrew of Wyntoun* vol. II (Edinburgh 1872) Book VIII, chapter XLII, lines 6429-6440; Felix J.H. Skene, ed., *Liber Pluscardensis* vol. II (Edinburgh 1880) Book IX, chapter XL, 226.

19 Charles Creighton, *A History of Epidemics in Britain*, vol. I (Cambridge 1891) 234-235.

Though the indiscriminate mortality of fourteenth-century epidemics challenged the medical profession, as an intellectual community they developed a generally cohesive response to plague. They situated this response within the familiar framework of humoural theory with its emphasis on the importance of individual physiology and the impact on this of external factors such as planetary movements. A belief in the culpability of the interchangeable notions of contagion and miasma in the transmission of plague enabled physicians to formulate rational measures for its prevention, treatment and cure on both the micro and the macro level. While the general lessening in severity of outbreaks might be explained nowadays as a result of successive generations becoming resistant to plague-causing bacteria, 'characteristic of a disease in which pathogen and host are rapidly adapting to one another',[20] medical practitioners at the time ascribed it to their confident efficacy in responding to the disease. While Robert Henryson's fifteenth-century poem *Sum Practises of Medicine* parodied those among the medical profession who offered nothing more than quack cures, learned physicians were increasingly self-assured in their response to infection and blamed ineffectual treatment (when it was acknowledged) on patient carelessness or the incontrovertibility of divine will. Two-thirds of the Aberdeen physician Gilbert Skene's *Ane Breve Descriptioun of the Pest* (1568) - the only plague treatise of Scottish origin - are devoted to the treatment and cure of plague with no suggestion that such remedies might intrinsically be fallible.

Throughout the course of the fifteenth century government authorities developed their own methods for preventing, or at least limiting, the spread of infection to and within their urban locality. The need to regulate the movement of both people and goods was the rationale behind the imposition of trade embargoes and the cancelling of communal meetings such as fairs and markets during outbreaks. The restriction of contact with areas suspected of infection was also deemed prudent leading to localised quarantine measures, first implemented in Peebles in 1468,[21] being enforced in urban areas throughout Scotland when plague threatened.

20 Cohn, 'End of a paradigm', 727.
21 W. Chambers, ed., *Charters and Documents Relating to the Burgh of Peebles, with Extracts from the Records of the Burgh, A.D. 1165-170* (Edinburgh 1872) 157.

Bureaucratic regulations to tackle disease – specifically plague, leprosy and from the late fifteenth century the Great Pox (commonly but perhaps incorrectly identified as syphilis[22]) – exacerbated the myriad sources of fear to medieval society that stemmed from infection. Fear of disease itself has been defined as 'the anguish that accompanies severe illness' particularly the 'feelings of dread that accompany the sudden onset of symptoms'.[23] For sufferers the effects of disease – whether the protracted and debilitating pain of leprosy or the Great Pox, or the possibility of an agonising death from plague – were compounded by the emotional and practical outcomes of social ostracism, often bureaucratically imposed. Residents known to be or suspected of being infected were often removed to purpose-built lodges outside the parameters of the town (such as on the Links in Aberdeen or the Burgh Muir in Edinburgh), there to be rudimentarily provided for while they awaited either recovery or, more likely, death. Segregation extended to residents of the plague victim's household who, tainted by association, faced the likelihood of enforced quarantine. Enclosure for the standard forty days was far more than an inconvenience – it could be tantamount to a death sentence for all those forced to remain in close confines with their infected associates. Therefore, suspicion of infection was probably as feared as infection itself and was the likely motivation behind the actions of two residents of Aberdeen who, during the town's outbreak of 1516, were convicted of secretly burying a plague victim under a heap of rubbish in a side street not far from their house.[24] Punitive bureaucratic measures, usually branding and banishment, were often – but not always, as in Edinburgh in 1530[25] – a sufficient deterrent to the concealment of known sufferers.

Infection, whether known or suspected, also entailed the loss of one's livelihood and therefore income; plague entailed not only a health crisis

22 Jon Arrizabalaga, John Henderson and Roger French, *The Great Pox: the French Disease in Renaissance Europe* (New Haven 1997).

23 David Gentilcore, 'The fear of disease and the disease of fear', in: *Fear in Early Modern Society,* ed. William G. Naphy and Penny Roberts (Manchester 1997) 184-208, at 190, 191; 'fear is a response to the spirit of self-preservation and the instinct for survival'.

24 Aberdeen City Archives: Council Registers, vol. IX, 518 [16 November 1516].

25   W.J. MacLennan, 'The eleven plagues of Edinburgh', *Proceedings of the Royal College of Physicians of Edinburgh* 31 (2001) 256-261, at 257.

but also a financial crisis. Magistrates feared the social disorder that might be precipitated by the demands of an exponential growth of paupers, both local and rural, dependent on some form of state support at an already commercially precarious time. They sought to prevent 'an anxious situation from turning into one of panic'[26] and often responded by delineating specific areas where alms collecting was permitted - such as at the door of the parish church[27] - or expelling beggars and vagabonds altogether in order to rid the locality of a pressing economic burden. As the sixteenth century progressed, this policy was given added impetus in many urban localities by an increasing perception of the poor as inherently lazy, degenerate and immoral, whose presence threatened the need to eradicate sinful behaviour within the community.[28]

This need stemmed from the perceived spiritual cause of disease; as Walter Bower noted in the 1440s, pestilence occurred 'because of men's sins'.[29] Plague was thought to be visited upon a locality as a result of communal sin with those escaping regarded as having been blessed by God's benevolence, which could be manifested for example through a fortuitous individual physiology which favoured the prevailing meteorological circumstances. The interpretation of most diseases as divine punishment for sinful behaviour made sufferers a source of figurative as well as literal pollution to be feared and added a moral dimension to their treatment. When the sexually-transmitted Great Pox first broke out at the end of the fifteenth century magistrates in Aberdeen were the first in the British Isles to pass legislation for preventing its spread. Their order in 1497 for prostitutes to seek gainful employment and 'desist from their vices and sin of venery' indicate that a fear of the spiritual as well as practical consequences of ongoing sinful behaviour at least partly motivated their legislation.[30]

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26   Penny Roberts and William G. Naphy, 'Introduction', in: *Fear in Early Modern Society*, ed. William G. Naphy and Penny Roberts (Manchester 1997) 1-8, at 6.

27   E.g., Aberdeen City Archives: Council Registers, vol. VII, 936 [19 May 1498].

28   Paul Slack, *Poverty and Policy in Tudor and Stuart England* (London 1988); Robert Jütte, Poverty and Deviance in Early Modern Europe (Cambridge 1994).

29   Watt, ed., Bower's Scotichronicon vol. VII, Book XIV, 319.

30   Aberdeen City Archives: Council Registers, vol. VII, 767 [24 April 1497].

While sufferers of plague and of the Great Pox were both literally and morally polluted, it is the victims not so much of either of these afflictions but rather of leprosy – the notorious 'disease of the soul'[31] – that are particularly associated in the modern mind with social ostracism. Leprosy was believed to stem from individual rather than communal sin, particularly sexual misdemeanours, and the notorious deformation caused by the ravages of the disease marked out lepers, making them easy to be identified and shunned. The protagonist in Robert Henryson's late fifteenth-century poem *Testament of Cresseid*, formerly a beautiful woman hideously stricken with leprosy as a result of sexual immortality, was now a source of disgust to be avoided: 'wherever you go, each man shall flee the place'.[32] However, Carole Rawcliffe has convincingly argued that while 'leprosy did, indeed, inspire fear and loathing' among medieval society it was 'also regarded as a mark of election [...] and did not automatically lead either to segregation or vilification'.[33] While lepers in Scotland had since the twelfth century been consigned to purpose-built dwellings beyond town boundaries, and authorised to carry wooden clappers to warn others of their presence and beg for alms only in designated areas,[34] such regulations were neither uniformly nor invariably implemented.

While it is important not to assume an overarching fear of leprosy (or, indeed, of the Great Pox) and its various social, spiritual and medical ramifications implied in the promulgation of bureaucratic legislation, it is perhaps more tenuous to make the same claim for plague. As the most fatal, the most intractable and the least discriminating of diseases it was plague that troubled government authorities the most. Though magistrates could evince an apparent lack of concern at rumours of an outbreak in

31 Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud 1995), in which 'Diseases of the soul' is the title of a chapter that includes discussion of leprosy; Saul Brody, *The Disease of the Soul: Leprosy in Medieval Literature* (Ithaca 1974).

32 Kindrick, ed., *Poems of Robert Henryson*, 166; 'Testament of Cresseid', line 341; 'Quhair thow cummis, ilk man sall fle the place'.

33 Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge 2006) 5, 43.

34 C. Innes, ed., *Ancient Laws and Customs of the Burghs of Scotland*, vol. I, A.D. 1124-1424 (Edinburgh 1868) 28; J.D. Comrie, *History of Scottish Medicine* vol. I (London 1932) 194-199.

the vicinity of their locality,[35] more often than not they were swift to respond. The medieval notion of contagion, more widely interpreted than today as being transmission by direct or indirect contact with the source of infection, coupled with a belief in the culpability of airborne miasmas in the spread of plague, drove precautionary efforts to clean up the environment and to quarantine both people and goods from suspect places. This naturally heightened an inherent distrust – perhaps even a fear – of outsiders and instigated concerted attempts to prevent the harbouring of unlicensed strangers. Plague victims themselves were forcibly identified within their community, commonly by being ordered to carry a white stick in accordance with national legislation issued in 1513[36] which was subsequently implemented at a local level by urban governments.[37] These measures for the control of plague and its victims were decreed regularly by town councils throughout Scotland into the sixteenth century and beyond with additional legislation passed on an *ad hoc* basis to cope with the ramifications of an epidemic, from appointing additional personnel such as searchers and cleansers, to funding the creation of mass graves and building gallows for the punishment of those whose instinctive desire to protect their livelihoods and loved ones led them to contravene plague statutes.

Plague might have been a spiritual, commercial, medical and social crisis but, in significant contrast to the impassioned anxiety of poets and early chroniclers, a sense of fear-driven panic is never apparent from the bureaucratic sources. Magistrates, artists, physicians, theologians – each functioned within what Rosenwein has termed an 'emotional community' whose members were bound together by shared emotional responses to a particular situation and their own individual role in it.[38]

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35 Despite surviving almost in their entirety for the fifteenth century Aberdeen's council records evinced no acknowledgement of plague, rumoured or otherwise, before 1498.

36 J.D. Marwick, ed., *Extracts from the Records of the Burgh of Edinburgh, 1403-1528* (Edinburgh 1869) 139-140 [17 January 1513].

37 E.g, during the prolonged outbreak in Aberdeen from 1545-47; Aberdeen City Archives: Council Registers, vol. XVIII, 566 [23 November 1545]-vol. XIX, 385 [19 August 1547].

38 Barbara Rosenwein, 'Worrying about emotions in history', *American Historical Review* 107 (2002) 821-845; Barbara Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca 2006); Barbara Rosenwein, 'Thinking historically about medieval emotions', *History Compass* 8 (2010) 828-842.

While the boundaries between emotional communities were fluid each reacted differently to disease, from the artistic and literary preoccupation with death, its most extreme outcome, to the comparatively reasoned and rational responses of the medical profession and local governments. It might be imagined that the members of each emotional community would identify a different source of their fear of disease. The physician might fear succumbing to infection after treating a plague victim, a probable reason why so many of the profession fled during outbreaks. The magistrate might fear the social disorder that threatened to erupt within his area of jurisdiction due to a shortage of foodstuffs resulting from his cancellation of the weekly market. The cleric might fear the backlash from his congregation for his failing to instruct them sufficiently in matters of divine wrath and repentance. The husband might fear the repercussions of declaring the onset of his wife's ominous symptoms. To all those within medieval society the sources of fear of disease were many and varied depending on one's own circumstances and concerns.

This did not mean, however, that this fear was unassailable or even a cause of undue negativity, for emotional expression had positive 'transformative potential'.[39] W.J. Bouwsma noted that 'because the object of fear is concrete and may be dealt with by some appropriate action, fear can be reduced or overcome'.[40] The fundamental interpretation of disease as a punishment for sin was inherently an optimistic one, for it offered hope that remedy was possible for every individual through acts of penance, charitable donations and the invocation of saints to appease God's wrath. The *Book of Pluscarden* noted that 'the sovereign remedy for plague is to pay vows to St Sebastian, as appears more clearly in the legend of his life', and by the early sixteenth century every major burgh had a chapel dedicated either to him or to another plague saint, Roche, for whose bone King James IV paid fifteen French crowns in 1502 shortly after a widespread outbreak.[41] Fear of disease did not only entail being afraid of the shame of infection, of being cast out both morally and physically from mainstream society, and of the resulting suffering and possible death. Such fear could have a positive

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39 Rosenwein, 'Medieval emotions', 836.
40 Quoted in Roberts and Naphy, 'Introduction', 2.
41 James Primrose, *Mediaeval Glasgow* (Glasgow 1913) 235.

outcome; it could lead to individual acts of charity or collective acts which fostered communal solidarity, such as cleaning up the local environment. In this sense, the fear of disease, directed as it was towards something tangible, could be a force for positive action.