

# ILLNESS WITHOUT DOCTORS: MEDIEVAL SYSTEMS OF HEALTHCARE IN SCOTLAND

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After a long period of stagnation which followed the collapse of the Roman Empire, the Middle Ages were characterised by major academic achievements in medicine. This was stimulated by the translation of Classic and Arabic treatises into Latin between the eleventh and fourteenth centuries.<sup>1</sup> The establishment of universities throughout Europe resulted in medicine being studied as an academic discipline, and in the formal training of physicians.

These developments were of less relevance to the general populace. Most physicians treated kings, princes and important magnates, and had little contact with the lower orders. The latter probably were fortunate in that medical training remained bound to the archaic orthodox principles of Hippocrates and Galen. If there was a 'development', it was to link treatment to the motions of the stars and planets.

When most common folk fell ill they consulted a local healer, either a man ('cunning man'), but more usually a

woman ('cunning woman'), with a practical knowledge of medicinal herbs, magical amulets and charms.<sup>2</sup> She usually had more experience of herbal medicines than her neighbours, but spent most of her time involved in the same agricultural and family activities as the others. Unlike modern witchdoctors in many parts of Africa, she rarely was wealthy and received no official recognition as an 'alternative health practitioner'.

## HERBAL MEDICINE

Some monasteries may have had access to the pharmacopoeias of classical scholars such as Discorides, Celsus, Scribonius and Galen. They also may have grown a few medicinal plants, but these were rarely used in the treatment of residents, far less the general public.<sup>3</sup> Most villagers and townsfolk had to fend for themselves.

Few accounts survive of the plants used in folk medicine in past centuries. One exception is that of a resident of Skye in the late seventeenth century who wrote a record concerning the lifestyle, social structure, economy and

**TABLE 1**  
**Oral folk treatments in Skye (Martin 1999).<sup>4</sup>**

Ailment	Remedy	Ailment	Remedy
Fever	Violets in whey	Constipation	Dulse (seaweed) in water <i>Flamula jovis</i>
Insomnia	Linarich	Scarlet fever	Brandy
Bladder calculus	Allium, dulse or tansy infusion	Worms	Tansy Whisky
Diarrhoea	Plantain infusion	Cough	Hart's tongue and maidenhair
Scurvy	Dulse		

**TABLE 2**  
**Local folk treatments in Skye (Martin 1999).<sup>4</sup>**

Ailment	Remedy
Insomnia	Nettle tops and egg white applied to forehead and temples
Headache	Dulse and linarich applied to temples
Sciatica	Fat of catara fowl applied to thigh Blistering over thigh with crowfoot in an oyster shell
Toothache	Green turf heated with embers applied to side of pain
Cough	Bathe feet in warm water then apply deer's grease to the feet
Conjunctivitis	Blades of fern with egg white applied with flax

geography of the Western Isles. This included a section on the use of herbal and animal medicines.<sup>4</sup> Details on oral and local agents are given in Tables 1 and 2. The limited pharmacopoeia must have been developed by observation and experience rather than a study of current textbooks of medicine or botany.

Though families usually concocted their own remedies, most communities had access to a cunning woman or cunning man. In Skye in the seventeenth century a 'cunning man', Neil Beaton, established a reputation for being widely read and having exceptional diagnostic skills.<sup>4</sup> Though he had access to a pharmacopoeia, he abandoned it when it became clear that its remedies were inferior to those developed through observation and experimentation. Most cunning women had fewer pretensions to skill and scholarship, but nonetheless cultivated a large and grateful clientele.

Despite advances made in orthodox medicine, many Scots continued to use folk medicines well into the twentieth century. A doctor practising in the late nineteenth and early twentieth centuries in Fife and Aberdeenshire gave an interesting account of these.<sup>5</sup> Some oral and local treatments are listed in Tables 3 and 4. Though the systemic remedies bear comparison with those currently used in herbal medicine, many local applications now seem both bizarre and illogical, having been developed through hearsay rather than common sense.

## MAGICAL HEALING

After the Reformation in Scotland, the use of relics and wells, popular with those seeking a miraculous cure, was

condemned as idolatrous superstition. This led the sick to seek magic cures from charmers and cunning men and women;<sup>2</sup> the former often were plausible and charismatic charlatans. Their most common approach was to declaim or write dramatic charms which were not from books of magic, or recipes from ancient pagan religions; they simply were distorted sections of the Catholic liturgy.<sup>6</sup> A cure often attempted was one which intoned five *Pater Nosters*, five *Aves* and the Apostles' Creed. Such messages often were written and tied round the patient's neck. Meaningless Latin, Greek or Hebrew used in the texts were thought to enhance the power of spells. Clients also were advised to wear a ring to prevent the plague, or use three spiders or a hare's foot to avoid the ague. There are apocryphal accounts of warding off epilepsy by burying a black cock at the site of the first attack, or drinking water from the skull of a suicide.

Some practices continued into the nineteenth and early twentieth centuries. Visits to a 'sacred' stone or passing through the hole of a stone were practised to cure sickly children or ensure an easy delivery (Figure 1).<sup>5</sup> At this late stage, advice was more likely to be sought from a tramp or tinker than from a 'cunning man'.

A particularly loathsome recipe recorded in Fife was to treat a poisoned arm by splitting the skin, and then cover the wound with three recently killed puppies.<sup>5</sup> The rationale for such a barbarous procedure was that the evil spirits in the arm were transferred to the puppies, an approach analogous to Christ transferring demons from a madman into the Gadarene swine.<sup>7</sup> A similar approach was used in the treatment of Sir Walter Scott who, when

**TABLE 3**  
**Oral treatments in folk medicine in Aberdeenshire.<sup>5</sup>**

Ailment	Remedy
Diarrhoea	Infusion of nettle leaves
Dropsy	Infusion of broom tops and nettle leaves
Nausea	Infusion of dandelion root
Coughs and colds	Yarrow or coltsfoot infusions

**TABLE 4**  
**Local treatments in folk medicine from Aberdeenshire.<sup>5</sup>**

Ailment	Remedy
Epistaxis	Drop key down back
Burn	Place burnt limb near a fire
Headache	Tie red handkerchief around the head
Conjunctivitis	Wear earrings; apply spittle or milk; wash with water
Haemorrhoids	Sit on pail with smouldering leather; apply axle grease
Ring worm	Apply ink, butter or sulphur; rub with gold ring
Eczema or abscess	Cow dung poultice



**FIGURE 1**

**Standing stone at Tiulyerres, Fife. Such stones often were used in rural healing rituals in the post-Medieval period.**

a sickly child, was covered with a sheepskin to draw sickness out of him.

## RELIGION

The ministry of healing has been recognised as part of Christian witness from the earliest of times. Throughout the New Testament there are examples of Christ and his followers performing miracles of healing. During the Middle Ages the tradition continued but was sought more usually by prayer, by touching a relic or by a pilgrimage to a holy site.

Although there are vivid descriptions of healing by divine intervention during this period, it is difficult to understand the mental processes of individuals involved in such events. It may have been considered a form of white magic in which contact with a relic resulted in a miraculous cure. Other patients sought faith and spiritual strength from prayer and contact with relics. Viewing or touching a relic site often gave a patient courage and resolve to carry on, as well as hope of a cure through intercession to God. Purgatory and Hellfire were also taken seriously, and many felt that regular masses, combined with frequent contact with holy relics, often associated with so-called 'indulgences', might give them time off Purgatory for good behaviour.

## WORSHIP

Even without recourse to a saint, a priest could provide a supplicant with the faith that God or one of His saints could intervene on his or her behalf. This was often done by providing a blessing, saying a prayer of intercession and providing a benediction while sprinkling the individual with salt and water.<sup>6</sup> Someone in fear of the plague often purchased a talisman with sacred words written on metal or a piece of paper. It also was considered wise to carry an *Agnus Dei*, a flattened wax cake made from part of a Paschal candle blessed by the Pope.

Many Protestant Churches continue to have services of healing and offer prayers for the sick. At a mundane level, randomised trials have demonstrated the efficacy of prayer in sickness; analysis of a series of these studies suggested that this did not, however, reduce the number of patients dying from leukaemia or heart disease.<sup>8</sup> Another study established that prayer was of benefit to patients in a coronary care unit, in that they had lower scores for the severity of cardiac disease.<sup>9</sup> The equivocal nature of these results is not surprising given the complex intermix of spiritual, psychological and physiological factors involved.

## HOLY WELLS

Another source of help was to visit a well associated with a particular saint.<sup>10</sup> The practice probably dated back to the pre-Christian era (Figure 2). Classical authors noted that Celtic rites often were associated with bogs, rivers and lakes.<sup>11</sup> There they left votive offerings and even practised human sacrifices. Analysis of a review from the nineteenth century and the records of the Royal Commission on Ancient and Historic Monuments has identified 438 such wells, but it is likely that the sites of many more have been lost and forgotten (Figures 3 and 4).<sup>12</sup> The most common saints' names linked to these are: St Mungo (37); St John the Evangelist (21); St Mary (20); St Bridget (16); St Peter (13); St Ninian (13); St Catherine (12); St Andrew (9); St Columba (8); and St Modena (7). These represent five 'Roman' and four Celtic saints, along with the 'Christianised' Celtic war goddess (St Bridget). Another 138 wells simply had place names either because the name of their saint had been forgotten or because they never had one. Given theological and boundary variation in different modern regions in Scotland, reasonably uniform distribution of holy wells occurs throughout the country, with the exception that there are relatively few in the Highland Region. Their Gaelic names may have resulted in them not being identified.<sup>11</sup>

There are several accounts of ceremonies associated with holy wells. In one of these St Columba came across a well which caused leprosy, blindness and other infirmities.<sup>13</sup> Once he had blessed the well, the demons ran from it, and it became a source of cure rather than affliction. In a more complex consecration in Eigg, the



**FIGURE 2**

**Cistern in oppidum at Traprain Law. This was sealed with clay and may have been used for votive offerings.**



**FIGURE 3**

**Rood Well: a holy well near Stenton, East Lothian.**



FIGURE 4

**St Triduana's Chapel at Restalrig, Edinburgh built in 1477. A hexagonal building with a sunken basement flooded with water. Visited by the blind.**

priest instructed his parishioners to bring a pile of stones to the well, and he consecrated it. He then gave the congregation candles and led them clockwise around the well.<sup>12</sup>

In some instances patients simply drank the water of a holy well, but more elaborate rituals sometimes were involved. At a well in Skye patients, after drinking the water, walked three times clockwise around it. When they departed they left an offering on an adjacent stone.<sup>12</sup> In other wells the season of the year, the phase of the moon or the time of day were of importance in relation to local ritual.

Patients with mental disorders attended specific wells.<sup>12</sup> At the well of St Ninian at Kirkudbrightshire the afflicted walked seven times round the adjacent chapel. They were then sprinkled with well water and left bound overnight. At a pool near the village of St Fillans in Perthshire, the ceremony started at sunset when the patient was dipped in a pool and then persuaded to walk three times round each of three cairns built on the bank. He was then taken to the local chapel and tied to a stone bed. If he was loose by the next morning, the cure had worked.

While most wells were used for their curative properties, some were used for divining. One example is that water from a well in Lewis was collected in a wooden dish. If, when this lay on the surface of the well, it turned clockwise,

the patient would recover.<sup>12</sup> The outcome of an illness could also be determined by whether the water in a particular well rose or fell.

Offerings were often made to the local saint, and there are instances of drained wells containing a large number of coins.<sup>12</sup> A less common form of offering was to attach rags to an adjacent tree, a custom that still persists in Greek orthodox shrines. Similarities to prehistoric rituals involving sacred groves can be discerned, but it is unlikely that there was a continuous tradition or that the celebrants remembered the practices of their ancient predecessors.

In some areas, covert visits to holy wells continued after the Reformation. This was despite a statute in 1629 prohibiting their use, and a Privy Council order commanding that participants be identified and prosecuted.<sup>12</sup> Presbyterian ministers vigorously enforced the legislation, and occasionally went to the length of filling in wells themselves.

#### PILGRIMAGES

The collection of saints' relics had its origin in the fourth century when Christianity became the official religion of the Roman Empire.<sup>14</sup> Transferring the bones of an early martyr to a church was deemed to make it holy and established it as a centre of veneration. Through successive centuries some saints became more important than others, and their churches attracted ever increasing

crowds – and the wealth they brought with them. Most individuals were prepared to travel long distances to venerate saints, and out of this grew the practice of pilgrimages.

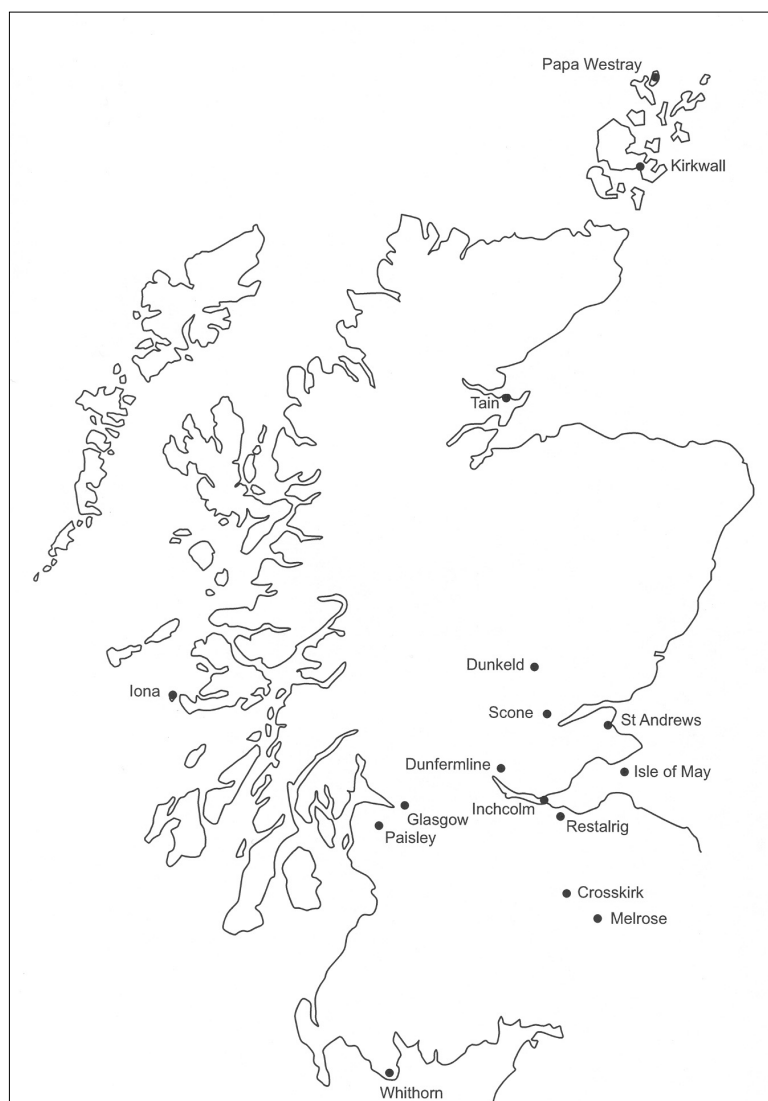
A current view of the Catholic Church on pilgrimage is that it can be divided into three phases:

1. *departure* signals the separation of the pilgrim from his everyday life;
2. *the journey* mirrors the pilgrim's journey through life; and
3. *the end* is the stage at which life may continue as before, or an episode of spiritual renewal in which life may take a change of course.<sup>15</sup>

During the Middle Ages many folk believed the relics to have magical properties. Some visited shrines seeking

spiritual meaning out of the pilgrimage, but others arrived at the shrine with the expectation that they would be cured and all their problems solved (Figure 5).

Excavations have established that visits were already being made to the shrine of St Ninian at Whithorn in the seventh century.<sup>16</sup> As time went on, pilgrimages became an increasingly important source of funds for bishoprics and religious communities in Scotland so that, by the late Middle Ages, shrines were integrated with large and lavishly decorated churches. Centres for pilgrimage included: Glasgow Cathedral (St Kentigern); Paisley Abbey (St Mirren); Whithorn Priory (St Ninian); Whitekirk Church; East Lothian (St Mary); St Andrews Cathedral (St Andrews); Dunfermline Abbey (St Margaret); Iona Abbey (St Columba); Dunkeld Cathedral (St Columba); St Magnus Cathedral, Orkney (St Magnus); Crosskirk in Peebles (fragment of the True Cross), and monasteries



**FIGURE 5**  
Map of Scotland marking more important sites of pilgrimage.



FIGURE 6

Inchcolm monastery, 12<sup>th</sup> century, showing church tower (T), chapter house (C), cloister building (Cl) and residential block (R).

on Inchcolm (St Colm) (Figure 6); and the Isle of May (St Ethernan). Though miraculous cures were reported there is no information on the frequency of these. It is likely that these were the exception rather than the rule.

One particularly enthusiastic pilgrim was James IV who in an epic journey walked from Edinburgh to Whithorn in eight days.<sup>17</sup> In addition to this he paid frequent visits to Tain, Whitekirk and the Isle of May. One reason for the pilgrimages may have been a sense of guilt concerning his involvement in the death of his father.

For pilgrims who had spent most of their lives in one place, joining strangers on a long journey and travelling through strange places was a major adventure.<sup>18</sup> The thrill of finally reaching the shrine, surrounded by the colour and architecture of its church, and the splendour of the liturgy must have had a major spiritual impact. It also seems to have affected the physical wellbeing of many.

#### FAITH HEALING

Despite the accounts of miraculous cures wrought by the early saints, little evidence remains that the laity or clergy practised faith healing in the Middle Ages.

#### Healing by touch

An exception was a ceremony in which the sovereign of England cured scrofulous (skin tuberculosis) patients by his touch.<sup>19</sup> Dr Samuel Johnson was one of the patients touched by Queen Anne.<sup>20</sup> Less eminent healers in

Scotland claimed to heal by touch, particularly effectively if they were seventh sons of seven sons.

#### SURGERY

##### Barber surgeons and tooth extractors

For most patients with an injury or other surgical condition, the only person available was the lowly barber surgeon. Review of medieval cemeteries, including ones at Whithorn and York, has established that most fractures healed with minimal displacement, suggesting that whatever other skills he had, the barber surgeon was good at manipulating, splinting and stabilising fractures.<sup>21, 22</sup>

In the Middle Ages dental treatment was the remit of untrained practitioners. Friends and relatives often treated a sufferer, while the more courageous attended a tooth extractor at a fair, and the fortunate few received the attention of a barber surgeon. James IV was an enthusiastic amateur dentist and surgeon, and he paid men to let him either draw a tooth or remove blood from them.<sup>23</sup>

#### Midwifery

In the Middle Ages, a midwife usually learnt her craft by coping with her own multiple births and assisting at the deliveries of relatives and neighbours.<sup>24</sup> Many of them developed an interest in other aspects of healthcare, such as the preparation of potions, or uttering charms and incantations.



## WITCHCRAFT

Most healers and midwives led uneventful lives, but a few were hauled before a court and accused of witchcraft. Most were well respected and played a vital role in their communities, and had little to fear from neighbours whom they served. A review of seventeenth-century Scottish legal records revealed that only six out of 61 individuals accused of witchcraft were categorised as healers.<sup>25</sup> Even in these instances, accusations related to factors other than the use of herbal medicines. Midwives were also sometimes accused of witchcraft, but this was more a problem of Catholic Europe than Presbyterian Scotland.<sup>26</sup> The motivation for the accusations is unclear, but it may relate to the Church's suspicion of women involved in medical matters. The professional jealousy of physicians played a part when doctors finally deigned to participate in a speciality which had hitherto been left to women.

Trials of witches reached a peak in Scotland during the sixteenth and seventeenth centuries (Figure 7).<sup>25</sup> Healers may have come under suspicion by virtue of their work with potions and charms. However, most individuals condemned for witchcraft were cantankerous old women in a close knit community who had frequent quarrels with neighbours.<sup>24</sup> In loneliness and isolation, they may have brooded over ways in which they could exact revenge on their oppressors. The less discrete let fly with curses. If one of these coincided with the death of a child or an animal, or a bad harvest, the suspect was interrogated ('worried') with none too gentle methods. Confused and under torture, they appear to have on

occasion dreamt up all sorts of bizarre links with the devil, and implicated others in their activities. Catholics, by definition a group in league with the Antichrist, also were at risk. However, during the eighteenth century advances in philosophy and science made such ill conceived fantasies untenable so that trials ceased.<sup>6</sup>

Witchcraft has re-emerged in recent times, practitioners claiming that it is in direct continuity with the religion of the Early Celts. This proposition is reminiscent of the developments in the eighteenth and nineteenth centuries designed to revitalise bogus aspects of ancient Celtic culture, and has no more validity.<sup>27</sup>

## CONCLUSION

Much of the information on Medieval medicine is speculative. Villagers may have had recourse to 'healers', but there is no information on how common these were. Since 'healers' must have learnt from parents and neighbours, there must have been considerable variation in their skill and their approach to care.

The amount of spiritual and psycho-social support from the Church depended upon its evolving strengths and weaknesses. Throughout the fifteenth and early sixteenth centuries, the financial resources of parishes were sapped by the demands of monasteries, cathedrals and collegiate churches.<sup>28</sup> Manpower also was a problem with the clergy being employed by the sovereign and magnates as administrators. Members of the clergy also were recruited into the lucrative business of conducting masses for the



**FIGURE 7**

Rock in Carlops, Tweeddale. It is reputed that witches were thrown to their deaths from this.



dead in collegiate churches and chantries. Simony and pluralism exacerbated the situation. This meant that the official incumbents of parishes often provided cover with uneducated vicars recruited from the peasantry. They often were unable to read, far less conduct a mass. Given median ages of death of 28.1 and 27.8 years respectively for adult males and females buried in a Medieval cemetery at Whithorn, both secular and clerical measures seem to have had little effect on health in the late Middle Ages.<sup>21</sup> This compares unfavourably with the exponential expansion of effective diagnostic and therapeutic measures available in the twenty-first century. It may be, however, that care on offer in the Middle Ages afforded considerable comfort and reassurance, and that the combination of spiritual, psycho-social and physical measures used by our predecessors would repay further study.

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