Disease and Illness in Medieval Ireland

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I declare that the thesis presented here is my original work and has not been submitted to any other institution.
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A   Jordan

Lena Chéile a Thógtar na Caisleáin

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SUMMARY

This thesis explores various aspects of the medical system, and illness/disease for the medieval period (5th-12th centuries) in Ireland. On examining three archival source-types (hagiographical material, annals, medico-legal law texts), it became clear that there were different perspectives on health and healing for this period. Two distinguishing models came to light, a 'Christian (religious) explanatory model' and a 'Naturalistic Model'. The former model centered mainly on the hagiographical material and elements related to Christian doctrine; however, aspects of this model were found in the annals also. The latter model was to be found in the annals and medico-legal law texts; both sources provided naturalistic aspects in relation to cause, cure/treatment and the legalities of illness and injury. The anthropological literature acted as a valuable interpretative tool when addressing these models and the processes of healing which took place. For example, the hagiographical material contained much religious symbolism in relation to illness causation and healing; the annals displayed symptomatic, prophylactic and naturalistic elements related to cause of illness; the medico-legal texts contained naturalistic aspects also; however, they came from a different perspective, they centred on the legalities of the medical system and took an empirical approach to cure. This thesis aims to convey how these two models, which were composed of three perspectives, when combined provided a picture of the health care system in medieval Ireland. These sources individually outline a range of illnesses, injuries and plagues; they also demonstrate the existence of healers. The anthropological literature has enabled this system to be placed in a particular cultural context; it has allowed us to see a medical system which was composed of different parts, yet function and act as one system. A second and no less important element of this thesis is the connection that is conveyed between the medical system and other institutions in society; the medical system acted as a window into the entire order of society.

Chapter 1   Introduction

The topic of this thesis is 'disease and illness in medieval Ireland'. Before I proceed, it is important that I clarify specific elements reflected in the title of this thesis. Let us begin with the two terms 'illness' and 'disease'. There have been many definitions given and distinctions made between these two terms; however, it is easy to get lost in the semantics of these words. Nonetheless, I will briefly outline some definitions given to these two terms by various authors. Following this, I will provide a common-sense interpretation of these terms in relation to the context of this thesis.

Emson (1987) points to Jennings's interpretations of these two terms; Jennings stated that "illness is experience and that only disease can be investigated by the methods of biomedicine" (Jennings quoted in Emson 1987: 812). Johnson and Sargent (1990) tell us that the concept of culture has led to a generally accepted distinction between disease and illness. Illness refers to the culturally defined feelings and perceptions of physical and/or mental ailment and disability in the minds of people in specific communities. Disease is the formally thought definition of physical and mental pathology from the point of view of the medical profession (Johnson and Sargent 1990: 275).

Kleinman (1988) sees 'illness' as the way in which the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability. He invokes the term 'Illness' to conjure up the human experience of illness and suffering. He sees it as the lived experience of monitoring bodily processes. Kleinman points out that the illness experience includes categorising and explaining, in common-sense ways accessible to all lay persons in the social group, the forms of distress caused by those

pathophysiological processes. In Kleinman's view, illness behaviour consists of initiating treatment and deciding when to seek care from professionals or alternative practitioners. Kleinman interprets 'disease' as being a health problem interpreted within a particular nomenclature and taxonomy; he sees the doctor or practitioner interpreting the health problem within a particular nomenclature and taxonomy, a disease nosology that creates a new diagnostic entity, an "it"-the disease (Kleinman 1988: 3-5).

I have applied the terms 'illness' and 'disease' interchangeably and concurrently many times throughout this thesis; I have done so for two reasons: (1) It was impossible to elucidate the patient perspective on these two terms, I did not have the luxury of observing first-hand usage of these two terms; also, I did not have the opportunity of conducting a qualitative investigation. As such, it is impossible to know how these two terms may have been interpreted or understood. My fieldwork is archival, it belongs to a specific historical period and social context; if I were to provide specific definitions for these terms, I risk being culturally insensitive to both their value and meanings; (2) the three source-types which I have used as part of my research are written in Old Irish, Latin and a combination of both. In looking at these sources, I have noticed that there is an overlap of meaning amongst some of these terms. For example, the Old Irish term *galar* translates as 'sickness, disease, physical pain' (Dictionary of the Irish Language, DIL hereafter); the term *teidm* translates as 'disease, sickness, pestilence', also 'a fit, or attack of illness or anger', or 'affliction' (DIL). The term *esláinte* is a variant of *eslán* and translates as 'unsoundness, disease, illness' (DIL). Another term is *trebhlaid* which is a variant of the word *treblait;* this translates as 'tribulation, illness, suffering'. As we can see, these

varying meanings create confusion where the illness-disease distinction is concerned; for this reason I have applied both. The important thing to remember is that both states are undesirable; they cause discomfort, pain and interfere with a state of well-being.

Reference to 'Medieval Ireland' in this context, refers to the period of time dating from the 5th century through to the 12th century. Nevertheless, a more accurate dating of these individual sources and the occurrence of illness and disease found therein is possible. I address the issue of dating in chapter 3 'Methodology'.

I chose to research this area initially as (1) I was interested to find out what the prevalent illnesses and diseases were in medieval Ireland for this period; also, I wondered what kind of medical treatment was available, (2) I looked to unearth the connections between this medical system and wider society of this time, and what information was reflected through it, if any, and (3) I wanted to place this system in an anthropological context.

The written evidence for this period, let alone medical manuscripts containing this information, was scant. Literacy was newly acquired at the beginning of this period, with few people having access to these skills; writing was initially confined to the clergy or the elite of society; it was up to these people to record this body of information. They did record this information, but unfortunately it did not survive in its entirety down through the centuries. Nevertheless, on examining the literature closely, I did find a comprehensive body of information, in fact too much for one thesis. After scrutinising this information, I chose to use three different archival sources; these were not all

medical manuscripts, but they all provided information on different aspects of illness and healing for this period.

These three sources are: a body of hagiographical material, the great Irish annals and the two medico-legal law texts *Bretha Crólige* (BC hereafter) and *Bretha Déin Checht* (BDCh hereafter). On viewing these three source-types independently, it was evident that each one contributed to our knowledge of the medical system in medieval Ireland. However, I could see a further connection between them; they were all compiled by clerics living in a monastic setting. There is no doubt that these men had a major influence on the content of what they recorded; given their Christian religious background, we can be certain that this material was recorded with a Christian slant. It will become apparent to the reader in further chapters that this particular aspect is more pronounced in the hagiographical material. These sources are invaluable for my research; however, they do not come without their difficulties.

The language of these sources is mainly Old Irish, Latin or a combination of both; this poses a difficulty for one who is not proficient in these languages. Conveniently, these three sources have been translated into English; these I have relied on heavily throughout my research. Nevertheless, these translations were not sufficient entirely on their own; a crucial part of my work was to consult the original text for various terms in Old Irish and Latin denoting illness and disease. I consulted both the Dictionary of the Irish language (DIL hereafter), and the dictionary of Latin for translations of particular terms. There are various interpretations of these illnesses and diseases put forward by different editors and scholars; they are all decoded in different ways. I have

addressed the area of language, translation and the various interpretations in my chapter 'Methodology'.

The pattern of this thesis emerged as I addressed these sources. By viewing my findings through an anthropological framework, different aspects of healing and the medical system came to light. These three sources come from different perspectives; however, each contributes invaluable information. The hagiographical material offers a strong religious perspective on illness and disease; it centres on supernatural causation. Cures are also directed against this causation; they are generally in the form of blessings, prayers, use of holy water, relics etc. The annals provided a range of entries relating to naturalistic elements which contributed to illness/disease causation; these entries mainly concern famine and crop failures, they are generally linked to weather conditions. Other naturalistic elements included battle, combat and the various forays; these occurrences took place in society, and led to an array of injuries and conditions being sustained. The medico-legal law texts provide detailed information in relation to medical treatment/cure, the *liaig* 'physician, doctor, leech' and the legal framework for health and healing. In this source-type, there is a suggestion of naturalistic aspects also; details of medical treatment, assessment, cure and healing periods have been tailored and compiled to assist in the treatment of occurrences which had taken place in the natural environment.

These three sources provide proof of cause, symptoms and cure of illness and disease; nevertheless, anthropology has enabled a further investigation of these constituents. I have drawn on different areas of

anthropology to support and compliment the aforementioned findings in these sources; here I outline briefly the relevance of this literature.

Kleinman (1988) puts forward various interpretations in relation to different aspects of illness and disease. He looks at why different explanatory models are offered to explain cause and meaning of illness/adversity, and why there is such diversity amongst these models. He points out that these explanatory models justify the different ways in which illness and injury are seen; they are the means by which people can rationalise and understand its occurrence. Also, these models justify action, and the specific kind of cure which is going to be pursued. Kleinman also explores how different illnesses and their particular symptoms have varied meanings in different cultures and societies; this aspect is particularly relevant throughout this entire thesis.

Kleinman's hypothesis on explanatory models is particularly significant for the hagiographical material. In this material, we can see what we could describe as a 'Christian (religious) explanatory model'; here illness is explained in terms of cause. In this particular model, non-adherence to Christian rules is seen as the most prominent cause of illness and disease. It is through this particular lens that I have examined the saints' lives for evidence of illness and disease. Within this model, several aspects related to the healing process cropped up. In order to strengthen and enhance my understanding of these processes, I looked to other areas in anthropology for clarity; these areas include religion, sanctions, ritual, performance and symbolism. The 'Christian (religious) explanatory model' is given primary focus throughout this thesis; however, aspects of this model can be found throughout the annals also.

As stated earlier, Kleinman has also explored the meanings of illnesses and their symptoms. He points to the meaning of illness by telling us:

"Illness is polysemic or multivocal; illness experiences and events usually radiate (or conceal) more than one meaning" (Kleinman 1988: 8).

This is evident in the saints' lives. In the coming chapter 'Hagiography', I will discuss the meanings which particular illnesses brought with them; these meanings are reflective of the 'Christian (religious) explanatory model' which they derive from. It is important to point out a technical aspect at this juncture; sometimes there is more than one life of a particular saint; this is denoted throughout this thesis by the annotation (II) and (III) after the life in question.

The miracles and healing process which take place in these lives are both intriguing and complex; they have many aspects. We will see how various types of ritual underpin the majority of these acts. Bowie (2000) points out the many functions of ritual; she tells us that they can channel and express emotions, guide and reinforce forms of behaviour, support or subvert the status quo, bring about change, restore harmony and balance, and have a very important role in healing. She points to ritual being a performance; we will see how this element of ritual had an important role to play in the saints' healings, it can also be recognised in various examples concerning the saints in the annals. These performances not only affected cure; they also showcased the saint's power and ability in front of an audience. Bowie's interpretations of rituals support many aspects of what occurred in the saints lives. The healing miracles

in particular display their important function; they provide an insight into why these processes were carried out in this particular manner.

Bowie also discusses instrumental versus expressive approaches to ritual; this prompted further investigation into other concepts which supported the actual healing processes. These concepts are complex; however, Morton Klass (1995), by fine-tuning John Beattie's (1964) instrumental-expressive perspective, offered a valuable insight into what was taking place in these healing miracles. Also, Chick's (1998) discussion of these terms in relation to 'leisure', and Parson's (1964) application of these terms in relation to aspects of society provided a grounding and understanding of these concepts. These I discuss in my chapter 'Anthropological Literature Review'. These concepts may seem complex on first appearance; however, when the reader views them as applied to the examples of healing in my chapter 'Hagiography', an understanding and interpretation of their meanings will be clarified.

We will see the saints administering additional cures also; these were carried out in the form of blessings through prayers, holy relics, anointing, and the sign of the cross being made. Also, we will see some evidence which suggests cure in the form of food and herbs.

Another aspect of these lives and healing miracles becomes apparent when we look at this source; they contain issues related to contagion and anomaly. We will see how various substances and objects are used as part of healing; Mary Douglas's interpretations have allowed me to understand these actions in a particular way. She has pointed to the way in which particular objects and substances act as conductors of purity; they continue to act on one another even though they had parted. Central to this theory of contagion is the

transference of power; power is transferred from the person who holds it to the person who needs to be healed. This is generally done through a particular substance or medium which was once part of the person or has had close contact with the person. In these lives, we see relics of the saints being used by people in hope of a cure; this is a form of contagion. These relics were seen to contain the power and curing ability of the saint. These interpretations are of crucial importance for understanding the significance of what was being carried out. We will see use of material substances such as blood and spittle in the lives of St. Brigit and St. Ruadan; these substances had retained the power of the saint, and were still able to work effectively to enact a cure on the people concerned.

Illness and disease in medieval Ireland were not wanted; they can be classed as anomalous. People felt anxiety and danger when confronted with them; they represented disorder in society. Douglas's theories on 'dirt' and 'anomaly' are clearly reflected in the saints' lives; they can also be seen in the annals where the saints are concerned. I will discuss how illness and disease were rejected by the saints in order to create 'order'; we will see that this was done through healing the sick, and eliminating elements which were seen to be dangerous or incongruous. A second element of Douglas's theory relates to holiness and wholeness found in the Old Testament. She relates how, in Leviticus, physical perfection is required of all things and persons approaching the temple; people had to be without blemish and cleansed before they were allowed in. I perceived these ideas being mirrored in the saints' lives; it seems a state of purity and wholeness was essential to be accepted by God, so the saints removed illness through cure. These ideas I elaborate on in relation to the 'Christian (religious) model'.

In my chapter 'Hagiography', I am also going to discuss how the saint's actions created religious and ritual sanctions in society. This endeavour I base on Radcliffe-Brown's initial research into this area. A more contemporary outlook of these views is given by Roberts (1979) and Haviland et al (2005) also. We will see the saints curing many; however, we will also see them inflicting suffering and pain on those who did not adhere to the Christian principle. The above concepts allowed me view the saint's actions as a form of cultural control in society for this period. We see how intense love for God and the saints acted as a powerful force; we will also see the threat of hell and fear of supernatural punishment acting as a deterrent in society.

The following sections deal with the annals and the two medico-legal texts BC and BDCh. These two source-types belong to what we could call a 'Naturalistic Model'. They contain aspects relating to the cause of disease and illness which derive from the natural world; they also contain details of medical treatment and legalities which had been compiled to deal with the treatment and compensation for illness and injury. I will touch on this model throughout this thesis in my treatment of the annals and law-texts; however, it does not receive the same emphasis or attention as the 'Christian (religious) explanatory model'.

My second source is the Irish annals; I have chosen to work with six groups of annals for this thesis. The annals provide evidence of the symptoms of illness and disease; these include a range of injuries, diseases caused by weather, bad food and famine. We could say that these symptoms derive from naturalistic causes. We will see the annals recording and conveying a wide variety of symptom terms. In fact, the annals provide the most comprehensive listing of disease and plague for this period. The range of symptom terms in the

annals is noteworthy, in particular in relation to 'leprosy'. In my chapter 'Methodology', I provide a detailed discussion of 'leprosy', the various terms associated with it, and the problems related to the many translations of, and additions to these sources which took place through the centuries. Arthur Kleinman (1988) points out:

"Diagnosis is a thoroughly semiotic activity: an analysis of one symbol system followed by its translation into another" (Kleinman 1988: 16).

Basically, this means that the patient's symptoms of illness are translated into signs of disease. 'Leprosy' was recognised as a prominent skin disease; usage of this term came from biblical and continental influence. As a result, a majority of the symptoms of any skin disease were translated as 'leprosy'.

We will see in the annals that the saints crop up from time to time contributing to the cause of illness. Their acts are generally related to punishments and acts of retribution; also, it can be recognised that they belong to the category of religious and ritual sanctions which are prominent in the hagiographical material. Nevertheless, these acts will appear similar to the rituals of performance which I have alluded to earlier in my discussion of Fiona Bowie (2000). The annals do contain other ritual elements; these can be classed as rituals of affliction or intensification. These I will be discussing in my chapter 'Anthropological Literature Review' and in my chapter 'Annals'.

The implementation of religious and ritual sanctions will become apparent when looking at my chapter 'Hagiography'; however, we will see different kinds of sanctions being enforced through the legal material.

The third source-type reflects the legal material for this thesis; they are the two medico-legal law texts BC and BDCh. These medico-legal texts contain detailed information in relation to medical practice, the legal framework/compensation, procedure, rank and status, treatment and cure; they belong to a 'Naturalistic Model' as, they were compiled to deal with occurrences which took place in the natural world. These texts are very detailed; in fact, the reader will be surprised, if not astounded by the detail provided when I discuss the said elements in my chapter 'Law'. However, it will become apparent that these texts do not list illnesses and disease (there is one exception; this is *galar fuail* 'urinary disease'). We will see that a solid body of information is given in relation to the *liaig* 'leech, doctor, physician' and his expertise, knowledge, awareness, and prescriptions for palliative care; this all points to a professionally trained practitioner. Clearly, it was his job to provide treatment and cure for the sick; I will be discussing his use of food as medicine to treat the sick in my chapter 'Law'. It will come to the attention of the reader that the *liaig* prohibited certain foods also as part of his treatment; this element is very prominent in these texts, in particular the text of BC.

It will become evident that these texts provided the formal sanctions which governed the medical system. In my chapter 'Methodology', I point out that these medical texts fit into the extensive legal system which already existed. The legal system provided the formal sanctions which governed every aspect of daily life and strove to provide a model of normal and acceptable behaviour;

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this meant that it was necessary to have a set of laws providing provision for the injured, and for dealing with fines for illegal injury.

Anthropologists have made many attempts to make sense of the ways in which societies on varying levels of scale and complexity handle order and dispute. They have looked at the way in which societies have created and maintained social order, and reduced social disorder. Hendry (1999), Roberts (1979), Pospisil (1972), and Falk-Moore (1978) provide extensive interpretations and theories cross-culturally relating to the development, functions, and purpose of laws. Pospisil (1972) tells us that there is a multiplicity of legal systems within a 'tribe' or a 'state society', that there are as many different types of legal systems within a given society as there are functioning groups present; he also points out that law is an integral part of society. Falk-Moore concurs with this aspect when she points to the relationship between law and society; she sees legal systems as part of the wider social context (Pospisil 1972: 34; Falk-Moore 1978). Roberts (1979), Hendry (1999), and Haviland et al (2005) reflect Radcliffe-Brown's theories in relation to formal social control; these theories provide an explanation for how formal negative sanctions underpinned the legal system in medieval Ireland. In my chapters 'Anthropological Literature Review', 'Methodology', and 'Law', I will give a detailed discussion of the larger legal framework which BC and BDCh belonged to. It is essential to have a basic understanding of the system of formal law before one can understand how these medico-legal laws came to be.

As the reader progresses through this thesis, it will become apparent that these three source-types provide extensive information regarding illness/disease and the medical system. It will also become clear that they reflect a general

picture of society during this period. These source-types differ, which means they reveal different aspects about society; however, when they are combined, they offer a comprehensive picture of society.

An important and common element comes into focus when we look at instances of illness and plague in these sources; they all created a stigma for the person suffering. We will see that certain illnesses were more stigmatising than others. Goffman (1990) made a major contribution to the study of the stigmatising process; through his theories we will see what the effects were on the people and their families who were suffering from a stigma. I will also discuss how stigmatised persons could turn their stigma into a source of power.

The following is a brief outline of the order and content of the chapters contained in this thesis.

Chapter 2 examines 'Early Irish Society' for the medieval period; this chapter serves as a backdrop and provides a context for the developing medical system. It outlines the society which was present for this period; this chapter provides a synopsis of the various institutions which were present. These include: the religious system, evidence of raiding, settlement types, the developing political system, kingship, the kinship system, economy/agriculture, exchange, trade and currency, rank/status and law, and an introduction to laws of medical practice. This chapter provides a frame of reference for every other part of this thesis. Its purpose is also to give the reader a picture of society in its totality.

Chapter 3 of this thesis discusses my 'Methodology'; it outlines in detail the three sources which I have used as part of my fieldwork. Attention is drawn to the method by which I elucidated evidence from these sources.

Chapter 4 is an 'Anthropological Literature Review'; it focuses on the theoretical aspect of this thesis. Here I include a range of anthropological literature which gives an insight into the various aspects of medical systems, illness, and society. Kleinman's (1988) theories offer a range of interpretations regarding explanatory models and meanings of illness and symptom terms. Beattie (1964), Bowie (2000), and Klass (1995) point to the ritual elements which form a crucial part of healing. Douglas (1966) gives insight into issues of contagion and anomaly; this is particularly relevant to substances and objects used in healing, and it also points to illness being viewed as an incongruous element which needed to be rejected. Pospisil (1972), Falk-Moore (1978), Roberts (1979), Hendry (1999), and Haviland et al (2005) offer theoretical explanations in relation to law, dispute and sanctions. These theories have been particularly helpful in understanding the systems of order which existed in medieval Ireland, and the legal framework which the medical system fitted into. Goffman (1990) illuminates the fact that illness and disease brings stigma; this, as we will see, is more pronounced in certain illnesses than others.

Chapter 5 is my chapter on 'Hagiography'. The purpose of this chapter is to address a set of 15 saints' lives for evidence of illness and disease. This chapter introduces the 'Christian (religious) explanatory model' which focuses on the cause of these illnesses and diseases. Many healing miracles are carried out in this body of lives; theories related by Beatie (1964), Morton Klass (1995), Chick (1998), Parsons (1964), and Bowie (2000) help to interpret the ritual and symbolic aspects of the healing acts found in these lives. These theories reflect an appropriate and culturally specific way to carry out healing; they are specific to the belief system which they were derived from. Issues related to contagion

and anomaly are brought to light through Douglas's (1966) theories; these theories offer an explanation for the use of, and importance given to various substances and objects used in healing. Ritual and religious sanctions can be explained through concepts put forward by Radcliffe-Brown (1952), Roberts (1979), and Haviland et al (2005). These theories confirm that Christianity and the saints put sanctions in place which acted as deterrents in society. All aspects of this chapter related to healing have a connection with Christian doctrine. However, this material also reflects information for society from the 5th to the 12th centuries.

Chapter 6 is on the 'Annals'; it discusses a body of information found in a set of six annals. The annals provide a diverse listing of illness/pestilence and injury for this period; they provide more information than any other source in this regard. The annals provide an array of symptom terms for disease and illness. The meaning of these symptom terms can be viewed through Kleinman's (1988) theories surrounding the meaning of illness and symptoms. He sheds light on the cultural aspect associated with many symptom terms; these I elaborate on in my chapter 'Anthropological Literature Review' and in the said named chapter.

Chapter 7 is on 'Law'; it reviews the detailed information found in the medico-legal law texts BC and BDCh. These laws provide an in-depth overview on medical practice, the *liaig,* medical expertise, and medical awareness for this period. This chapter seeks to explore the medico-legal system in medieval Ireland, and unveil the particular approach taken with regard to medical practice and cure. Before I looked to BC and BDCh, it was essential that I examined legal systems in general. Hendry (1999), Roberts (1979), Pospisil (1972),

Haviland et al (2005), and Falk-Moore (1978) all shed light on various aspects of order, social control, and dispute management. These theories pointed to the necessity of order in society, and the connections that legal systems have with wider society. I also explore the role of the *liaig* in these texts; I examine his method of assessment of wounds and injuries, and his awareness of palliative care for the sick. The *liaig* prescribed food as medicine for cure; however, he also prohibited some. Simoons (1967) provides a body of information concerning food-ways, and he enlightens us to particular reasons for prohibition of certain foods; these theories aided an understanding of why the *liaig* prescribed particular foods and prohibited others. Rank and status underpin these legal texts; this clearly reflects a hierarchical society. It points to the stratified nature of society, and the selective nature of medical treatment. The law texts also reflected many aspects of society for this period; these elements I will discuss also.

Chapter 8 provides a conclusion for this thesis; here I sum up my findings in these sources.

Chapter 2   Early Irish Society

Introduction

The period of concentration in this thesis is the medieval period in Ireland; it begins just prior to the coming of Christianity in the fifth century which is the beginning of the documentary period, and continues to the opening of the Norman period just prior to the twelfth century. Most evidence for the medieval period in Ireland is found in a complex and damaged body of writings; these rich sources are found in Old and Middle Irish, Latin, and combinations of these. The manuscripts containing the above evidence were compiled in scriptoria by clerics and members of secular learned groups; they have been glossed, edited and commented upon for over a thousand years (Patterson 1991: 3-5). Binchy described society of this time as being 'tribal, rural, hierarchical, and familiar'. He tells us that it was rigidly stratified; inequality of man being based on differences in birth and calling. These elements were all written into the laws also (Binchy 1954: 56).

There were many landmark occurrences during the medieval period; this started with the arrival of Christianity in the 5th century. Monasticism took hold in the 6th century bringing with it a wave of different types of monastic rule; the Celtic church was prominent during the 6th century also which had its own social and regional peculiarities. The 5th and 6th centuries saw changes taking place in the political structure, with dynastic politics coming to the forefront; kingship was pivotal in this form of organisation. The 8th century brought Benedictine rule just as church reform was taking place toward the 2nd half of this century. This reform brought a revival of asceticism, and the development of the *Céli Dé* (Culdees) 'Clients or vassals of God'. The 9th century saw the

arrival of Scandinavian seafarers called Vikings to Ireland; coinage appeared for the first time also. The 10th century saw the appearance of Dublin's first mint for the production of coins. Ireland became a growing trading centre, and we see the development of towns and many settlement sites. The 12th century saw the arrival of the Normans.

Society was made up of many interdependent and interrelated institutions; the medical system was only one of these institutions. It is important that we look to, and document all aspects of society for this changing period. Firstly, these changes had an affect on the medical system and medical practice, secondly, all institutions are mutually supportive; this means that a change or altering of one institution brought about corresponding changes in other institutions. These changes directly impacted the medical system. There were many elements; some were man-made and some were natural. As you will see, these factors contributed overwhelmingly to the general well-being of the population. These factors included: the economy/agriculture, settlement types, Viking raids, Christianity, monasticism, kinship, kingship, political institutions, and rank and status.

It is important to remember that each institution was bound up with the laws of the time in some shape or form. General laws governing day to day living could be fairly complex and intricate, numerous laws were set out to combat disorder; the medical system was no exception.

Pre-Christian Ireland

Before the coming of Christianity, a very different belief system existed with its own set of practices and rituals. However, while discussing this period

of time, we must err on the side of caution in choosing particular terms to describe it. Irish scholars have referred to this period of time as the 'pagan tradition'; McCone (1990) and Mac Cana (1971) to name but two. Nevertheless, the point to recognise here is that the people and society of Pre-Christian Ireland operated under a different set of beliefs and practices; they held their own religion. They also had their own technologies, rituals, a rich oral literature and places of worship; these areas I will be expanding on in my chapter 'Anthropological Literature Review'. We know little about the people who settled here initially some ten thousand years ago, except what can be gleaned from much later sources; however, these sources sometimes have been described as 'suspect literary sources'.

Christianity.

The predominant institution of Western Europe during the middle ages was the Christian church (Kenney 1929: 156). We will never know for certain when the first Christians came to Ireland; the message of Christ may have been carried by traders, unremembered Christians or even brought home by Irishmen who had been converted in Europe. What is certain is that by the first quarter of the fifth century a flourishing Christian community was established in one part of the island. It was however a long time before Ireland as a whole began to leave evidence of Christian culture. Prosper of Aquitaine wrote a chronicle in Rome and recorded the events surrounding Ireland's conversion. Prosper recorded that in 431 AD Pope Celestine sent Palladius as 'the first bishop to the Irish believing in Christ'. Not only is this the first authentic date in Irish history; it is a genuine record of the first Irish bishop.

The bishop Patrick followed a year later in 432 AD it seems. Patrick was regarded traditionally as the Apostle of Ireland and the one who was said to have single-handedly converted the Irish before his death in 461 AD (Lydon 1998: 3-6).

We must bear in mind that, during this particular period, times were turbulent and chaotic as the country was in a state of political fragmentation. Christianity provided a framework for society and sanctioned a wide range of conduct for this time. It provided motivations for good behaviour (Entry into heaven), and deterrents for bad behaviour (Banishment to hell). Affliction with illness and plague also acted as a deterrent in this.

Christianity in medieval Ireland reflected the stratified nature of the society in which it was embedded; it brought with it another hierarchy to fit into the existing one. It was ruled by bishops with authority in their respective dioceses, these in turn corresponded directly to the local *túath;* seven grades of ordained clergy existed also. In the beginning, conversion to Christianity was a slow process. It took place from *túath* to *túath,* but proved difficult; particular kings of these *túatha* were still bound up with the pre-existing Pre-Christian way of life. In order for a *túath* to be converted it was necessary for its king to be converted first.

The early Irish church played a pivotal role in writing and influenced the form documented law took; this took place from the fifth century onwards. It is said that vernacular laws were not ancient customs written down by a backward looking secular legal caste; that they were the carefully considered product of learned Christian jurists. We are told that they drew on native and foreign legal materials in order to set out the law for a Christian society (Foster 1989: 14).

Compilers also drew heavily on the Old Testament and modified the biblical rule in order to suit a particular law. Society was changing rapidly at this time and new laws were being introduced and put into place constantly; this fluidity had a direct effect on laws concerning medical practice.

What was new about this Christian time was the ability to appeal to a God and his saints for a remedy. Use of sacred texts replaced the use of older incantations and charms. Healing and medical practice combined both religious and naturalistic aspects; the former rooted in Christianity, the latter documented in law. The church responded to its people's needs in the religious aspect by going on circuit with relics of the saints; these were seen to have curative properties.

However, when the Christian church arrived, it cast aside a lot of the older practices. Those that it did not, it Christianised and incorporated into its own doctrine. For example, Brigit was seen originally as the daughter of the Dagda, goddess of poets, poetry, and of wisdom in Pre-Christian times (Condren 2002).

Monasticism

After the conversion of Ireland to Christianity, which is estimated to have taken some 150 years, we see the emergence of monasteries around the sixth century approximately. Monasticism appeared in western Britain in the fifth century; subsequently, Ireland came under the influence of the western British church. Many Irishmen went to study in Britain, especially in the monasteries of Candida Casa in Galloway and Mynyw in Wales. In the early years of the sixth century these men returned to Ireland and mimicked the

religious way of life they had experienced. They did this by seeking out sheltered and remote places far away from mainstream society to build places to live in (cells) (De Paor, Máire & Liam 1958: 49-50).

Foster points out that monasteries were originally retreats from the world, places of asceticism with stricter discipline. The monasteries soon attracted the patronage of the rich and powerful, and became influential institutions on many levels. These great self-governing monastic churches who owned large estates had their own rules and organisation. In time, they became the bearers of a rich and varied literary and artistic culture who provided the patronage and economic support necessary for the cultivation of high art (Foster 1989: 11-12). Many travelled to Ireland for learning or to find a stricter way of life. The Irish monks wrote everything down and were particularly interested to document their own vernacular oral tradition with its rich store of myth and Pre-Christian saga.

It was Patrick who introduced monastic life to Ireland, and within his writings he tells us of the great numbers of his new converts who embraced it. In fact, it was only after the saint's death that monasticism became more pronounced. Within a century, new monasteries had ousted many of the older patrician foundations as the important centres of religion and learning. Ireland became unique in western Christendom in having its most important churches ruled by a monastic hierarchy who were not all bishops. Monasteries gradually took over political and economic roles in Irish society (De Paor & De Paor 1958; Foster 1989).

Monasteries also had another important role; they became refuges for the sick where people were restored back to health after sickness and illness.

Likewise, convents were sanctuaries for the sick (probably the more preferred choice), where nursing and shelter was provided during recuperation. The life of St. Brigit provides us with accounts of Brigit and her fellow nuns nursing and healing the sick while providing food and shelter (Sharpe 1982).

According to Hughes power struggles became evident amongst the various monasteries; they went to great lengths in order to gain recognition and popularity. The hagiographical material portrays how saints were affiliated to these great monasteries, and their lives were written in order to promote the particular monastery in question. We can see clearly in the lives of St. Brigit and St. Patrick the contest for primacy which took place. Basically, these lives were written in the idiom of the old heroic tales where saints were depicted as having super-human powers. Each one was seen as a great miracle worker and a great intercessor before God. Indeed, this was a type of propaganda which led to the bolstering of the saint in question.

During the second half of the 8th century, the annals begin to document rivalry between some of the great monasteries; these entries in the annals reflect the health and medical repercussions of such battles. During this period, it seems that wealth, power, and control had become objects worth competing for. Hughes points out that, even though monasteries were often embroiled in battles as unwilling victims, they were sometimes responsible and aggressive participants; monastic communities were prepared to go to war to protect their material interests. This was a picture of the Irish church at about 800AD. Hughes proposes that this state of affairs grew out of the almost completely de-centralised ecclesiastical and political conditions in Ireland. There is implication in the Annals that the clergy were fighting also (Hughes 1987: 104, 105, 110).

Rome, Church reform and development, monastic influences.

Hughes writes that the first evidence for any specific contact between the papacy and the Celtic West comes from the pontificate of Celestine I. The church in Ireland, Britain and in fact the West was not connected with the papacy in Rome up until then; Christians were aware of the pope as bishop of Rome, a city which was both imperial capital and burial place of SS. Peter and Paul. However, Irish Christianity and that of other Celtic-speaking countries had its own social and regional peculiarities at this time; they did not give up their powers of independent judgement. Contacts between the Irish and the papacy were resumed in the 7th century, although the Scotti (Irish) and the Britons made changes in the liturgical practices. Irish Canon law now clearly recognised Rome as a supreme court, though the organisation of the Celtic church was little affected until the 11th century. Celtic Christians of the 8th, 9th and 10th centuries travelled to Rome, not only to lay their cases before the papal curia, but to visit the shrines of the apostles and martyrs (Hughes 1987; Richter 1983).

Both Hughes and Richter point out that from the period of establishment of the church in Ireland, and the first few centuries to follow, much additional change took place. Waves of different Monastic rule, reform and settlement appeared in Ireland; the Benedictines being one example. Of particular importance to this movement was the tradition of virginity and celibacy. Monks observed the rule of *stabilitas loci* (remaining all their lives attached to one monastery), so that there was little opportunity for resisting outside interference or manipulation from laymen. In this respect, they were firmly grounded in the example of Jesus. Benedictine rule was set down by St. Benedict at Monte

Cassino in the 6th century. Slowly however, Benedictine rule was weakened, both by the effects of the tumultuous political situation and by certain inherent weaknesses.

Nevertheless, other types of reform developed motivated by a desire for simplicity and spirituality. During the 8th century reform took place in the Irish church; the 2nd half of the 8th century saw the revival of asceticism. Early in the century, there had been individual ascetics in, or attached to monasteries. New groups of ascetics bonded together to found reformed houses of which the best known are Finglas and Tallaght near Dublin. They called themselves *Céli Dé* (Culdees), clients or vassals of God. Prayer played a central role for the *Céli Dé* and was used at every opportunity. For the *Céli Dé,* poverty and chastity were generally the most recognised virtues. The reforms that they brought appear to have arisen in Ireland itself without any obvious influences from outside (Hughes quoted in Ó Cróinín 2005; Richter 1983).

The order of Cistercians arrived much later in Ireland. This order was founded in 1098 by Robert the Benedictine, Abbot of Molesme, in a remote part of Burgundy called Citeaux (Latin Cistercium). The introduction of the Cistercian order to Ireland and the consequent revival of an ailing Christianity were due to the zeal of St. Malachy of Armagh. In 1142 he founded the Cistercian Abbey at Mellifont. This order was to be based on simplicity and was to try to help eradicate what St. Bernard saw Irish Christians to be guilty of; marriage of priests, divorce and the corrupt practices and perversions of ecclesiastical rule which were seen as the residue of unexpurgated tribal customs, hereditary abuses and monastic dominance of judicial affairs (De Breffny 1976).

Viking Raids.

Hughes tells us that in the 9th century, Scandinavian seafarers called Vikings arrived to the shores of Ireland; they more usually preferred the name Ostmen to be attributed to them. They came first to raid, and after 830 to settle. They built fortifications on bays and put their fleets on Irish lakes and rivers so that few areas could be entirely free from their plundering. According to the Annals, the monasteries found the violent raiding of most of the ninth century a devastating experience (Hughes 1987). Ó Corráin tells us that the Vikings were bands of warriors, led by royals and aristocrat-pirates looking for plunder in the first place and whatever they could get after that. He informs us that they developed excellent sailing ships which made them exceptionally mobile, and brought Western Europe (including the British Isles) within easy reach. He points out that Viking attacks occur during two periods and that the first raids in Ireland, Britain, and France came almost at the same time. Lindisfarne was attacked in 793; in 794 the annals report "the plundering of all the islands of Britain by the pagans". In 795 Rathlin was burned, and Iona, Inismurray, and Inisbofin were attacked. In 802 the great monastery at Iona was burned by the Vikings; they returned in 806 and killed 68 members of the community. The list of plunderings and attacks are endless from here.

The Irish kings began to counter-attack with growing success. Though further fleets arrived in 849 and 851, the great raids of the ninth century were now over, and in the 860s and 870s the Vikings seemed to have turned to England. They had been involved in Ireland for over half a century and, once settled, they were as vulnerable as any Irish petty kingdom and soon played an

increasingly active part in local dynastic warfare. The first Viking-Irish alliance is recorded in 842; such alliances with major and minor kings were to become common in a decade or two.

Ó Corráin states that the second Viking period in Ireland began in the second decade of the tenth century and lasted until the 930s. It began when a great sea-fleet arrived in Waterford harbour in 914; more Vikings arrived there in 915 and they began to attack Munster, and later, Leinster. For the next two decades the Vikings of Dublin were quite powerful; however, by about 950 the second period of Viking raiding was virtually over (Ó Corráin in Foster 1989: 30-33).

Hughes reports that church property had been protected legally for centuries, the persons of the clergy had a high honour-price and a Christian society had been accustomed to exact compensation for injuries against them. The Vikings cared nothing for these rights, they were ready to kill clerics, seize valuables and burn churches without fear of supernatural vengeance. The medico-legal texts BC and BDCh had little impact where the Vikings were concerned; they posed little threat to them nor acted as a deterrent. In fact, it has been pointed out that development in the secular law ceased when the Vikings arrived; the tracts become fossilised. Following Hughes, one can see how this would have impacted the writing of medical laws; further developments in medical treatment would not have been documented (Hughes in Otway-Ruthven 1968: 26, 28-32; Hughes 1987).

Settlement

Edwards points out that the settlement pattern of early medieval Ireland, apart from some of the larger monastic sites and the intrusive Viking towns, was entirely dispersed and rural, and largely dependent upon a farming economy. Therefore, settlement distributions were bound to have been affected by the availability of suitable land for grazing and tillage, and other natural resources. She tells us that detail of the form of evolution of settlement types are also likely to have varied from region to region, and the choice of building materials would likewise have been affected by the environment.

Edwards explains that ring-forts are enclosed homesteads predominantly associated with a farming economy. They are by far the most characteristic early medieval Irish settlement type. She points out that the term 'ringfort' is not entirely satisfactory; that they are not forts in the military sense. Nevertheless, she tells us that it is a useful term because it encompasses a variety of broadly contemporary enclosed homestead sites, which otherwise vary in size, complexity and construction materials. The circular earthen *ráth* or ringfort (*ráith*), which averaged about thirty metres in diameter, was the farmyard of the better class of self-sufficient farmer. Edwards reports that these structures varied greatly in size and materials; they reflected the different standards of wealth and class of their owners (Edwards in Ó Cróinín 2005: 238).

In Ó Corráin's view, there may have been over 40,000 of these, many of them built late in the sixth and early seventh centuries; archaeologists are agreed that the vast bulk of them are the farm enclosures of the well-to-do of early medieval Ireland. Most of these served the same purpose: each was a well-fenced farmyard for ordinary agricultural purposes and offered minimal defence

against thieves and raiders in more disturbed times. Most ring-forts had souterrains; they were used for the storage of valuables, food (including dairy produce), and perhaps essential seed, and for refuge in times of attack (Edwards in Ó Cróinín 2005: 238; Ó Corráin in Ó Cróinín 2005: 550, 551, 553).

The great monastic federations became areas of dense settlement also. Ó Corráin tells us that in the seventh century, great monastic federations (these are called *paruchiae* by Irish historians) had come into being led by foundations of growing power and influence such as Clonmacnoise. Already in the seventh century monasteries were becoming towns. He points to evidence from the annals of the eleventh and twelfth centuries, which infer extensive streets of houses and workshops within monastic towns. Based on this evidence, Ó Corráin speculates that it was not unlikely that this was the case in some monasteries as early as the seventh and eighth centuries (Ó Corráin in Ó Cróinín 2005: 598-9).

Hughes tells us that big monasteries in the early 9th century contained churches, schools and many small dwelling houses. Many settled permanently in the vicinity of the monastery; apart from dwelling houses, monastic settlements contained permanent workshops of craftsmen, monastic farms and the flocks and herds of the community; it was a thriving bustling place to live (Hughes 1987: 111-2).

In addition to monastic settlement, the Vikings are also remembered as traders who gave the island towns in the modern sense, particularly Dublin (*Dubh Linn-* 'Black pool'). In Ireland, after the first generation of sporadic raids on individual monasteries, Viking settlement began on a permanent basis as camps on strategic positions, then gradually assumed the character of towns,

which soon became important commercial centres appreciated by Irish people. The main clusters of Viking settlement centered round the bigger ports of Dublin, Wexford, Waterford, Cork and Limerick; these acted as trading bases (Hughes 1987). The Vikings assimilated themselves into Irish culture, this they done through inter-marriage; thus settlement increased and became more permanent (Ó Corráin 1989; Hughes 1968; Byrne in Ó Cróinín 2005; Titley 2000).

Rank/ Status and Law.

Medieval Irish Society has been described as hierarchical and in-egalitarian; it was fully stratified with political power concentrated in small elite (Kelly 1998; Ó Síocháin 1987). Society was stratified in the sense that there was a hierarchy of classes; we can see this reflected clearly in the laws. An offence against a person of high rank entailed a greater penalty than the same offence against a person of lower rank. In the medico-legal texts, we can also see that payment for injury was commensurate with one's rank. Similarly, the oath of a person of high rank automatically outweighed that of a person of lower rank. In medieval Irish society a person's status was measured by his honour-price or *lóg n-enech* (lit. 'The price of his face'). This had to be paid for any major offence committed against him, e.g. murder, satire, serious injury, refusal of hospitality, theft, violation of his protection etc. A person could not make a contract for an amount greater than his honour-price, nor could he go surety beyond this amount (Kelly 1998: 7-9; Binchy 1941).

Kelly points out that the most important social distinctions in society seemed to have been between those people who were termed *nemed* 'privileged'

and those who were not *nemed*; also between those who were *sóer* 'free' and those who were *dóer* 'unfree'. A *nemed* had special legal privileges. For example, his property could not be distrained in the normal manner; he was also immune from some legal obligations. Basically medieval Ireland was stratified with an unequal distribution of power. There were marked differences in privileges, rewards, restrictions and obligations amongst the above groupings.

The 8th century legal tract *Uraicecht Becc* distinguishes between an upper free privileged and lower un-free privileged category of immune persons. The free privileged comprised land-owning lords, freemen, clerics and poets. The un-free privileged were those with independent status which included wrights, blacksmiths, braziers, workers of precious metals, doctors, judges and druids. The status of these men was not what they received at birth; it was acquired or inherited through their profession, they generally had an honour-price of 7 *séts*. Coming in with a lower honour-price was the chariot builder, engraver and those of uncertain identity; these had an honour-price of 3 *séts*. The turner, ring-maker, leather worker and comb-maker had an honour price of just half a *sét* (Kelly 1998).

Both the free and un-free privileged of medieval Ireland had caste-like qualities; they were of a particular kind of social class with a strong possibility of offspring following into the particular occupation of parents. For example, the poet of the free class was expected to be the son and grandson of the poet. Likewise, it was quite common for the profession of medicine to be hereditary (Kelly 1998: 46). Below I have chosen to elaborate on the role of the *liaig* 'physician' in society as he forms a crucial part of the medical system.

(*Liaig*) 'physician, doctor, leech'.

Shaw tells us that, at first, medicine and magic were closely allied; he tells us it was the time of the *faith-liaig*, the 'medicine man'. He points to hearing of one doctor in 860 being the chief professor (*suí leigis*) of Ireland (Shaw 1961). However, Kelly tells us that the law texts do state that there was an *ollam* 'expert, master, chief' of the profession (Kelly 1998). If there was indeed an *ollam* in the medical profession, this would have clearly indicated some kind of hierarchy. Nevertheless, the honour-price of the master *liaig* did not seem to be distinct from that of the ordinary *liaig.* Binchy counteracts the above by telling us that gradations of rank did not seem to be of concern to the lawyers with regard to the medical profession; that there was no differentiation to be found (Binchy 1938). According to Shaw there was a distinction between a proper or qualified doctor and another who was not so. He points out that a few traces remain of an earlier independent native approach to anatomy and physiology; he tells us there is some evidence for cupping, blood-letting and trephining (Shaw 1961: 87-88).

This skilled man, who specialised in the care of the sick in society also made judgements about their health; he acted as a kind of legal officer. Who exactly was the *liaig*? These men were classified as craftsmen (*áes dána)* by the lawyers of the law text 'Uraiccecht Becc' alongside the other craftsmen which I have outlined. The *liaig* was seen to have been regarded as a mechanic of the body. One legal text on distraint selects a whip and a lancet-the tool for bloodletting-as the typical identifiers of the *liaig*, and thereby emphasises his role as mechanic (Kelly 1998).

The *liaig* is at the core of our medical system; yet he/she is indicated as being given the same honour-price as that of the wright and the blacksmith (7 *séts*). There are many variations of the word *liaig* e.g. *lieig,* later *liag* and *lega, leigi, legai, leagha, legha, legib, leaghaib, legaib, leigib.* We find phrases like *a reir lega* 'by a leech`s direction, *sai legha* 'skilled leech' and *aon bhuachaill legha* 'one young physician'. The second meaning for this word is 'spiritual physician, adviser, healer'.

Day-to day suffering of people required the expertise of the *liaig*; nevertheless, not all could afford his services. For example, dynastic warfare brought many injuries giving the *liaig* a constant stream of casualties to deal with. Simple raiding was common-place; all of which led to suffering and people being injured. His role was primarily that of healer; he provided a service for the sick and injured. He was however looked upon as a kind of legal officer also; he judged fees and compensation with regard to injury.

Political Organisation in Medieval Ireland

The Irish political system is one which has been debated rigorously through the decades. Within this section, it is my aim to outline some of the key areas using anthropological categories as a frame of reference. Political anthropologists have striven for a long time to make sense of the ways in which societies on varying levels of scale and complexity handle order and dispute, both internal and external (Turner 1940: vii). In essence, political organisation is the phrase used to describe the way in which a society creates and maintains social order and reduces social disorder. It is the way in which power is distributed and embedded in society (Haviland et al 2005).

Like any society, political organisation was an important part of medieval Irish society. Similar to other social institutions, it evolved, and became more complex over time. The outcome of political evolution in particular was a series of political dynasties; these were to represent the most prominent form of political organisation for the medieval period. We could say that there was not the same ruler for all, but a characteristic way of organising people and their communities. Defining the political organisation of medieval Ireland has not come without its own problems. There has been in times past a lack of continuity and agreement amongst various scholars who attempted to interpret it. Professor Binchy described early Irish society in general as being 'tribal, rural, hierarchical and familiar'. He saw the 'territorial unit' being the *túath* 'tribe' (Binchy 1954: 54). Likewise, Francis John Byrne conducted and produced a noteworthy study in this area; he documented his findings in an article titled 'Tribes and Tribalism in Early Ireland' (Byrne 1971).

The king ruled over the *túath* in early medieval society, he was most definitely an authority figure and held a degree of power; he acted as a kind of chief yet he did not have any input whatsoever in law-making (Kelly 1998: 21). Aspects of this type of political organisation were very similar in nature to that of Bunyoro, an African kingdom located in Uganda (Beattie 1960). Beattie tells us that Bunyoro was classed as chiefdom, with supreme power over the territory and its inhabitants being vested in the *mukama*; this would have made him similar to the king in medieval Ireland. Political organisation in both structures was similar; in both societies the king or *mukama* was at the apex. Tributes were funnelled up through the hierarchy in both cases and the giving away of gifts

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and various items was common practice for both. The *mukama* and Irish king had both a court which contained people of different crafts and professions.

Haviland et al tell us that from biblical times, when the term 'tribe' was applied to the twelve subdivisions of Israel, it came to be widely used as a label for any people not organised into states. They point out that in particular during the last few centuries, the term gained popularity as a way to contrast people who were regarded as inferior to another supposedly superior civilisation. The term was even applied to non-western peoples, who in fact had strongly centralised states (Aztecs, for example). This word is still often used in a negative or degrading way. Political unrest in many parts of the world is often blamed on "tribalism", when in fact the strife is usually the direct consequence of the creation of states, which make it possible for the governing elite of one ethnic group or nationality to exploit others for their own benefit.

However, it seems that major changes occurred in Irish society during the fifth and sixth centuries. The original *túath* which was small, poor and under-populated was gradually replaced by larger groupings. These older population groups recognised a hierarchy of political units from one *túath* to the over-kingdom of several *túath* (Binchy 1954; Kelly 1998; Ó Cróinin 1995). However, they were gradually ground down, and their royal lines allowed to lapse; they subsequently became subordinated to a newer grouping. The newer groupings were combined of more vigorous dynastic kindred; they were mostly made up of aristocratic families of varying degrees of importance. However, some of these groupings were quite insignificant, but, a few became powerful dynasties; the Uí Neill for example eventually extended their sway over much of the northern half of the country (Ó Sióchán 1987: 13).

There were other changes which accompanied and aided the collapse of the older order. Radical changes took place in the Irish language over a relatively short space of time; shifts in the sound laws of the language represented in the earliest written sources show a transition from primitive Irish to Old Irish. Also, both plague and famine were prevalent at this time; this led to the disintegration of traditional society (Ó Cróinin 1995: 41).

Byrne tells us that many scholars argue that the older, tribal, archaic structures of society either collapsed or were deliberately dismantled by this new breed of men who were more ruthless and dynamic than their predecessors. Dynastic alliances occurred which included political marriages, contested successions, control of wealth and a growing administrative capability regarding appointments, legislation and taxation. A much bloodier and gruesome approach was taken, with militant groups carrying out plundering and intensive campaigns. The result and consequence of such warfare led some of the older tribal kingdoms to be forgotten, with little mention of them to be found, even in the genealogies (Byrne 1971: 156, 162). It appears that this newer kind of rule was more akin to a centralised system which is classed as'chiefdom' by Lewellen (1983). The Uí Néill were probably the most recognised and prominent dynasty of this time.

The origins of the Uí Néill are not clear; they dominated the midlands and the North-West in the seventh century but claimed to be kings of Tara since the time of St Patrick and before. The Uí Néill were the most powerful dynasty in the country, and so took the title of 'king of Tara' for themselves; it meant over-king of the whole Uí Néill, and later, 'high-king of Ireland'.

At some unknown time, the Uí Néill split along geographical lines into two branches, the southern Uí Néill and the northern Uí Néill. The southern Uí Néill were divided into two major rival branches (there were others of less importance) called síl nAeda Sláine and Clann Cholmáin, and dominated the rich lands of Meath, Westmeath, and parts of the surrounding counties. The northern Uí Néill, located in Donegal and Derry, were also divided into two rival branches: Cenél Conaill and Cenél nEógain.

Medieval Ireland was a stratified society; this is clearly documented in the laws. All institutions in society are mutually supportive and connected; we cannot look to one without seeing a connection in the next. As we go further into this thesis, we will discover that the medical system reinforced hierarchy associated with the political system in society; it also relied heavily on the kinship system to assist in nursing of the sick.

Kingship.

Kingship was an important institution, and kings were much more powerful than some scholars have thought: the annals are full of their doings, the genealogies of their noble descents. The sagas preserve the ideology of kingship: the qualities of the good king, the benefits of his rule, his heroic actions, courage and nobility are set out in story form in Old and Middle Irish literature. The king has much of the aura of the sacral: his inauguration is the 'holy marriage' of the king and the goddess of the land. Some scholars have seen in him many of the features of the primitive Indo-European tribal king. It has been claimed that the king was neither supreme judge nor lawgiver; he was

the representative and leader of his people in war and in relations with other tribes (Ó Corráin quoted in Foster 1989: 24).

The king had to be perfect in almost every way; physical appearance loomed large alongside social and intellectual, or moral factors. In *Scél na Fír Flatha,* the highlights of the king's physical beauty (*cruth*) are prefaced by the remark that he was *Cruthach caem cen ainim cen athais* 'handsome, fair, without blemish, without defect' (McCone 2000: 121). 'Handsome appearance' figures as one of the qualifications for kingship in the gnomic *Tecosca Cormaic* alongside many other texts **(Meyer 1909: 12-15).** Conversely, failure in this area could bring a king down. A physical defect or debility could cause loss of sovereignty. This was emphasised in particular where kingship was concerned; it seems there was a relationship between the physical beauty of the king and his ability to be a good leader and decision maker. Physical defects were stigmatising; this general notion was mirrored in mainstream society.

The most important *nemed* (i.e. privileged) person in the *túath* was the king, *rí túaithe,* of whom there would probably have been at least 150 at any given rate between the 5th and the 12th centuries (Kelly 1998: 17). Like every other aspect of Irish society, there was a hierarchy of kings. In the Old Irish period, the *rí tuaithe,* however insignificant on a national scale, was the true king. Even the most powerful of high-kings was basically a ruler of a single *túath,* and exercised no great authority outside it (Byrne 1971: 40-3).

Kinship

In general, there is a close interrelationship between a kinship system and other aspects of social organisation. In medieval Ireland, there was an elaborate organisation of kinship groups called *fine* or 'joint-family'. This family group was of patrilineal descent, i.e. descent was reckoned through the male line of the group; it included the male line of descent for five generations. A kin group in medieval Ireland possessed very considerable legal powers over its members. Each group had its own kin land (*fintiu*) for which every legally competent adult male in the group had some degree of responsibility. A man may have had land independent of his kin; this land he was free to dispose of as he saw fit. Nevertheless, no man could sell his share of the kin-land against the wishes of the rest of the kin. If anyone died without immediate heirs, his property was distributed among his more distant relations (Kelly 1998: 12-14).

This type of kinship system is found in many societies world-wide, i.e. where males are responsible for the group's continued existence. In medieval Ireland, this meant that male responsibility was not just bound up with concerns of land distribution; it was also concerned with the family and household organisation, economic co-operation between the sexes, child-rearing and the regulation of sexual activity (Kelly 1998; Haviland et al 2005: 540-1).

Kelly tells us that land was not just distributed to the males of the core family unit; an elaborate and complex system of land distribution amongst second and third cousins could also be found. The kin were also responsible for the misdeeds of members; they bore the duty of blood-vengeance if any members were killed. In practice they often accepted an *éraic* or 'body-fine'; this was a payment of blood money from the slayer. If the latter absconded, his

own kin were liable for his payment. When a member of a kin-group was illegally killed, his or her kinsmen got a share of the *éraic* or 'body-fine'. If the culprit failed to pay, the kinsmen were expected to prosecute a blood-feud against him (Kelly 1998: 12, 13, 127).

This is not unusual behaviour to be found in kin groups. A similar example of *éraic* 'body-fine' can be found amongst the Nuer, a pastoral and farming people of the Upper Nile in the Sudan. The Nuer settle their blood-feud by transferring 40 or more head of cattle to the victim's affines and kin. If a man has been killed, these animals will be used to "buy" a wife whose sons will fill the void left by his death. The dead man's closest kin are obliged to resist the offer of cattle, demanding instead a life for a life. However, more distant kin do their best to convince the others in question (Evans-Pritchard 1956).

The kinship group contributed to the medical system in medieval Ireland. The responsibility a kin member had towards the rest of his own extended family and the sick was written clearly into the laws. They were the group of people held responsible for nursing the injured person back to health. A retinue of people sometimes accompanied this injured person away on sick maintenance; when this occurred, it was the responsibility of the kin to provide food and shelter for them alongside the injured person. The kin also had to provide medical supervision for the injured person by an established doctor. Eriksen sums up the role of the kin by making a general statement: 'they took care of one's livelihood, one's career, one's marriage, one's protection and one's social identity' (Eriksen 1995: 82).

The Economy/Agriculture

The society depicted in our sources was predominantly rural. The medieval Irish had adapted well to their environment with similar patterns of life to be found throughout the country. They had the organisation, tools and knowledge necessary to make a living from the environment. Ireland during this period of time is said to have had a population of less than half a million, supported mainly by an agricultural and pastoral economy. It is probable that the population fluctuated considerably given the extraordinary series of plagues recorded in the second half of the seventh century. However, there is evidence that the population increased considerably between 600 and 800 (Kelly 1998; Byrne quoted in Ó Cróinín 2005).

Farming was a predominant feature of medieval Irish society with the typical large farm unit owned by a family being equal in area to many of the present town- lands. It was typically centred about a ring fort, an area surrounded by a *ráth* or rampart of earth or stone. This contained the dwelling house and the farm buildings which are listed in a law tract as the byre, pigsty, sheepfold and calf-fold. The size of the *ráth* and of the buildings within obviously varied with the prosperity or poverty of its owners.

The Irish were skilled stockmen and a great part of their livelihood depended on cattle, sheep and pigs. Due to climatic conditions, and the nature of the land, Ireland was ideal for cattle-grazing. Land was measured in terms of the number of cows it could maintain; legal compensations were reckoned in terms of cattle; the honour-prices of lords and commoners were calculated in terms of milch cows or fractions of their value. Basically, standing in society was

determined by a man's wealth in cattle. Cattle-raiding was also a recognised form of warfare and adventure for young nobles (Kelly 1998; Joyce 1913).

Ó Corráin and Joyce point out that cattle were kept primarily not for beef but for milk. Milk and its products, curds, cheeses, milk drinks and preparations, supplied a great part of the Irish diet. Pigs were raised in large numbers; fresh pork and salt bacon were the meats most generally eaten by the early medieval Irish population. Sheep were raised mainly for wool and were usually the responsibility of women. The Irish also kept horses for light farmyard work, for riding and for military purposes (Ó Corráin in Ó Cróinín 2005; Joyce 1913).

According to Ó Corráin, there are difficulties in regard to the types of cereals grown in early medieval Ireland. It seems that some eight types of cereals were known and distinguished. The medico-legal text BDCh lists some of these cereals. This text, which is very much connected to status as well as medicine, relates types of cereals to the particular status of persons in society. However, translation of some of these terms for cereals from Old Irish into English has proved problematic.

Nevertheless, Ó Corráin clarifies the presence of particular grains. He tells us that oats (*corcae)* were the most common cereal, followed by barley (Irish *éornae,* Latin *hordeum)*, wheat-spelt (*T. aestivum*), rye (*Secale cereale)*, and corn. The literature of the period from 800 to 1160 had frequent mention of the *lubgort* or vegetable garden. Vegetables were grown on a small scale, certainly outside the monastic farms; there is also indication that such gardens were grown specifically for the care of the sick; this aspect is of particular importance to this thesis. Ó Corráin tells us that a vegetable called *cainenn*,

some member of the onion family, was eaten. He points out that it is not clear whether garlic was cultivated, but extensive use was made of *crem* (wild garlic). In addition to the above, *borrlus* 'leek', *imus* (celery) was grown on ridges or drills (Ó Corráin in Ó Cróinín 2005: 566). In a later chapter, I will be developing the idea of the use of food as medicine to cure the sick, cross-cultural theories surrounding prohibition of foods, and the basic properties inherent in particular foods.

The only other crop of importance for which ploughing was done was flax; there is ample evidence to suggest a thriving textile industry. Kiln houses and mills were in existence; however, evidence in the law texts points towards only the monastic houses and better-off farmers owning their own kilns. Mills were generally held in joint ownership unless the farmer was wealthy (Ó Corráin in Ó Cróinín 2005: 559-568; Wallace in Ó Cróinín 2005: 833).

We can find themes of food within many of the saints' lives which provide an insight into diet of the time. For example, in the life of Cíarán of Saighir (II), there is reference to *slinnen muice* 'gammon of bacon', *iasc* 'fish', *mil* 'honey', *ola* 'oil', *cruitnecht* 'wheat' and *fin* 'wine' (Plummer 1910, Life of St. Cíarán of Saighir: 9, 46). In the life of Máedóc of Ferns (I) reference is made to *eorna* 'barley' being of importance. In part 2 of this life certain foodstuffs are alluded to: *bainne* 'milk', *feoil* 'meat', *lionn* 'ale', and *aran eorna* 'barley bread' (Plummer 1910, Life of St. Máedóc of Ferns: 149).

In the life of Coemgen (I) we find reference to him living on *nenntocc* 'nettles' and *samhadh* 'sorrel' for seven years. In Coemgen (II) there is reference to *fin* 'wine'. Ireland never had vineyards, but there seems to have been plenty of wine supplied by foreign commerce. Joyce tells us that Gerald

Cambrensis mentions Poitou as the supplier of vast quantities in exchange for hides (Joyce 1913: 115).

<u>Economic factors affecting health</u>

Ó Corráin tells us that survival depended on a delicate balance of factors; there was never abundance for all. This is directly linked to disease and illness for this period; as the saying goes, 'where there is famine, there is fever'. Famine and its concomitants, disease, fever, and social disorganisation, were feared with good reason; they were matters of common experience. Even the monks of the stricter observance of Tallaght and Terryglass, whose rule forbade meat, took a particle of flesh at Easter as a good luck token to guard against scarcity and hunger in the following year. The food supply depended on the two major activities of the rural economy, cereal-growing and animal husbandry, and of course there was little or no long-distance trade in basic foodstuffs during this earlier period (prior to the 8th century) to cushion the population against shortfalls.

Ó Corráin reports that failure of crops or animals to produce resulted in severe hardship; failure of both brought about disaster in a society that had little surplus for the most part. Cereal-growing in Ireland remained hazardous. The annals report heavy and protracted spring snow and ice in the following years: 764-5, 780, 789, 855, 965; this would have either delayed sowing till it was too late to have an adequate growing season, or damaged the sown seed after germination, this in turn would have led to poor yields and scarcity. Heavy rains which occurred in late summer and autumn were dangerous too. Ó Corráin writes that in 1109 people engaged in fasts, abstinences, and prayers for the

banishment of heavy summer and autumn rains that threatened the harvest. He points out that the careful detail and chronological accuracy with which these climatic situations are recorded by the annalists is itself evidence of their crucial importance.

Ó Corráin relays the following occurrences found in the annals: a wet summer was documented in 759, and was followed by famine in 760, though he tells us that this may have been caused in part by probable cattle losses due to heavy snow in the beginning of spring. Similar harvest failures are specifically recorded for 777, 912, 975, 1012, 1050, 1094, and 1107. There were other hazards. An extremely dry and hot summer could also cause the loss of the grain harvest, as it did in 773 and, to a degree, in 760. High winds or heavy rainfall or a combination of both could be dangerous. The annalist describes the autumn of 858 as 'rainy and most ruinous for crops', while in 1077 and 1093 famine (and what in the latter case may be famine-fever) followed the destruction of the grain harvest by high winds. Losses of stock on a large scale had serious consequences. Ó Corráin tells us that animal husbandry was subject to two main hazards: epidemics of disease of cattle, and shortage of winter fodder in bad years. Cattle plague arrived in Ireland from Britain in 700 and lasted till the following year. He reports that the result was a major famine that lasted three years. It was accompanied by epidemic diseases, which were most probably famine fever and a recrudescence of the plague of 683-4. He points to the fact that there is no doubt that this was accompanied by endemic diseases, which attacked a population whose resistance was lowered by malnutrition.

Ó Corráin highlights recurrent outbreaks which took place in 708, 776 and 779. These were followed by famine, disease and other disorders. The same

combination of factors in 964-5 led to what the annalists calls 'a great and insufferable famine' in which men were said to have sold their sons and daughters into slavery in return for food. Pigs and sheep were also lost because of exposure (Ó Corráin 1972: 48, 49, 50, 52, 53, 55; 2005: 559-576).

Exchange, Trade and Currency

There is much evidence to suggest that there was a vibrant trading economy between Ireland, Europe and the rest of the world during the medieval period. However, Wallace (2005) makes a valuable point; he tells us that the exchange or trading of goods should not be confused with the transmission of ideas and beliefs.

Wallace points out that there was an exotic array of imports. He tells us that this points firstly to extensive trade, and secondly, to the wealth of tenth and eleventh century Dublin. For example 'Souterrain' pottery of the 11th and 12th centuries was discovered; this points to Irish trade in Hiberno-Norse Dublin.

Nevertheless, he claims that evidence for more long-distance imports from the excavations is better. These imports range from finished articles such as cloth, glass, pottery, soapstone vessels, and walrus-pieces, to raw materials which were brought in bulk to be manufactured locally. Wallace suggests that it may never be possible to identify genuine Irish exports such as hides among the archaeological remains of foreign settlements, but it is easy to demonstrate the presence of Irish-made souvenirs and Irish metal loot in the graves of ninth-century Vikings (Wallace in Ó Cróinín 2005: 833-837).

Doherty makes an important point: that the growing towns were not the only commercial trading points. The monastic cities were important 'redistributive centres' also, and the two types of settlement obviously did not exist in mutual isolation (Doherty 1980).

In Kelly's view it is not easy to draw a dividing line between barter and sale in the sources, as early Christian Ireland did not have a system of coinage (Kelly 1998: 111). Nevertheless, Kenny points out that with the advent of the 10th century, the situation changed dramatically; this is reflected by a greatly increased number of coin hoards. He tells us that the last decade of the 9th century witnessed the appearance of independent Viking coinages in East Anglia and York. The political and economic links with England, particularly along the Dublin-York axis brought the Dublin Vikings into contact with coin-using Viking communities. Doherty (1980) acknowledges the difficulty in assessing the impact of coinage on the Irish; he states that until fairly recently, the commonly held view was that they had little use for coin (Kenny in Ó Cróinín 2005: 842-843; Doherty 1980: 70-72).

Wallace tells us that Dublin's first mint (we could say Ireland's) was established in 997 approx, although Anglo-Saxon coins had been hoarded before this by Dublin merchants (Wallace in Ó Cróinín 2005: 837). Coins had a useful trading function. According to Kenny, coins may have been kept aside for use in trade with outsiders, without being used in the monetary sense at home. However, trade was not necessarily dependent on coin (Kenny in Ó Cróinín 2005: 845).

Before a monetary economy was established in its entirety, there was a complex currency system in place. Fergus Kelly tells us that this currency

system is revealed by the law texts and other documents. He writes that the value of an article or the amount of a fine was given in terms of *cumals, séts,* cattle, or ounces of silver. He points out that sometimes a combination of two or three currencies were used (Kelly 1998: 112). These forms of currency were used as a form of payment and compensation for injury or illness.

Cumal

Kelly tells us that the basic meaning of *cumal* is 'female slave', and it is sometimes used in this sense in the law texts. He points out that more often however, *cumal* is used as a unit of value. It can also have the general meaning 'value, price, payment'. Kelly suggests that originally this term presumably meant seven female slaves, which were actually handed over to the king for a breach of his honour-price. It is clear however by the 7th century, some other currency may have been substituted for female slaves (Kelly 1998: 112).

Cattle

Kelly points out that cattle were undoubtedly the most common form of currency in the period of the law texts. Even after coinage was introduced by the Norsemen in the early 10th century, and reintroduced by the Anglo-Normans in the early 13th century, cattle continued to be the normal currency of the Irish. Units of value in cattle ranged from the milch cow (*lulgach* or *bó mlicht),* normally accompanied by her calf, to the *dartaid* 'yearling bullock'. Values below the *dartaid* were given in terms of sheep, fleeces or sacks of grain (Kelly 1998: 113).

Ounce (of silver).

Kelly reports that two terms from the Roman system of weights were taken over into the early Irish currency system: *Screpul* (from Latin *scripulus* 'scruple') and *ungae* (from Latin *unica* 'ounce'). There were 24 scruples in an ounce. Kelly says when *ungae* was used by itself as a unit of value; it seems always to mean an ounce of silver rather than of any other metal (Kelly 1998: 114).

Sét

The honour-price of ranks below the level of king was generally given in terms of the *sét*; this was frequently used in fines, 5 *séts* being particularly common. Kelly remarks that it seems to be the same word as 'treasure, jewel, valuable', which is attested at all periods of the language and survives as modern Irish *seod.* There is some agreement in values and fines involving *séts* between texts associated with different parts of the country. For example, the *Senchas Már* texts and *Bretha Nemed* agree roughly in the number of *séts* for each grades honour-price (Kelly 1998: 114-115).

In general, the currencies seem to be interchangeable in the law-texts. For example, in *Bretha Déin Chécht,* a physician's fee is given as a yearling heifer or its equivalent in silver. Nevertheless, there are some restrictions at times; for example, *Críth Gablach* tells us that the honour-price of an *ócaire* 'small farmer' is given as 3 *séts,* with the provisio that he must be paid in cattle (Kelly 1998: 115).

The sections in this chapter outline wide and varied aspects of medieval Irish society; they provide a foundation for this thesis. Of particular importance and relevance to this thesis are the sections 'Christianity', 'rank/status and law', 'political organisation in medieval Ireland', 'kinship', and the short section on the *liaig* 'physician, doctor, leech'. It is essential that we are aware of how medieval Irish society was structured, and how the various institutions operated; we need to know what was taking place, and what may have influenced the development of illness/disease and the medical system. All institutions in society are mutually supportive; the medical system is one institution; it is connected to each of these institutions in different ways. It is important that we have a general picture of what was occurring in wider society. Apart from the aforementioned, this chapter is aimed at providing the reader with a broad sense of what it may have been like to live in Ireland during the medieval period.

Chapter 3   Methodology

Introduction

For this thesis, my fieldwork is archival; it is based on three sets of archival sources. These written sources were the only means by which I could access medieval Ireland; indeed there are many other sources to be found for this time frame, however, including every source in this thesis was impossible. Bearing this in mind, I chose the following three source-types: a sample of saint's lives (Hagiography); six groups of Annals from varying locations in Ireland; and two medico-legal texts *Bretha Crólige* (BC) and *Bretha Déin Checht* (BDCh). I have chosen these three sources as, when the information found in them is combined, they provide a comprehensive overview of illness, disease and the medical system for the medieval period. The medieval period is between the 5th and the 12th centuries, however, as I discuss these individual sources, it is my intention to provide a more accurate dating; this dating is based on approximations to the nearest century. All three sources are originally written in a mixture of Old Irish, Latin or both; however, all three were subsequently translated into English, with the exception of the annals of Clonmacnoise which comes down to us in English form only.

There are some general issues which the reader needs to be aware of in relation to the latter point concerning translations of these texts. There are also some specific points in relation to the disease 'leprosy' which features heavily in two of the three source-types (hagiographical and the annals). The reader needs to be aware of the fact that I have worked primarily with translations of the various texts; however, some of these translations (especially those from the 19th century) need to be approached with caution; there are many inaccuracies

and inconsistencies. This brings its own set of problems. We must remember that there was a huge time span between the time that these three individual source-types were written down and today. During this time, major changes took place in the Irish language (shifts occurred from old Irish to middle Irish, early modern Irish, and finally to modern Irish which is found today); this was as a result of substantial changes in the structure of the language over time, and the blatant disregard of the colonial system for the native tongue. This subsequently led to a major loss of understanding of the content of these sources; this means that some translations of these sources are unreliable and inaccurate.

One must be made aware of the process of copying and translation which occurred from the original written texts to the present day copies that exist. This involved many stages: (1) the first stage was the compilation of the original source; (2) secondary writing in the form of glosses and commentary were added; here the distinction between primary and secondary text is not always easy to draw. Additional commentaries in Irish were added to these source-types at a much later period also; (3) all manuscripts containing the three source-types were copied later by scribes (the copies we have today derive from these); (4) a 19th century Rolls (faulty) edition of the Ancient laws of Ireland (AL) were produced; however, this edition contained many inaccurate translations; it also did not take into account all aspects of history when it was been compiled. However, a number of these texts have been re-edited by Rudolf Thurneysen (in German), D. A. Binchy and other scholars and (5) the recent editions and translations of these texts which we have today. The above stages are applicable to the three source-types found within this thesis; nonetheless, the

application of glosses and commentaries mentioned at (2) will be discussed in more detail later in my section on 'law'; stage (4) is also specifically related to the laws. The above stages pose difficulties when dealing with these sources; however, the difficulties are far less when dealing with the two medico-legal law texts; conveniently, the Irish scholar D. A. Binchy has provided fairly recent reliable editions and translations of the above mentioned medico-legal texts.

The most important point for the reader to be aware of, is that these three source-types are as a result of centuries of copying, re-copying, further additions, translations and compilations; their transmission from the original has not been straight-forward. This naturally shaped the content of these texts and so they must be handled with caution; much has been altered through the centuries.

<u>'Leprosy'</u>

The second area which needs to be discussed and clarified is in relation to the English term 'leprosy' used throughout this thesis. It is important to point out that there is no 'leprosy' in these sources. However, there are a number of terms (mainly Irish) for certain ailments, which translators (mainly nineteenth-century and after) have termed 'leprosy'.

In contemporary society 'leprosy' is more commonly known as 'Hansen's disease'. Modern medicine tells us that 'Hansen's disease' is caused by the leprosy bacillus *Mycobacterium leprae*. It is associated with severe nerve damage, and presents itself on the skin in the form of skin nodules. This disease can spread and have multiple organ involvement, which leads to facial

deformity, blindness, shortening of the digits, damaged testes and osteoporosis. Death results most commonly from renal failure, pneumonia and tuberculosis (Sherman 2006: 309).

There are many Irish terms which translators have termed 'leprosy' in the hagiographical material and the annals; none can be found in the law texts. The following is a list of these particular terms: *clamh, lobhar (lobhraibh, lobhran, lobor) leprosus (leprosie, lepra, leper), sámthrosc, bolgach, clamtrusca.* All of the aforementioned terms had valid reason to be associated with the disease 'leprosy'; their translations indicate some sort of disease of the skin or sickness. For example, *clamh* and variants of this words are translated as follows: *claime* 'scabies'; *claimsech* 'female leper; a woman suffering from some skin disease'; *clamaine* 'leprosy', it is also denoted as sickness or disease (DIL). All terms relating to *clamh* signify symptoms which manifested themselves on the skin; however, we cannot be certain that this was indeed 'leprosy'. It is my opinion that *clamh* and variants of it were applied to a range of skin diseases.

The term *lobhar* is translated as 'the sick' in AFM. In DIL it is translated as 'weak, infirm, afflicted' and also 'weak in faith, etc. unstable, wavering' (DIL). Mac Arthur is doubtful that this word ever implied anything more than 'infirm' (Mac Arthur 1949: 187). This word offers no clues regarding physical symptoms associated with this disease, except that the person suffering was 'weak' or 'sick'. This does not point to any concrete evidence for 'leprosy', or for any other skin disease for that matter; nevertheless, the second part of the translation offered by DIL may point to a cause of this disease. DIL translates this disease also as 'weak in faith, etc. unstable, wavering'; this may be an

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indication that this disease developed as a result of inadequate religious faith or devotion; this element I will examine shortly.

The next term is the Latin *leprosus* and its variants; these translate as 'full of leprosy, leprous'; the word derives from *lepra* which translates as 'leprosy' (Lewis and Short 1984). Mac Arthur points to *lepra* meaning 'a scale'; he tells us that the Greeks applied it to skin disorders of the scaling or psoriasis type, and never to 'leprosy'. He points out that 'lepra' was adopted as the classical medical term for leprosy; this resulted in a host of skin conditions associated with scales or scabs which have no connection with 'real leprosy' being identified as manifestations of this disease. According to Mac Arthur, the term 'Leprosy' was used to describe a miserable and pitiable state also where there was no question of disease of any kind (MacArthur 1949: 187). Taking into account the Latin term used to denote this disease, the contemporary biomedical definition of 'Leprosy'/ 'Hansen's disease', and Mac Arthur's descriptions of the origin and meaning of this term, we can conclude that *leprosus* was indeed a skin disorder. Nevertheless, I concur with Mac Arthur when he tells us that it is by no means certain that this was 'real leprosy'. My reasoning is based on the fact that this term was applied to many skin diseases other than 'leprosy'; symptoms of this disease had a wide and varied scope.

The Irish term *Sámthrosc* is combined of two parts. DIL translates the *throsc* (*trosc*) part of this word as 'disease of person's', 'lepers'. Mac Arthur tells us that this word has caused much speculation; however, he points out that the name itself tells us no more than the fact that this disease gave rise to some visible signs on the skin; a gloss relating this point is added in the annals of Ulster. He says that for this reason, it has often been identified as 'leprosy'

(Mac Arthur 1949: 183). Use of the term 'lepers' in DIL as part of this translation insinuates the disease 'leprosy'; however, this term could have encompassed a range of other skin diseases which displayed symptoms similar to those referred to in the biomedical definition by Sherman (2006).

DIL tells us that *bolgach* is the name of disease(s) characterised by eruptive spots on the skin, boils. Mac Arthur tells us that *bolgach* signifies 'small-pox'. There is validity to this description set out by Mac Arthur given the translation found in DIL. However, one can see how the association occurred between 'leprosy' and *bolgach*; both were marked by symptoms on the skin. The biomedical description by Sherman (2006) relating to 'leprosy'/'Hansen's disease' lends credence to the association and confusion which took place between these two diseases. 'Leprosy' was characterised by the development of nodules on the skin; nonetheless, this symptom is related to many other diseases also, and not just 'leprosy'.

The final term named is *clamtrusca*. Mac Arthur tells us that this word was translated as 'leprosy' in the annals of Ulster and in the annals of the four masters; its origin being some common source. He points out also that Mageoghagan (the translator), probably had this word before him in the lost original of the annals of Clonmacnoise. Mac Arthur attributes the usage of this term to the fact that all translators of the aforementioned annals were contemporaries and 'all spoke the same language' (ibid). Clearly this word was translated as 'leprosy' due to some physical manifestation of this disease, the most common being the appearance of some skin complaint. This word also seems to be a combination of the two terms *clamh* and *sámthrosc*.

Nevertheless, it is difficult to know how these diseases/terms were deciphered; one could ask the question, where they recognised and labelled on the basis of different symptoms? Where these different terms the local interpretations of a particular disease? Nevertheless, the answer to this question is unattainable; we can only infer or deduce from the evidence that we have.

Brody points out that the association of leprosy and sinfulness was as persistent as the disease itself. The Bible contains evidence of the stigma, but not of its origin. Lepers and leprosy make frequent appearances in the bible; explicit mention of them occurs in Exodus, Numbers, Deuteronomy, 11 Samuel, 11 Kings, 11 Chronicles, and in Matthew, Mark, and Luke. However, it is the book of Leviticus which contains the most detailed and extended description of leprosy in the bible. Two of the key words in Leviticus are *tahor*, 'clean', and *tameh* 'unclean'. They describe opposed conditions, conditions of purity and impurity, holiness and unholiness. If something is clean, it is undefiled and therefore pleasing to God; it duplicates the purity of God. Leviticus states that the leper or anything associated with this person is unclean (Leviticus: chap13-14). The leper who is unclean can purify himself by making an offering and have the priest make expiation for him (Leviticus 14: 1-32). However, Leviticus does not state anywhere that leprosy is caused by sin. It causes a man to be impure, a state defined as 'an absence of holiness, an estrangement from YHWH [i.e., Yaweh, God], the source of all holiness…' (Brody 1974: 107-109).

According to Brody a physician could assure a leper that his disease was a sign that God had chosen to grant his soul salvation, but he might simultaneously include in his diagnosis that his patient was morally corrupt. The

church might similarly decree that leprosy was a gift from God, but its bishops and priests would nonetheless use the disease as a metaphor for spiritual degeneration (Brody 1974: 62-63). This certainly was a confusing disease to present with, the person in question not knowing whether they were the chosen ones or whether they were been punished by God. Barnes points out, that we must accept that the term 'leper' during medieval times was applied to anyone with a chronic skin disease. Chronic sores associated with other diseases could easily have fallen under this broad label of 'leprosy' (Barnes 2005).

There is evidence to suggest that the association between 'leprosy' and amoral behaviour existed in medieval Ireland; this area I will be investigating in conjunction with my discussion on stigma and disease/illness in my chapter 'Anthropological Literature Review'. This investigation is also picked up at various other points throughout this thesis.

Hagiography

The first set of sources I have looked at are the Irish Saints' lives. The name given to the study of the Saints' lives as indicated by the heading is hagiography. I chose hagiography as one of my sources as I feel it provides a rich source of information for health and the medical system of medieval Ireland. Medieval Ireland produced a great quantity of hagiographical documents; there are known upwards of 100 Latin lives of about 60 Irish saints. Some of these survive in Continental Manuscripts; however, the majority are known from three great compilations of the 13th and 14th centuries. These are conventionally known by titles given to them in the 17th century as the Codex Kilkenniensis, Codex Insulensis and the Codex Salmanticensis (Sharpe 1991:

5). When I decided to use the Saints' lives (*vitae*) as one of my sources, it became clear that I could only work with a sample of these lives. Given the multitude of saints' lives and translations that exist, I chose to be more specific in my examination. I chose primarily to use Charles Plummer's *Bethada Naem nÉrenn* 'Lives of the Irish Saints'; these are a set of Irish lives put to press in 1922. The lives found in Plummer's volume were written in Old Irish; they were edited by him with an English translation. I chose to use Plummer's set of lives as he provides a comprehensive sample of saints lives for the 6th to 8th centuries; these lives come from various geographical locations in Ireland also.

In addition to these lives, I have added the lives of SS Brigit, Columba, Monenna and Declan. The life of St. Brigit is found in Latin and Old Irish but has English translations; Adomnán's life of St Columba is translated by Richard Sharpe; the life of St Monenna by Conchubranus is written in Latin, but has an English translation, and finally, the life of St Declan is translated by the Reverend P. Power. I approached these texts in a methodical way. I first read the translations, paying particular attention to the healing miracles concerning disease and illness. I then returned to the Old Irish and Latin versions to locate the particular terms relating to these illnesses and diseases. I looked to DIL and the Dictionary of Latin for the particular meanings of these words and phrases; I did this to see if it could provide some other additional meanings; this I felt was an important area. Plummer provided me with his translation of these lives as did the various editors of the additional lives that I have included. I am very aware that these translations are only one editor's interpretation; different translations may have being put forward by subsequent translators and editors.

There are many observations and criticisms made on Plummer's work; all of which are not particularly relevant to this thesis or my methodology. As a source for my fieldwork, Plummer offered me a scholarly translation of these lives; however, I needed to address and view each particular disease that occurred in isolation. Both the context in which the particular disease took place and its cure was of importance to me. There is much written on the various themes found within these lives; however, there is little written from a health and medical perspective. The saints acted as healers for the people and provided prophylactic solutions for warding off disease and illness; this made them an inherent part of the medical system. From this point of view, it was essential that I carry out a very specific examination of these lives, taking care as I viewed them not to overlook any detail however minor.

Sharpe makes a comment on Plummer's lives telling us that these lives are 'mere late translations of existing Latin lives' that 'can add nothing to our knowledge, except possibly as regards the Irish vocabulary of the last two and a half centuries' (Sharpe 1991, *fn*18: 80). Content of these lives was my primary concern; my emphasis lay on the Saints' lives as a source of medical information, not in examining methods used in compiling them, or technical aspects presented in the manuscripts that they have been derived from. Later in this thesis, I devote a full chapter to 'Hagiography'; it is here that I discuss all the relevant material and findings in relation to illness/disease and the medical system.

The beginning of hagiography in Ireland belongs to about the middle of the 7th century; however, there were other holy men and women living in Ireland during the 5th to 12th century, but their *vitae* were never recorded (Sharpe 1991: 8-9). Sharpe, Kenney and Hughes agree that the saints' lives are a rich source of historical information. Nevertheless, Kenney warns to err on the side of caution, while Hughes only truly makes exception for Adomnán's life of Columcille. Hughes bases this judgement on the fact that all aspects of this life have been well researched and cross-checked; also, there is proof that Columcille was a learned man with conscientious scholarly standards (Sharpe 1991; Hughes 1972; Kenney 1929).

Pochin-Mould points to the significance of the fact that "these lives were generally written centuries after the time in which their subjects lived, and the setting may reflect the author's period rather than the saints" (Pochin-Mould 1964: 7). She also tells us that, even though they have a basic foundation of genuine tradition, there is added to this a standardised series of wonder and miracle themes which are taken from Irish pagan sagas; both Charles Plummer and Kim McCone support this view. Plummer makes a statement when he makes reference to the two great Celtic warriors, Fionn Mac Cumhall and Cúchulainn: "and just as Cúchulainn was made to prophesy of Christ, so Finn prophesies of various saints" (Plummer 1910). McCone states that "scholars have long recognised there are undeniable thematic and compositional affinities between medieval Irish sagas and saints' lives" (McCone 1990: 179).

Themes found in Hagiography.

When one looks at these lives closely, it is apparent that there are indeed familiar and repetitive themes to be found running through them. Some of these themes served to display the might of the saint, while others were simply borrowings of motifs and styles from the great body of secular saga material which existed. It is important that we are aware of these motifs, as they carried out a particular function; in general, they were included to create a particular impression, usually to bolster the particular saint, and/or dynasty.

Ó Briain outlines themes in the earliest Irish hagiographical documents; he sees them fall conveniently into a threefold division. Firstly, there is what he calls 'common-place hagiographical miracles'. These miracles occur more or less identically from one life to the next, with only slight variations of detail and circumstance. For example, within the sets of lives I have chosen for this thesis, I have found the re-occurrence of five particular ailments; these are *amlabar* 'the dumb'; *baccach* 'the lame'; *bodhar* 'the deaf'; *dall* 'the blind', and *clamh* 'leprosy'.

The second division he makes concerns themes borrowed from the secular tales. For example, in the life of St. Brendan of Clonfert, we find many descriptions which are very much related to secular literature; one in particular relates to a description of a woman who had been found lying dead with a spear thrust through her two shoulders. Her description is fantastical; her form is one which would place her more akin to a supernatural personage (Plummer 1910, Life of Brendan of Clonfert: 87).

The third and final area he sees being introduced in some *vitae* is to enhance the prestige or revenue of some monastery in whose interest the life,

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vita or *betha* was compiled. For example, in the life of Máedóc of Ferns II at entries 44 and 198, we find reference to dues being paid for the cure of illness and disease, and also for the use of the saint's relics (Plummer 1910, Life of Máedóc of Ferns II: 44, 198). The types of miracles which I place most emphasis on are hagiographical healing miracles which fall into Ó Briain's first category; these are 'commonplace hagiographical miracles'. It is within these kinds of miracles that we find the majority of healing miracles. Ó Briain tells us that these are the most frequent form of miracles to be found in the lives (Ó Briain 1945: 332). Some of these themes may have aided in propagating the particular saint; for e.g. the over-zealous production of healing miracles, also references to the prestige or wealth of a particular monastery. This creates a difficulty for me however, as, over-production of miracles makes it far more difficult to ascertain the definite frequency and occurrence of these illnesses.

Ó Riain alludes to the oral tradition found in the saints' lives. He is quite fervent in his conviction when he states: "if any sense is to be made from the 'nonsense' that accompanies Irish hagiography, claims have to be reduced to western European terms". He tells us that dozens of like-named saints existed at the same period in the same area. He basically feels that these cults and additional name-sakes were created by the oral tradition and diffused with the name of the original saint. He sees Irish hagiography, like its European counterpart, taking two principal forms of record, one literary, that is, *vitae*, *bethada* and other extended narratives, the other liturgical or semi-liturgical, that is, martyrologies (Ó Riain 1982:146-59).

In the lives, we find repetitive themes in miracles; there seems to be a pattern to their content with a fixed group re-occurring. Nevertheless,

occasionally we find a particular disease or ailment being mentioned out of the ordinary and appearing alongside this fixed group; this helps give us a deeper insight into other ailments that were recognised and may have been present.

Purpose of Hagiography

Hagiography had distinct and varying purposes; each saint's life was written for a particular reason. It is important that we don't confuse the purpose of these lives with the particular themes/motif's running through them. We do know that there are areas and occasions in these lives which are historically correct; we know this by validating their information with other historical documentation. However, given the astounding regularity with which healing occurs, there is little doubt in one's head that political propaganda and the battle for supremacy was the agenda that lay behind some of these miracles; we must be aware that exaggeration of these miracles did occur. Nevertheless, we do have to recognise certain legitimacy to these lives and accept that they do reflect society of the medieval period; they provide some valuable information regarding particular diseases. By looking at the Old Irish and Latin terms used to describe these illnesses/diseases, we are given further insight into what it meant to suffer from them. We have to accept also that religious cure provided by these saints was valid for many people.

Some may say that these lives were purely religious, their intention being to propagate devotion to that particular saint and his/her church; others may feel that a commercial element was inherent in their construction, for example, publicly touring relics for financial gain (Pochin-Mould 1964: 7). Pochin-Mould sees the most prominent and visible purpose and abuse of these

lives to be political power, control and land ownership; all of course being directly linked and intertwined. It is apparent in these sources that a change in the kingship and power from one dynastic line to another meant a parallel change in the abbatial succession in the royal monopoly.

This probably came out of Irish law at the time, which restricted the right of abbatial succession to the family of the founder of the monastic establishment. However, it also stated that if the founder's family could not provide a suitable candidate, then the population group owning the territory in which the monastery was situated had the right to nominate an abbot (Senchas Már: Ancient laws of Ireland, Vol.iii: 72-73). This clearly can be seen to have happened at the monastery of Iona and that of Kildare.

All the abbots that succeeded St. Columcille at Iona belonged to the saint's dynasty of Cenél Conaill. The candidates put up by the founder's family were rejected as unsuitable by the dominant dynasty, who wished to insert the members of their own family. At Kildare, one of the most prominent and recognised abbesses was St. Brigit, who, according to the genealogies, was born of the Fotharta dynasty located in Uí Falge. Brigit's ancestry it seems was too strong to be rejected or suppressed, so the Laigin historians fabricated political alliances and intermarriage relations between their own dynastic progenitors and the ancestry of the Fotharta.

When a new dynasty succeeded by conquest or otherwise in expelling another dynasty from the kingship, a parallel displacing process took place in the abbatial succession of the monastery wealth; this caused a decline in the importance of the royal jurisdiction. Some of the great foundations once famous for ascetic observance and learning are shown waging war on rival

establishments. This desire to possess and control monasteries was not inspired by piety or by ascetic ambitions; it was the great wealth which the monasteries had accumulated through contributions by the people that was attractive to the ruling dynasties.

Local rulers with the aid of monastic superiors carried out a commercial exploitation of relics of the saints. The relics and shrines of the saint were taken on a tour of the country, with a tax imposed on the district that it visited. This tax was brandished and agreed upon by the abbot of the monastery possessing the shrine and the ruling prince of the district (Ó Briain 1947). In essence, these relics were a valuable source of wealth; they provided a massive incentive for alliance for some of the most powerful dynasties and their monasteries. They were also a source of comfort and succour for lay folk; people sought spiritual/physical cures, and protection from these relics and shrines.

We could say that there was not just one purpose to the saint's lives; it is clear however that there was a very definite moral/spiritual purpose. The saints helped deliver God's word and offer guidance in Christianity and moral actions. They were an archetype of virtue and sanctity, a model of how one should live, and act and behave. In this role, they helped society operate more smoothly. They created powerful religious sanctions which people and society lived by; they also offered a direct link with the all powerful.

The saints represented goodness and virtue; they were the epitome of Christianity. Due to belief in God and Christianity, people flocked to be in the presence of these supernatural personages; people felt closer to God. Also, people could appeal to God through the saint for remedies and various cures; they could receive his blessing through the saint. Each saint had to be bigger

and better than the next, capable of performing healing miracles of every disease imaginable, and of course with greater frequency. These miracles attracted many, and put the particular church to which the saint was affiliated in a position of power. The sick also made offerings to the church in order to be cured by the saint; this made the church wealthy. The superiority of the saint of one church over the saints of the neighbouring churches is emphasised by tall stories of contests between saints in miracle working. Generally speaking, the home saint was always seen as the winner. Miracles were narrated to show that there was no form of cure or miracle that their own saint could not supply; even the disappearances of immoral pregnancies were a practice of the saints.

Apart from extrapolating the relevant material to disease/illness and the medical system, these lives helped to convey how Christianity influenced other parts of society. On first looking at these sources, I had to ask a few questions; some of which proved irrelevant as I proceeded. Questions I asked were such as: did the authors of these lives experience or observe what they were writing about? Did they tell the truth about their observances? Were any important details lost in the subsequent translations of these documents? After thinking about these questions for some time, I decided that I had to at least take the elements related to the occurrence of illness and disease at face value; their mention alone in these lives provides evidence, also, their occurrence can be corroborated elsewhere. However, I remained critical of other aspects, i.e. over-production of miracles and abundant cures for illness and disease which appear in these lives. Were these presented in the life for the sole purpose of bolstering the particular saint in question and the affiliated dynasty? I make an exception however for the linguistic element; dating of words and phrases can be pin-

pointed by linguists, who can date a particular version and can recognise how far it may have been from the original. Given that the Irish language was constantly evolving at this stage, it is no great shock to think that the various words and phrases included in these lives not only changed in appearance, but changed in meaning also. Nevertheless, the most important element was in accepting that firstly, this source reflected an awareness of particular diseases and illnesses, and secondly, it was addressing disease/ illness and cure from a religious point of view.

We must remember that literacy and writing skills were held by a minority at this time; only the clergy and the elite in society had this privilege. This meant that either or both were responsible for penning these lives. When the clergy did the writing, it meant in no uncertain terms that we were going to be handed down a particular interpretation of these lives. The versions we get depict the Saints as supernatural personages, being channelled by God's power and ability.

The actual authenticity of some aspects of these lives is questionable; supposed events which were recorded came it seems with an obvious agenda and bias. The clergy had an objective in mind, i.e. bolstering a particular church, and also reinforcing the practice of Christianity in society. Writing the saints lives was one way of portraying how powerful God and Christianity was. This had two functions: firstly, it enhanced conversions of the non-Christian constituents in society, and secondly, it aided social order by creating a set of rules which people were obligated to adhere to. Breach of these rules was thought to lead to serious repercussions. One such negative outcome was linked to disease and illness. Fear of being struck down by fatal illness as a result of

deviating from Christian practices became a powerful deterrent; these lives were the perfect agent to articulate this. This proved positive from a research point of view, as these lives informed me of the various diseases and illnesses during this period. Both cause and cure of the aforementioned are interweaved into this material also.

The Annals

The annals are an archival source of historical documentation to be found in Ireland; I have focused on entries from the fifth to the twelfth centuries for this thesis. This source is of fundamental importance; one could not overlook this source as part of this study. The annals provide many entries relating to disease/illness, and the various other plagues and pestilences during this time. In my main chapter 'Annals', dating of particular occurrences of disease/illness and plague is quite specific; we are given the exact year of their occurrence.

The annals form a large bulk of historical sources which were recorded by special annalists, who made it their business to record and categorise events with as much accuracy as possible; great care was taken by these annalists to record various occurrences first-hand, and not to rely on secondary information. Mac Niocaill tells us that Ireland has an *embarrass de richesse* regarding the amount of annals surviving; few European countries, if any, can claim a similar body of literature on a national scale (Mac Niocaill 1975: 5) Annals may be defined as a record of events arranged under the year of occurrence, without any necessary connection between them. They are of ecclesiastical origin and remained by-and-large in the hands of clerical authors (annalists) throughout the

medieval period. The annals may be thought of as a series of file cards, recording all remarkable events that took place in a simple and brief manner. They begin as short notes concerning ecclesiastical and secular events such as the term of office of abbots and bishops, dates of kings, battles, natural disasters and similar matters. In fact, the annals are the most important source for the political history of Ireland in the Middle Ages.

These books had obviously been recorded with care. As a general rule, annalists admitted nothing into their records except what occurred during their lifetimes under their own personal knowledge or what they found recorded in the compilations of previous annalists, who had themselves followed the same plan. Successive annalists carried on a continued chronicle from age to age, thus giving the whole series the force of contemporary testimony. However, it is not claimed that the Irish annals are absolutely free from error. In early parts of these great books, there is much legendary matter (mythical and fantastical elements); also, some errors have crept in among the records belonging to the historical period.

Very few of the Irish annals still preserved are available in critical editions, and for this reason, uncertainty still prevails concerning the development of annalistic writing in Ireland. Most of the ancient manuscripts whose entries are copied into the books of Annals we now possess have been lost, but we know that the entries were copied for certain by the various expressions found in the present existing annals. We also know by the known history of several of the compilations (Hughes 1972; Richter 1988).

<u>Origin, Dating and Authenticity of the Annals</u>

The seventh century was the epoch which witnessed the birth of Irish as a written literature (the language of which is known technically as Archaic Old Irish), although the true golden age of Old Irish prose and poetry was to blossom in the following century (Byrne 1967: 164). An absolute chronology consisting of the enumeration from the birth of Christ was developed in Italy by Dionysius Exiguus in the sixth century. The first time it was used in England to any great extent was by Bede in his Ecclesiastical History, and it did not reach Ireland until the latter part of the eighth century. Previously, and for a long time afterwards, a different form of dating was used in the annals (Richter 1988: 84).

According to O'Rahilly, the continental Easter was adopted in the seventh century. She points out that it seems to have been common practice in the early religious communities to make brief marginal entries on Paschal tables with a view to commemorating notable events, especially those which concerned the Church (O'Rahilly 1976: 235). Richter, on the other hand, gives the later dating of the eighth century to the continental Easter; however, he is unsure whether the earliest annalistic records of Ireland were entries on Easter Tables or not (Richter 1988: 84).

Kathleen Hughes sees it being imperative to know the native sources which made up these compilations; this helps to confirm reliability and trustworthiness. Many scholars have expressed different opinions, but Hughes feels that an Iona Chronicle is an important starting point. She reports that this is the group of entries in the present annals which stand out most clearly and with separate identity. Hughes points out that the *Annals of Ulster* (AU hereafter) and

the *Annals of Tigernach* (Tig. hereafter) go back to the same version which she

calls the 'Chronicle of Ireland'. This Chronicle incorporated a Chronicle of Iona

also. She writes that Mac Neill and O'Rahilly were aware of an Iona Chronicle

also, but it is due to the important work carried out by Dr John Bannerman that

we can be certain. Iona was founded by Columcille in A.D. 563, and it is

generally agreed that the earliest Irish annals were written there. Adomnán was

the abbot of Iona between A.D. 679 and A.D. 704, and he took a lively interest

not only in scholarship, but in political affairs. It is thought that he was the one

who may have encouraged the development of the Iona Chronicle (Hughes

1972: 101, 117, 118, 119).

Richter tells us that the 'Chronicle of Iona' was written in Latin, and

Latin remained the language of the annals, with the exception of Irish names

and short phrases down to the early ninth century. After this time, the Annals of

Ulster have long entries in Irish, especially for secular events. The same

occurred sooner or later in the other annals in Ireland; these were written in the

high and late Middle Ages in a mixture of Irish and Latin. However, the annals

of Clonmacnoise have come down to us in the form of an English translation

only from the seventeenth century (Richter 1988: 84).

Mac Niocaill points out that we have to be cautious, and need to

ascertain whether the different versions are independent of one another or not.

This of course would affect dating of these great books. He tells us that, in

general, the dependence of two texts one on the other or their common

dependence on a common source may be established by applying the principles

of textual criticism. This means verbal identity, or a close verbal

correspondence implies a dependence of one source on the other, or that of both on a common source (Mac Niocaill 1975: 13).

Byrne has his own view regarding dating of the annals. He is inclined to think that the entries begin to be contemporary in the second half of the sixth century, the period following on from the great monastic foundations (Byrne 1967: 179-80). Hughes tells us that Professor Kelleher on the other hand, has claimed that everything in the annals up to A.D. 590 and a large number of entries between A.D. 590 and A.D. 735 were either freshly composed or wholly revised not earlier than the period A.D. 850-900 (Hughes 1972). Eoin Mac Neill feels the exemplar that lies behind *AU* and *Tig.* (He calls the 'Old-Irish Chronicle') was compiled c. 712 (Mac Neill 1913). Ó Rahilly called the common source of *AU* and the other annals up to c. 740 the 'Ulster Chronicle'. She maintained that it incorporated an 'Iona Chronicle', which was compiled in East Ulster probably at Bangor c. 740, and was thereafter continued from year to year (Ó Rahilly 1976). Hughes points out that this signifies support for the view that contemporary annalistic records were being kept at least as early as A.D. 740 (Hughes 1972).

The most valuable evidence we have regarding dating is the record of natural phenomena. Appearances of comets and the occurrence of eclipses are recorded to the day and the hour. The Irish annals record about twenty-five eclipses and comets from the years AD 496 to 1066. They were collected from various books by Cathal Maguire, the compiler of AU. The very same occurrences are to be found written into the introductory remarks by O'Donovan to the *Annals of the Four Masters* (*AFM* hereafter) (Ó Cuív 1967: 38).

John Kelleher tells us that in the annals we find that most of the information from at least the seventh century onwards is reliable as it is about matters with which the revisionists were not concerned. He points out that everything dealing with the kingship of Tara, particularly in the early centuries, or with the rise of the identity of the Uí Néill, or with the two chief ecclesiastical centres in Ireland, Armagh and Clonmacnoise must be regarded with wary suspicion. In his view there is no doubt that a large portion of this information is genuine, but we cannot be confident about it (Kelleher 1963: 122). Byrne, on the other hand, holds the view that most of the references in the annals to the high-kingship seem very innocent of any attempt to deceive. He tells us that the later compilers apply the title of high-king of Ireland as a matter of course (Byrne 1967: 165).

There are mythological elements found in the Annals which give rise to doubt surrounding their reliability. These elements are easily recognisable and stand out amongst the normal array of entries which are usually death notices or political disturbances. It is important to point out that fusing of mythological elements with factual information is not specific to Ireland; it was a style practised by most countries. I have pointed to this feature in the saints lives also. I have cross-referenced several of the entries concerning particular diseases in the annals in order to clarify their occurrence and existence. Sometimes, we find an entry in one group of annals telling us of some disease or outbreak, and then find the same entry in another set of Annals but not at quite the same date (dating can be out by a couple of years).

When there is little time differentiation between these dates, we can probably infer that this particular entry is in reference to the same occurrence.

Sometimes scribes of the time miscalculated or transcribed their information wrongly; the information that they transcribed from another manuscript may have already had inaccurate dating. This occurred also when particular information was recorded after the event took place. A somewhat similar problem and development occurs when two sets of annals recount the same event in different terms. Hughes and Mac Niocaill tell us that we cannot safely say that they are independent, as they are concerned primarily with events, and not with the formulae or phrases in which they are recorded (Hughes 1972; Mac Niocaill 1975).

We must be aware when looking at these different groups of Annals that they originate from different locations. The local annals provide much more detail and information which is specific to a particular geographical location or region in Ireland.

Groups of Annals

I chose to work with six sets of Annals for this thesis. In doing so, I am not overlooking the importance of other annals; the fact remains that consulting every book of annals for this thesis would have proved far too ambitious and time consuming. There were many sets of these chronicles written in Ireland; some larger and more prominent, some regional, some local. I have chosen to work with the following group: *The Annals of Ulster (*AU*), The Annals of Inisfallen (*AI*), The Annals of the Kingdom of Ireland by the Four Masters of Ireland (*AFM*), Chronicon Scotorum (*CS, Chron Scot.*), The Annals of Tigernach (*Tig.*) and The Annals of Clonmacnoise* (Clon.).

The Annals of Ulster (AU)

This book of Annals contains the most complete version of Irish Annals. It is recorded in late manuscripts, the most important being the fifteenth-century Trinity College Dublin Manuscript (Ms) H.1.8. The entries in these annals are well spaced out with gaps after each year. It is thought that these annals have received later additions, as entries were made in Irish at a time when texts were predominantly written in Latin. These annals cover the period from the year A.D. 431 to A.D. 1540 and were primarily known as the *Annals of Senait Mac Manus.* Cathal Mac Guire was the compiler of these annals and his clan and chieftain title was known as Mac Maghnusa. They came from the island of *Senait* in Loch Erne between the modern counties of Donegal and Fermanagh where the annals were written. This is why they came to have the name *Annals of Ulster.* They were compiled in Ulster and related more to the affairs in this area than any other provinces (Hughes 1972; Ó Cuív 1967; O' Curry 1861). For this thesis I have used two translations of AU; the first and older edition was translated by William M. Hennessy in 1887, and the second and more recent edition was translated by Seán Mac Airt and Gearóid Mac Niocaill in 1983.

The Annals of Inisfallen (AI)

AI was compiled by some scholars of the monastery of Inisfallen, on a well-known island of that time in the lower lake of Killarney, County Kerry. The composition of these annals is usually attributed to the early part of the thirteenth century (about 1215 AD). Nevertheless, there is good reason to believe that they were commenced at least two centuries before this period. AI is basically a set of Munster Annals written in one particular book in the

eleventh century. It is then thought to have received additional entries by different abbots of Inisfallen afterwards. AI is closely related to AU and *Tig.*. It starts out by giving a short history of the world to the time of St. Patrick, and then is devoted to events in Ireland; in fact it is thought that AI and Tig. had a common source (Hughes 1972; Ó Cuív 1967; O' Curry 1861). Seán Mac Airt translated this set of annals in 1951.

The Annals of the Kingdom of Ireland by the Four Masters of Ireland (AFM).

The Annals of the Four Masters, also called the Annals of Donegal, are the most important of all. They were compiled in the Franciscan Monastery of Donegal by three of the O Clerys, Michael, Conary, and Cucogry. Ferfesa O Mulconry also helped compile these great books. Together these four men were more commonly known as the Four Masters. This large work however, is chiefly due to Michael O Clery born about the year 1580, who himself was descended from a long line of scholars. They end in the year 1616. Their contents include reigns, deaths, genealogies, high-kings, provincial kings, chiefs, heads of distinguished families, men of science and poets; dating them as near as possible. They also record the deaths and successions of saints, abbots, bishops and ecclesiastical dignitaries. They tell of the foundation, and occasionally of the overthrow of countless churches, castles, abbeys, convents and religious institutions. The facts and dates of the Four Masters are not their own facts and dates; they are a result of much sifting and labour from masses of very ancient matter. Their facts were harmonised and synchronised to produce this great body of work (Ó Cuív 1967). Between the years 1847-1856 John O'Donovan prepared an edition of these books with translation. His work on

these annals has been praised as being some of the most scholarly work carried out to date.

Chronicon Scotorum (Chron Scot.[CS]).

This chronicle is also known as the Chronicle of the Scots or Irish. It is contained in Trinity College, Dublin H.1.18 and is in the handwriting of the great Irish Antiquary *Duald Mac Firbis*. Two other copies are in the Royal Irish Academy. It continues down to AD 1135, but was compiled about 1650. It has many fewer entries than either AU or Tig., but its relation to them in some unspecified way has long been recognised. In particular, it could even be said that CS is a direct copy of Tig. These annals have been printed, edited with translation and notes by William M. Hennessy (Ó Cuív 1967; Hughes 1972).

The Annals of Tigernach (Tig.).

Tighernach ua Braein was the compiler of these annals. Like most of the other books of annals, his work is written in Irish, mixed with a good deal of Latin. These annals were written at a very early period (the close of the eleventh century) and contained much historical research. Even though compiled in the eleventh-century monastery of Clonmacnoise of which Tighernach was abbot, these annals were the result of careful compilation from books probably dating back to A.D. 544 when the monastery was founded. The monks of the monastery noted down remarkable events from year to year over the centuries, which eventually led to Tighernach's compilation. The book contains a general history of the world, but the history of Ireland is the chief subject of the body of work. Tighernach wrote with accuracy of detail and knowledge with regard to

the various histories. It is agreed amongst scholars that the Annals of Tighernach get much less attention than they deserve (Hughes 1972; Ó Cuív 1967; O' Curry 1861).

The Annals of Clonmacnoise (Clon.).

These annals are a valuable compilation that begin with creation and end with the year 1408. The original of these annals is lost, but an English translation of them still exists. The translator was Conell, or Conla MaGeoghagan of Lismoyne, Co. Westmeath. He made this translation for his friend and kinsman Turlough MacCochlan, Lord of Delvin in 1627; it was edited by the late Father Denis Murphy S.J. (Ó Cuív 1967). These annals give special prominence to the history of places on both sides of the Shannon bordering on Clonmacnoise. There is no indication given of the author's name, but, given the content to be found in these annals, he was thought to have been Irish.

Although the annals are seen to be reliable, there are a couple of aspects to them which give cause for concern. Firstly, they contain some mythical and legendary content, and, secondly, these great books are a result of centuries of copying and re-copying. This is a cause for concern; it means they are not completely free from error.

As the Annals were handed down, they were copied by the next set of annalists. When this occurred, information was sometimes omitted or miscalculated. Interpolations also occurred through time, and this often led to confusion with regard to dating of and occurrence of particular events. Scholars have assured us that the main bulk of information contained in these sources is

reliable; nevertheless, I personally feel that the authors and scribes of this source had the power and ability to manipulate, enhance or bias this information. Bearing all of the above in mind, I felt I needed to decide how I was going to handle the information presented in this source-type. I felt that I needed to be aware of the above factors; yet it was essential that I worked with the information which had been documented. Similarly to the saints' lives, I felt that if the names of particular ailments or plagues were given in our native tongue, it was at the very least proof of their existence between the 5th and 12th centuries at some point.

I chose these six sets of annals as they represented the main geographical locations in Ireland. It is true that they are rather bulky documents covering a wide time-span. Nevertheless, for this thesis, my sample represents the medieval period from the 5th century to the 12th centuries. Examining the array of entries for this period was not an easy task; in fact, it was quite tedious at times. Unlike the saints' lives and the Law texts, this source involved scanning each entry one by one for mention of any health-related incident. This was a time-consuming task as there were so many entries to get through. My method for examining the Annals was quite different from that of the saints' lives. These books are far too extensive for consecutive re-examination so it was necessary that I had a broad set of criteria to begin with.

Firstly, I decided to record any occurrence of disease/ailment or pestilence/plague. As I did this, I recorded the terms and phrases denoting them in Old Irish/Latin and the English translation given. As I recorded these elements, I took note of any relevant preceding entries which may have contributed to the occurrence of the named disease or ailment. This included

looking to entries relating to weather conditions, outbreaks of famine, crop failure, or information regarding the wounded in various battles and forays. In securing this data, I then looked to DIL and the Dictionary of Latin for literal translations of the terms and phrases that I had found. Again, as with the saints' lives, I was interested in examining meaning on two levels. The first level was looking at the direct translation of the words offered by DIL and the Dictionary of Latin, and the second was taking the meanings provided, and examining them closely to see if they offered any clues in relation to symptoms or physical presentation of the disease in question.

The annals are seen as the most important source for the political history of Ireland in the middle ages. As such, we see emphasis being placed on dynastic politics; the bulk of entries being related to kings and rulers, battles and invasions. In essence, the Annals are a history book through time. We are told that the authors of these books were mainly religious men, who wrote this information from scriptoria in particular monasteries; they had the power to include or exclude information. Given the various affiliations of monasteries with particular dynasties, the annals were an ideal medium where the supremacy of a particular dynastic group and monastery could be highlighted. Enlargement of the saint associated with a particular dynasty is quite prominent in the annals; this was generally achieved through the documentation of cures performed by the saint of the dynasty in question. These cures were often magnified to achieve this. If this was the case, it would have affected the accuracy of the information being documented. Nevertheless, I felt a little more assured on the recognition that many of the health-related occurrences that I found could be

cross-referenced between the various sets of Annals themselves; also, evidence could be corroborated in other sources.

As with the Saints' lives, Christian influence was to be found here; however, it was by not to the same extent as that found in the saints' lives. This is by no means surprising given that the annals were compiled by clerics. The cause of some particular diseases and outbreaks in the Annals were sometimes related to Christian beliefs surrounding sin and punishment. On close scrutiny of the information presented in these entries, I could decipher the presence of a Christian (religious) cause for the development of disease and illness. The nature of this source and the time-frame (5th to 12th centuries) which I have examined meant that, firstly, what I found for this period regarding plagues and diseases displayed their existence, and secondly, the annals provided a window into society for this particular time. I develop all of the above points to a greater degree in my chapter 'Annals' later in this thesis.

The Laws

For this thesis, I have chosen to concentrate on the two medico-legal texts *Bretha Crólige* (BC) and *Bretha Déin Chécht* (BDCh); these I will be discussing more comprehensively further down in this section. Firstly, I will give a background to the development of law and the legal system in medieval Ireland; this I feel is important in order for the reader to comprehend both the value and the difficulties associated with these law texts.

Written Irish law is the product of a particular historical moment. It was the outcome of conversion to Christianity, of the authority of written texts within the new religion, of the existence of a rival system of law, that of the

canonists. The men who committed these laws to writing were clerics resident in the monastic schools of the sixth and seventh centuries; this points to an obvious ecclesiastical influence on these texts. It does not seem to have been a conscious influence; quite simply, Christianity subtly trickled through to the writings at times. McCone tells that the very extent of the surviving corpus of early Irish canon and civil legal tracts, in Latin and the vernacular, bears ample testimony to the preoccupations of medieval Ireland's men of letters with the law (McCone 1990).

Edwards sees this as a result of the persistence of part of the old pre-Christian learned classes, the *filid* and the *brithemain* (Charles-Edwards quoted in Ó Cróinín 2005: 367). Many see parts of this legal theory being rooted in the Indo-European past. Calvert Watkins wrote a detailed article entitled 'sick-maintenance in Indo-European'. In this paper, he examines the similarities between ancient Hittite laws of sick-maintenance and archaic Irish laws of sick-maintenance. Watkins provides an example of these laws translated by Friedrich and Goetze from ancient Hittite to German; here is the English translation: "If anyone batters a man so that he falls ill, he shall take care of him. He shall give a man in his stead who can look after his house until he recovers. When he recovers, he shall give him 6 shekels of silver, and he shall also pay the physician's fee." Given the similarity of this example to that of some Irish entries, Watkins asserts that we are entitled to conclude that sick-maintenance in Hittite law was probably not a borrowed institution. He concludes by telling us that features of the Hittite institution as a total social system agree in virtually every particular with the far more detailed description of the Archaic Irish institution. If this is the case, we are entitled to infer that both represent a

common inheritance from Indo-European customary law. Watkins tell us that, based on linguistic evidence alone, we must recognise the primitive institution of sick-maintenance as a feature of Indo-European customary law, preserved intact in Irish and Hittite, and in other cognate Indo-European legal systems (Watkins 1976).

Most scholars are in agreement that the laws were transmitted orally at first in the secular law schools by professional jurists who were the successors of a pre-Christian learned class. Nevertheless, the language of the law tracts is archaic, and even the best Irish scholar has had great difficulty in understanding them. An additional difficulty is in deciphering the degree to which the law texts represent real life. As Hughes points out, the historian wants to know to what extent the sanctions described in the laws were actually applied. However, she tells us that, in order to arrive at some sort of accuracy or historical reality, we can set the law tracts alongside other sources like the annals (Hughes 1972: 43, 45, 168).

Nonetheless, Law formed a most important factor in public and private life in medieval Ireland (5th to 12th centuries); the native legal corpus existed before the ninth century. Medieval Ireland was relatively small in scale. Nevertheless, it was far from being disordered; it was quite orderly and capable of holding together over time. However, Binchy points out that the domain of Irish law is full of pitfalls and uncertainties. He tells us that, firstly, the Irish legal sources survive only in manuscripts written at least 800 years after the early tracts had been compiled; they were written by scribes who did not always understand what they were copying. Secondly, the language of these tracts is very technical and often deliberately obscure, so obscure in fact that

occasionally the later jurists could contribute little more than a guess at the meaning of the text they professed to interpret. Thirdly, a number of the most important tracts have been transmitted in mutilated and disjointed excerpts scattered through various manuscripts; this has posed great difficulty for scholars working on these texts (Binchy 1943).

Dating

According to Hughes, the tracts will not answer questions about society after 800; Charles-Edwards concurs with this point; he maintains that all but a few of the primary texts were written down in a very short period, possibly no more than the centuries between 650 and 750. Hughes tells us that the glosses and commentaries accompanying these texts vary considerably in date; she points out that it is important to be aware that this commentary and gloss are sometimes indistinguishable from the actual text; this is an important point where dating is concerned (Hughes 1972; Charles-Edwards quoted in Ó Cróinín 2005: 331-332).

Binchy writes that, for linguistic and historical purposes, it is necessary to distinguish the text of the tracts from the glosses and commentaries which were contributed by later jurists; Breatnach (2005) calls this 'secondary juristic writing'. Breatnach points out that this forms the greater part of the surviving legal material from the Old Irish period. Binchy says that the first translations offer little help in distinguishing between the text and the glosses and commentaries; they indicate this distinction only where it has already been indicated in the manuscripts themselves. In some manuscripts, the scribe wrote the text in larger characters than the interlinear and marginal gloss and

commentary. Generally speaking, the translators reproduce this differentiation by the use of large type for the text, small for the glosses, and medium for the commentary.

Binchy concludes that the first translations are therefore, a most untrustworthy guide to the distinction between the original text and the later accretions. He makes additional points regarding dating of the actual texts themselves. He points to the fact that the language of the texts is not uniform in date; each tract is in effect, a compilation which includes at least two separate linguistic strata. The compiler wove materials into it from an earlier period; it is only the latest of these strata which can provide approximate accuracy of this dating. He claims that a careful examination of almost any law tract reveals the presence of archaic and normal Old Irish forms side by side. Binchy concludes from linguistic evidence that by the middle of the eighth century, all the extant law tracts had already received their final shape; in drawing this conclusion, he has taken all scribal corruptions into account (Binchy 1943: 9-11).

Binchy points out that there is an elaborate apparatus of gloss and commentary to BC and BDCh; he suggests that this acts as an indicator of both texts belonging to the 'Senchas Már'. According to Breatnach the most extensive Old Irish glossing is to be found in the Senchas Már. The glosses to the entries in BC and BDCh are a problematic area; there is no certainty surrounding their dating; glosses belong to a later period than that of the actual text. Binchy makes the point that scholiasts, when confronted with these texts, were particularly helpless; they were not familiar with the rules applied to this text; they were not the same as those found in other texts. The scholiasts overcompensated for this by trying to reconcile their rules with other law tracts

governing corporal injuries which were familiar to them; they basically harmonised the rules of these texts with others. According to Binchy, from this point of view many of the glosses are worthless; they only bear a slight relation to the true meaning of the text. He sees the glossators and commentators being constantly at loggerheads with the text; their efforts to 'explain' its rules affording numerous examples of the un-real technique of the legal scholiasts (Binchy 1966: 3, 8-9; Breatnach 2005: 338).

In Ireland a judge was called a *brithem*. This word *brithem* is an agent noun from *breth* which means 'maker of judgements' i.e. judge, arbitrator. In English documents of the 13th-17th centuries, the word *brithem* was anglicised *brehon,* hence the native Irish law is known as the "Brehon Law". Its proper designation is *Fénechas,* i.e. the law of the *Féine* or *Féne,* or free land-tillers. The Brehon law that applied to all Ireland was called *Cáin* law (Joyce 1913; Kelly 1998).

Each law tract was specialised in one subject or one group of subjects; many of which have been preserved. The two largest and most important tracts are the Senchas Már and the Book of Acaill. According to Charles-Edwards, the 'Senchas Már' is known as 'the great antiquity'; basically, it was seen as 'the great collection of ancient tradition'. He points out that when classification has been done, a striking fact is revealed about the 'Senchas Már'; it is very rich in material on social institutions.

The main body of the tract is concerned primarily with social organisation. The 'Senchas Már' pertains to the legal shape of society and the remedies and legal activities. It is not easy to date; many of the tracts are likely to have existed before they were incorporated into a law-book. The probability

is that the latest tracts to be incorporated into the 'Senchas Már' date from the first half of the eighth century. In the later law schools, the Senchas Már was divided into three parts. It is thought that our two medico-legal texts BC and BDCh were to be found in the lost last third of the Senchas Már. The 'Senchas Már' itself cannot, therefore, be earlier than *c.*700 (Charles-Edwards quoted in Ó Croinín 2005: 341-342).

In medieval Ireland people saw misdeeds not as a crime against society but as injuries by individuals against individuals. These injuries had to be paid for, so the cost of a deliberate injury was a considerable deterrent, especially if it injured the honour of one of high status; there was no escaping the debt. If a man could not pay, then his kin had to pay for him. The pressure of opinion among the kin must have been heavy enough to keep most men in line (Hughes 1972: 56). Irish law treated all felonies and misdemeanours as civil offences (as torts, to use the modern legal terminology), i.e. wrongs for which the law prescribed compensation in the form of damages. There was no concept of criminal law, and therefore none of the objects of modern criminal law such as punishment and retribution, deterrence of would-be wrongdoers, or reform of wrongdoers. There is no evidence that the early Irish thought in those terms, and therefore the liability which men incurred by wrong-doing was strictly a damage liability, not a punishment or penal liability (Ó Cróinín 1995: 14).

Bretha Crólige (BC) and Bretha Déin Checht (BDCh)

In addressing these two texts, various aspects of society come to light; for example, we can see how features of the Pre-Christian period filtered through to these texts. Ó Croinín claims that early Irish law was not a fixed

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code, it could not be done away with by decree (royal or otherwise), nor by simply ignoring it. The law had to be reinterpreted, and where changes had come about in social or legal practices, the old rules are often retained beside those which had superseded them (Ó Croinín 1995: 116). Basically, this led to some of the older Pre-Christian traditions and oral traditions being mixed amongst the newer prescribed sets of laws. These laws in effect give a valuable insight into an earlier period also. Most of what we find in these texts is rooted in one's rank and status in society; this reflects the hierarchical nature of society, and indeed it is indicative of the selective nature of the medical system also. These texts also reflect the connection between the medical system and other social institutions in society; both the kinship system and economic factors were integral to the practice of sick-maintenance.

The named medico-legal texts are the focus of the law section for this thesis. The first and longer text of these texts is BC; it is also referred to as 'Judgements of blood-lying'. This text is preserved in No. 10297 of the Phillipps MSS. by the National Library of Ireland. This tract deals with the obligation of a person who has inflicted illegal injury on another person to provide sick-maintenance/nursing for his victim until he returns back to health (Binchy 1938). It also includes those who did not qualify or were exempt from this provision. This text is a medico-legal text, but it has an underlying preoccupation with status. It clearly outlines specification of entitlements in accordance with injury and particular rank of the person. The bulk of the manuscript was written by Donnchadh Ua Bolgaidhi in the years 1463-1474 and consists of late translations of Latin medical works. As I have stated earlier, it is thought that BC belonged to the lost last third of the great collection of Irish

customary law called the Senchas Már which is dated approximately to the first half of the eighth century.

The other tract about sick-maintenance is BDCh. This text is known in English also as the 'Judgements of Dían Cécht' (a mythological physician). There is one complete copy of BDCh in the Phillipps manuscript No. 10297 also. This is now known as G11 in the National Library of Ireland. BDCh belonged to the same manuscript as BC which was part of the *Senchas Már*. BDCh can be dated to the first half of the eighth century also. It deals with the fines for illegal injury and the share due to the physician for his skill in aiding recovery. Such payments are intended to cover 'the fear of death, the gravity of the [accompanying] sickness and the extent of the blemish' (BDCh 10). Where there is no need for nursing, it is likely that the fine for illegal injury must be paid without delay, but in more serious cases it is reasonable to assume that payment is made after the physician's verdict *(derosc)* at the end of the period of nursing. It is implied by these texts that the *liaig* was the person who provided the assessment of the amount due; however, the Middle Irish text *Urcuilte Bretheman* on the duties of a judge states that he must know the correct body-fine *(corpdíre)* for every limb from temple to heel (Zcp 18 1930). BDCh also devotes a lot of space to rank and status of the victim. More important, however, is the information that it provides us of the physician's knowledge of anatomy and physiology; it gives detailed accounts of types of injuries.

I chose these two texts as they give specific information regarding injury, medical practice and a detailed account of various cures. They are written in Old Irish, but I have relied heavily on the English translations provided by Binchy for both. Shaw comments on Binchy's edition of BDCh

praising his translation and delivery of the text. However, he does point out that generally the history of medicine in Ireland is full of obscurity; he tells us the further back we go, the less in fact we know. He draws our attention to the fact that our earliest records tell us very little about our doctors. He points out that the doctors did not write; we know nothing about them and little about the medicine they applied. He does however make exception for BDCh in particular; he sees recording of this eighth century legal document as giving validity to its authenticity as a medical text (Shaw in Ó Cuív 1961: 87-90). Nevertheless, as I looked at these law texts, I had to question the practicality of their content regarding assessment of injuries, and whether every detailed aspect of these laws were carried out.

Many scholars have debated this question, i.e., whether the corpus of law which was handed down to us from the eighth century was an accurate account of the sanctions being enacted. It has also been suggested that these laws contained an older stratum. My findings are obviously dated to the eighth century, the date of these two medico-legal texts; however, it is interesting to think that they may have contained an older stratum.

As I have stated earlier in relation to hagiography and the annals; meaning can change over time and interpretations made by various scholars can vary. Errors can occur in copying and words and phrases can lose their original meaning and accuracy. We must remember, 700 years or so had elapsed from the time that the original text had been written in the first half of the eighth century to the time a first translation was made in the 15th century. Other additional translations were made thereafter through the centuries of course; they all decoded these texts in a different manner.

I found my emphasis in examining these two law-texts somewhat different to that of the saints' lives and the annals. These two texts are status texts as well as medical texts; they contain as much detailed information, if not more in relation to entitlements and shares due as they do to medical details. I found in looking at these texts, I had to address the status issues and fines in an equal manner to medical practice, injuries and cures. The reason for this was (1) both these sets of information were totally entwined, and (2) the various fines allotted to particular injuries, and the cost of a particular treatment by the *liaig* was related to the severity of the injury and level of treatment needed. This aspect gave me insight into the particular skills of the *liaig,* medical practice, and the medical system; it also indicated that medical treatment was selective and based on status.

My method of analysis involved (a) reading these two texts thoroughly and noting down various points in relation to medical practice. I then recorded the particular terms and phrases in Old Irish which denoted injuries, the various parts of the body, and any terms which related to paraphernalia or procedures employed in healing; (b) I then examined the material for any evidence of particular cause of the injury or trauma.

I consulted DIL for these terms and phrases; as with both the saint's lives and the annals, I looked to the meanings of these particular words and phrases in order to get a better understanding of what they signified. I found variations of meaning for words and phrases; however, the type of description provided by DIL offered a deeper understanding of particular ailments/injuries, the part of the body being referred to, and methods used in curing. These law texts are a very valuable source for the eighth century and also for this thesis.

The information I gleaned from these texts far outweighed the difficulty I encountered from a linguistic point of view.

A very important element of this period and for this thesis is the fact that schools of secular law had been active in recording legal texts during the late 7th and early 8th centuries. However, Hughes points out that, in the Viking age, the texts became "fossilised" and the lawyers turned their attention to gloss and commentary (Hughes quoted in Otway-Ruthven 1968: 27). This bears relevance to the medical system as the two medico-legal texts *Bretha Crólige* and *Bretha Déin Checht* originate in this period of time (8th century). The static nature of the legal system would have stagnated the recording of any additional medical laws for this period. Within the two aforementioned texts, there is indication that the institution of sick-maintenance was evolving and was to be eventually replaced by a suitable fee instead. The medical system during this specific period was under strain; this was due to an increase in warfare and violence. The Vikings in particular put this system under pressure; this was due to the fact that they cared little for particular legal rights and obligations, they had no regard for people who had been injured or maimed. One could see that there may have been little hope for any sort of recompense for the injury and suffering they caused; this would have thrown the whole system into disarray. We are told that the lawyers turned their attention to gloss and commentary during this period (Hughes 1972; Binchy 1943). This meant that reality was left distorted for the reader; the conditions as outlined in the law-texts were basically altered.

Chapter 4   Anthropological Literature Review

For this thesis, I am concerned with anthropological theories which are insightful to, and aid us in our understanding of the processes of health and healing in medieval Ireland. This literature has guided my interpretations, and helped decode the many aspects of illness found in these three archival sources. The following is a discussion of the theoretical framework which this thesis is placed in; it supports and enhances the study of the medical system in medieval Ireland.

All three sources: the hagiographical material, the annals, and the medico-legal law texts are historical archival sources. The point at which these historical sources converge with the discipline of anthropology is culture. All culture is constructed; it is the product of human thought. Cohn (1987) points to this product becoming a fixed way of doing things over time; however, it may also be changed. Cohn narrates that there is a commonality between these disciplines; both aim at explicating the meaning of actions of people rooted in one time and place, to persons in another; both forms of knowledge also entail the act of translation. Cohn highlights the fact that archives are cultural artefacts which encompass the past and present; it is these archives which provide an insight for anthropologists into how particular cultures are structured and constructed (Cohn 1987: 43, 48).

Many anthropologists have looked to history while examining cultures. A noteworthy example of this kind of study is 'The Ainu of the Northwest coast of Southern Sakhalin' written by Emiko Ohnuki-Tierney (1974). Here Ohnuki-Tierney looks at how the Ainu experienced constant change in conjunction with both internal and external stimuli, and how they did not withstand this impact.

We must remember that people everywhere evolve. As this evolution occurs, knowledge from past experiences is carried forward; this allows people to carry out many of their practical cultural activities. In medieval Ireland there was indeed a body of knowledge; in particular with regard to illness/disease and medicine. A belief system existed earlier which incorporated a belief in the *sithe* 'fairies'. In Plummer's second life of St. Coemgen, there is some information laid out in stanza form. The terms *ban-cumachtach sithe* 'Fairy witch', *aos sithe* 'Fairy folk' and *siodha* 'Fairies' appear in stanza (1.21) of this life. Belief in fairies and what they represented lie in a different domain than those beliefs associated with God and Christianity; they originated from the pre-Christian period of time. This belief system continued to exist with the coming of Christianity; however, fear accompanied it, this is demonstrated in the following stanza: *An taos sithe rucc a clanna, an righ sin, ger tend an tuir, an ghein da bhaisttedh go caoimhghin, Tre ceist an tsiodha docuir* 'The fairy folk carried off the children of the king, though strong the tower; (But) this child to be sent to be baptised to Coemgen through fear of the fairies'(Plummer 1910, life of Coemgen (II): xviii).

One of the beliefs that existed around fairies was that at night time children were carried off by the fairies, and 'fairy changelings' were left in their place. The 'fairy changeling' was of similar appearance to the child taken by them, so there was great difficulty in identifying what had occurred. This usually took place when children were quite young, normally at breast-feeding age. The reason behind this abduction was a practical one for the fairies. Fairies generally had difficulty in lactating and feeding their young, so they placed their own fairy children with lactating mothers in the mortal world to be fed.

Generally speaking, the only way that this could be averted was if these children had been baptised. The fairies would not take baptised children away (White 1976).

Fairies and the domain in which they belonged offered an explanatory model; their origin was with the older Pre-Christian period. They were a source of explanation for illness/disease and misfortune. With the coming of Christianity, this older system weakened somewhat. However, during our period both belief systems lay side by side. These two belief systems were in direct opposition to one another; Christianity had procured a place of superiority and was seen to represent goodness and the right way. Christianity in effect, used the older belief system as a tool for conversion. Fear of un-baptised babies being taken off by the fairies was one good reason for people to baptise their young into Christianity. However, this did not eradicate fears surrounding the older order. The fairies and what they represented were viewed in a negative light; they represented the sinister and evil.

Plummer's translation for the particular words above reflect a distorted meaning to that of DIL: *Cáineog ban-cumachtach sithe* 'Cáineog a fairy witch' (Plummer 1910, Life of St. Coemgen: stanza xviii). DIL offers the following: *ban* 'woman'; *sithe* 'fairy'. The most interesting word here is *cumachtach*; it denotes 'powerful, mighty, invested with (magical) powers' (DIL). Other derivatives of this word for example are *cumachtae* 'power, strength, might' and the word *cumachtaid* 'lord, powerful one; wizard' (DIL). We can see the variation of translation above; Plummer misrepresents the phrase in his translation.

We do however have other evidence for this pre-Christian period; the great Irish epic *Táin Bó Cuailnge* reflects something of the spirit of the times. Also, one simply cannot ignore the great megalithic tombs built of stone which represented the graveyards of these distant stone-age people and their places of worship; in particular the New-grange complex in the Boyne valley. These stone tombs show evidence of a considerable technology and a sophisticated knowledge of measurement. The very size of these tombs suggests a density of population and a developed social system capable of building such monuments. They practised agriculture and they developed technical skills of a high order which enabled them to work in gold, silver, bronze and eventually iron. They perfected the art of pottery and became adept at the difficult medium of ceramics.

They produced a rich oral literature which, to judge from its later written forms, was derived from the common stock of heroic and mythical traditions which was shared by the Indo-European world. Inaugural rites for the sacral kings, the privileges and obligations of the warrior aristocracy, the historical lore of sacred places, and the genealogies of kings were never committed to writing, but were handed on orally (Lydon 1998: 2). One can be in no doubt that these people had their own traditions of medicine and healing; one can infer that some of these practices were handed down orally. With the coming of Christianity, a large majority of the aforementioned were written down. Unfortunately however, a detailed account of religious beliefs has not been saved; they were replaced with the coming of Christianity; the information that we have is that which is inferred or speculated about.

This belief system provided an explanation for illness/disease and misfortune; its origin was with the older pre-Christian period; we could call this a 'pre-Christian (religious) explanatory model'. However, with the arrival of Christianity, a set of beliefs were brought which could account for illness and a range of adversity also; let us call this a 'Christian (religious) explanatory model' (I will be discussing explanatory models shortly).

Hagiography, due to its nature, highlighted the latter kind of belief system more so than the annals or the law texts; this is not to say however that it did not appear in these other two sources, or, for that matter, that it was the sole explanation for those people devoted to Christianity. We must be aware that the older pre-Christian explanation for illness and adversity was not instantly eradicated; it continued for some time, and coexisted alongside what was offered by this newer belief system; in fact, some would argue for its continued existence in contemporary society.

Christianity offered salvation from evil, cures from disease, and a place with God after death; this was of course if the rules were adhered to. Failure to do so meant that a place in heaven was not secured. It also meant that, at any given time, one could be struck down with all manner of things, illness and disease included. The saints' lives display this quite vehemently; at every hands turn and in every life, we see this relationship reoccurring. Illness had a powerful meaning for people who held this belief system.

Symptoms, Meaning, and Explanatory Models Relating to Illness and Disease

In my chapter 'Introduction' I have provided some definitions and distinctions in relation to the terms 'illness' and 'disease'; Kleinman (1988) provides one of these sets of distinctions. For this thesis, I have taken a common-sense approach to these two terms. Just to recap: I have used these terms interchangeably and concurrently as (a) my fieldwork is set in a particular historical period and context; I have no way of knowing the patient perspective on these two terms, and cannot risk being culturally insensitive or ethnocentric in my approach; (b) there are a range of Old Irish and Latin terms which denote 'illness' and 'disease'; due to an overlap of meaning amongst these terms, there is a lack of clarity of what stood for what exactly; this interchangeable usage skews meaning of these terms. As such, I have chosen to view the two terms to mean/stand for, a state of un-wellness where one's health is compromised.

Kleinman (1988), apart from his illness-disease distinction, provides many other studies and interpretations related to 'Illness and 'Disease'. One such study relates to meaning and symptoms of illness; however, he also gives a comprehensive insight into the purpose of various explanatory models which are found cross-culturally. Kleinman tells us that illness has meaning from an anthropological and clinical perspective. He tells us that:

> "Illness is polysemic or multivocal; illness experiences and events usually radiate (or conceal) more than one meaning. Some meanings remain more potential than actual. Others become effective only over the long course of a chronic disorder. Yet others change as changes occur in

situations and relations. As in so many areas of life, their very ambiguity often supplies illness meanings with relevance, inasmuch as they can be applied now this way, now that way to the problem at hand " (Kleinman 1988: 8).

Kleinman viewed illness at different levels, the first, probably the most visible indication of illness are symptoms. He states that there is a tendency to regard such self-evident significance as "natural"; however, he tells us, what is natural depends on shared understandings in particular cultures and not infrequently diverges among different social groups. Kleinman views the meaning of symptoms as follows:

"The meanings of symptoms are standardised 'truths' in a local cultural system, inasmuch as the group's categories are projected onto the world, then called natural because they are found there" (ibid 10).

Kleinman points out that this, in turn, contributes to our shared appreciation of what a particular sickness is, and means. For example, in medieval Ireland, the sources report a disease in the nature of 'leprosy'. The question of what it meant to suffer from this disease, whether it was stigmatising or not will be investigated a little later on. Nevertheless, the symptoms of this disease held much meaning for the people. They indicated physical and moral contagion, which for the sufferer, may have involved a life as a social outcast and moral degenerate. However, these symptoms could simultaneously indicate that the person was the chosen one by God.

Kleinman gives an example of Nigerian psychiatric patients, who frequently complain of a feeling like ants are crawling in their heads, a complaint that is specific to their culture. According to Kleinman, a corollary to the meaning of symptoms is the semiotics of diagnosis. He tells us, for the practitioner, the patients' complaints (symptoms of illness) must be translated into the signs of disease. He gives an example of chest pain in contemporary society; he tells us that this symptom becomes angina or chest pain for the physician (ibid 16).

Kleinman also points out:

> "Local cultural orientations (the patterned ways that we have learned to think about and act in our life worlds and that replicate the social structure of those worlds) organise our conventional common sense about how to understand and treat illness; thus we can say of illness experience that it is always culturally shaped" (ibid 5).

He highlights the fact that:

> "Particular symptoms and disorders are marked with cultural salience in different epochs and societies" (ibid 18).

According to Kleinman, the cultural meanings of illness shape suffering as a distinctive moral or spiritual form of distress. He elaborates on these ideas by telling us:

"whether suffering is cast as the ritual enactment of despair, as paradigmatic moral exemplars of how pain and loss should be borne (as in the case of Job), or as the ultimately existential human dilemma of being alone in a meaningless world, local cultural systems provide both the theoretical framework of myth and the established script for ritual behaviour that transforms an individual's affliction into a sanctioned symbolic form for the group" (ibid 26).

Basically, Kleinman is saying that illness takes on meaning as suffering because of the way this relationship between body and self is mediated by cultural symbols of a religious, moral or spiritual kind; this is evident in relation to 'leprosy'. He also takes on Shutz's (1968) theory; he states that we can view the individual in society as acting in the world by taking up a common-sense perspective on daily life events, that this perspective comes from a local cultural system as the accepted way of conceiving (and thereby replicating) social reality (Shutz quoted in Kleinman 1988: 27). Kleinman highlights Keyes's (1985) viewpoint also; he points out that, when we meet up with the resistance offered by profound life experiences, we are shocked out of our common-sensical perspective on the world. He says that we are duly forced into a situation where we must adopt some other perspective on our experience. One may take up a moral perspective to explain and control disturbing ethical aspects of our troubles, or a religious perspective to make sense of and seek to transcend misfortune, or, increasingly a medical one to cope with our distress (Keyes quoted in Kleinman 1988: 27).

Kleinman tells us:

> "In traditional societies, shared moral and religious perspectives on the experience of life crises anchor anxieties in established social institutions of control, binding threat in webs of ultimate meaning" (ibid 27-8).

He makes use of the words 'traditional societies' here, which could be perceived as, or seen to be singling out a particular type of society; however, this is not the case. Basically, Kleinman sees medicine as a window into the entire order of society, morally or otherwise. He sees meaning emanating from, or acting as a reflection of the particular society in hand. In medieval Irish society, the medical system reflected specific aspects of society; the religious and moral system are but one of these aspects. Nonetheless, Kleinman explains that in different cultures and societies, different explanatory models are offered to explain cause and meaning of illness and adversity. Kleinman tells us that:

> "Explanatory models are responses to urgent life circumstances. Thus they are justifications for practical action more than statements of a theoretical and rigorous nature. Indeed they are most often tacit or at least partially so. Not infrequently, they contain contradictions and shift in content. They are our representations of the cultural flow of life experience, consequently, they congeal and unravel as that flow and our

understanding of it firms up in one situation only to dissolve in another"(ibid 121-122).

These models provide a recipe for action in situations of illness or misfortune. They are the notions that patients, families, and medical specialists have about a specific illness episode. According to both Kleinman and Glick, generally speaking, ideas and practices surrounding illness and disease are for the most part inseparable from the domain of religious beliefs and practices. They tell us that illnesses are said to be caused by gods, ghosts, angry ancestors, demons, spirits, and other so-called supernatural beings; or they may be attributed to human beings who are in some way able to mobilize unusual powers e.g. witches, sorcerers, evil shamans. They point out that within the former context, curing may involve visions, guardian spirits, invocations, sacrifices, manipulation of sacred objects, and so on; also, it is not uncommon to find curers who cause illness as well as to cure it (Kleinman 1988: 8, 18, 121; Glick 1967: 32-3).

It is important to point out at this juncture that Kleinman (1995) expresses his concern over the terms 'explanatory models' being misapplied as:

"An entification of medical meanings as 'beliefs': things that can be elicited, often outside the virtual context of experience, like the reading of the pulse, and coded as a clinical artefact" (Kleinman 1995: 8).

He tells us that he meant the explanatory model technique to be advice that would privilege meanings, especially the voices of patients and families,

and that would design respect for difference. Kleinman maintains that explanatory models continue to be useful, but ethnography has moved beyond this early formulation (ibid 8-9).

In hagiographical accounts, a clear religious and moral perspective was taken where illness was concerned. It is important that we accept that this was a powerful explanatory model found in medieval Ireland; it clearly reflected the belief system. In the annals, we find a religious perspective also; however, it is not nearly presented to the same degree as found in the hagiographical material. As stated in my chapter 'Introduction', the annals and law texts are part of a 'Naturalistic Model'; this type of model is not in the same domain as the 'Christian (religious) explanatory model'. It is a model which contains aspects relating to the cause, treatment and legalities of disease and illness; these aspects derive from the natural world and are treated and addressed from this perspective.

Different explanatory models addressed cross-culturally in the anthropological literature show similarities to the 'Christian (religious) explanatory model'; their underlying functions and purpose are essentially the same. For example, witchcraft among the Ibibio of Nigeria in sub-Saharan Africa is seen to be responsible for a virtually all misfortune, illness or death. In the Ibibio world, witchcraft is used to deal with everyday crises, especially sickness. The sickness seen to be caused by a witch's curse can be cured by magical countermeasures. Witchcraft provides an explanation for many happenings for which no other cause can be discovered (Kleinman 1988; Haviland et al 2005).

Kleinman states that:

> "The plot lines, care metaphors, and rhetorical devices that structure the illness narrative are drawn from cultural and personal models for arranging experiences in meaningful ways and for effectively communicating these meanings…these model texts shape and even create experience. The personal narrative does not merely reflect illness experience, but rather it contributes to the experience of symptoms and suffering" (Kleinman 1988: 49).

Kleinman writes that in each cultural and historical period, there are different ways to talk about disease and illness. There is a wide variety of symptom terms, and there is a wide array of understandings of meanings of these terms. For example, he tells us that members of Western societies who follow biomedicine view the body as a discrete entity, a thing, an 'it', machine-like and objective, separate from thought and emotion. On the other hand, Non-Western societies view the body as an open system linking social relations to the self, a vital balance between interrelated elements in a holistic cosmos (ibid 8, 10, 11, 15).

Kleinman's theories lend support to the religious and cultural meaning attached to illnesses. He points to the importance of examining the beliefs found in a particular society; it is these beliefs that aid understanding of the particular meaning attached to illness terms. As you will see, in my chapter 'Annals', there are six Old Irish terms which the English term 'leprosy' have been

applied; these are *leprosus, sámthrosc, bolgach, lobhraibh, claimh* and
clamtrusca.

Nevertheless, application of several terms to one particular ailment is not
specific to medieval Ireland; in fact it occurs in many cultures. This occurrence
is generally linked to local interpretations of the particular disease; it is also
based on the similarity of its appearance with other diseases.

Stigma

According to Kleinman, certain symptoms and illness categories bring
particularly powerful cultural significance with them, often of a stigmatising
kind. However, it was Erving Goffman (1990), who made a major contribution
to the understanding of the effects of the stigmatising process. He tells us that:

"The Greeks originated the term stigma to refer to bodily marks
designed to expose something unusual and unacceptable about the moral
status of the signifier" (Goffman 1990: 11).

He writes that these signs were cut or burnt into the body and advertised
that the bearer was a slave, a criminal, or a traitor, a blemished person, ritually
polluted, to be avoided, especially in public places. Goffman points out that
later in Christian times two layers of metaphor were added to the term: the first
referred to bodily signs of holy grace and took the form of eruptive blossoms on
the skin; secondly, a medical allusion to this religious allusion referred to bodily
signs of physical disorder (ibid).

He tells us that for those branded with stigma the choice of masks or roles becomes limited. The community responds in a variety of ways to this stigma, but in general, "we exercise varieties of discrimination, through which we effectively reduce his life chances" (ibid 15). According to Goffman, society establishes the means of categorising persons and the complement of attitudes felt to be ordinary and natural for members of each of these categories. He maintains that social settings establish the categories of persons likely to be encountered there (ibid 12). He points to the fact that:

"The routines of social intercourse in established settings allow us to deal with anticipated others without special attention or thought. When a stranger comes into our presence, then, first appearances are likely to enable us to anticipate his category and attributes, his 'social identity' (ibid).

However, when a stranger presents himself/herself, evidence can arise of them possessing an attribute that makes him different than others in the category of persons available for him to be, of a less desirable kind in the extreme; a person who is quite thoroughly bad, or dangerous, or weak. Goffman points out that he is thus reduced in our minds, from a whole and usual person, to a tainted discounted one. He tells us that such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is called a failing, a shortcoming, a handicap. Goffman makes an important point here; he tells us that not all undesirable attributes are at issue, but only those which are

incongruous with our stereotype of what a given type of individual should be (ibid 12-13).

Similarly, Mary Douglas (1966) points out that whatever we perceive is organised into patterns which we the perceivers are largely responsible for. She tells us that, as perceivers, we select from all the stimuli falling on our senses only those which interest us, and our interests are governed by a pattern-making tendency called *schema*. Douglas explains that each of us constructs a stable world in which objects have recognisable shapes, are located in depth and have permanence. She tells us that, in perceiving, we take some cues and reject others. The most acceptable cues are those which fit most easily into the pattern that is being built up. Ambiguous ones tend to be treated as if they harmonised with the rest of the pattern; discordant ones tend to be rejected. Douglas uses the term 'anomaly' to describe the elements which do not fit a given set or series (Douglas 1966: 36-37). This is similar to what Goffman points out to in relation to stigma and incongruous components.

Nonetheless, Goffman points out that there are three grossly different types of stigma; (1) abominations of the body, (2) blemishes of character, and (3) tribal stigma (ibid: 14). Illness in medieval Ireland falls mainly into the first two categories, but has aspects of the third. Physical manifestations of illness set people apart, for example, *clamh, leprosus, sámthrosc, bolgach, lobhar, clamtrusca* 'leprosy', *bacach* 'the lame', *dall* 'the blind', *bodhar* 'the deaf'; or collectively, groups of people suffering from epidemic or pestilence such as *buidhe conaill* 'yellow plague', *bléfed* 'Bubonic plague', *bolgach* 'Small-pox', and *scamach* 'Influenzal Pneumonia'. We can say that all of the above displayed visual manifestations of physical defect, thus, they were of a

stigmatising nature. 'Leprosy' is the most notable in this particular category of stigma; in my chapter 'Hagiography' I provide evidence of the stigma attached to this disease.

Nonetheless, we must bear in mind that there were a number of terms for certain ailments which later translators (19th century) have termed 'leprosy'; these are found in the hagiographical material and the annals. In my chapter 'Methodology' in the section titled 'Leprosy', I have discussed the various terms, definitions (DIL and Mac Arthur) and meanings (Brody) in relation to this disease. However, the important issue here is to remember the connotations and stigma which were created by physical manifestations of disease on the skin.

Goffman tells us that:

> "An individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated" (ibid 15).

Brody discusses 'leprosy' in particular; he tells us that, apart from being physically disfiguring and contagious, to suffer from this disease led to one to being treated as a social outcast and moral degenerate. 'Leprosy' terrified medieval man as he could suffer his disease for years which meant he was at society's mercy for years. In one place, lepers might be bathed and fed, but in

another burned alive; the leper was the object of vilification and of sympathy. The leper was seen as sinful and meritorious, as punished by God, and as given special grace by him (Brody 1974: 60).

We have to bear in mind that 'leprosy' was a significant disease to suffer from; it had a host of meanings and had many implications for the sufferer. However, these moral associations are not the exclusive property of the bible, nor were they confined to Western culture. For example, Chinese attitudes toward leprosy have been shown to be comparable to European attitudes such as those expressed in the Bible, and totally independent of them.

Goffman asks the question, how does the stigmatised person respond to his situation? He tells us that:

"In some cases it will be possible for him to make a direct attempt to correct what he sees as the objective basis of his failing, as when a physically deformed person undergoes plastic surgery, or a blind person eye treatment, an illiterate remedial education…"

People in medieval Irish society may not have had such options; however, they found other ways to compensate for their stigma. In some cases, stigma was transformed into power. Goffman tells us that:

"The stigmatised individual can also attempt to correct his condition indirectly by devoting much private effort to the mastery of areas of activity ordinarily felt to be closed on incidental and physical grounds to one with his shortcoming" (ibid 20).

For example, we find a number of professional poets (*fili*) were blind. The profession of poet was predominantly hereditary; however, strangely enough, a large majority were blind; this was usually denoted by the term *caech* followed by the person's name. For the blind poet, memory was his ticket; he had to learn to thoroughly commit everything to memory. Goffman describes this in terms of "tortured learning" or "tortured performance of what is learned" (ibid 21).

Kelly tells us that the poet's most important function was to satirise and to praise; he was seen to have supernatural powers, with some of these powers being used for a destructive purpose. Kelly points out that legal commentary states that the chief poet (*ollam*) should remain in the king's presence to protect him from sorcery; he is also frequently accredited with the power of prophecy similar to that wielded by the druids. The poet was also seen as somebody of high status (Kelly 1998: 43, 44, 46).

The crucial thing to remember in relation to the poet and the disability he held (blindness), is how he turned this short-coming into a source of power. We must remember that a poet had high status regardless of whether he had sight or not; he was viewed as a person with supernatural attributes. We must note what Goffman tells us in relation to this:

> "We tend to impute a wide range of imperfections on the basis of the original one, and at the same time to impute some desirable but undesired attributes, often of a supernatural cast, such as 'sixth sense', or 'understanding' " (ibid 15-16).

In this case, the supernatural aspect must have been two-fold. Firstly, the blind person was able to overcome his stigma and become a poet; this displayed a powerful ability in itself. Secondly, the profession of poet was shrouded with mystery and related to the supernatural. These two elements combined, i.e. overcoming the stigma of being blind, fused with the supernatural personage of the poet, meant that the blind person was able to make a major contribution to society. He had compensated for his stigma, and transformed it into a source of power in society. As a result, he was given respect. Goffman tells us:

"In making a profession of their stigma… instead of leaning on their crutch, they get to play golf with it, ceasing in terms of social participation, to be representative of the people they represent" (ibid 39).

The blind person had earned a high occupational position as poet; he ceased to be seen solely for his stigma, he was seen also for his profession. Nevertheless, in this, he did come to serve as representative of a stigmatised category also.

In the case of 'leprosy', it was slightly different. As I have stated earlier, to suffer from this stigma was somewhat confusing. It mainly had negative connotations; however, it was also seen as a sign that God had chosen to grant a person's soul salvation, it was perceived as a gift. In the latter case, the person suffering was given power; he was seen to be singled out by God which was part of the biblical miracle of doing things. He may have been different to the

rest of the group as he was deprived in certain areas; however, the stigma was transformed into power as it was connected with election.

Cultural and Social Control

There are a range of control mechanisms identified by anthropologists to be found in various societies. Radcliffe-Brown was the anthropological forefather in this area so to speak. His initial work centered on religious and ritual sanctions; he saw them being dependent on a system of belief. He pointed out that some people avoid certain types of behaviour out of fear of retribution, e.g. from ancestral ghosts, while others regulated their lives in a way conducive to a favourable position in a life after death. He spoke of the terrible threats of hell preached in Christian, Muslim and Buddhist faiths, which acted as strong forces for control; he also saw the positive images of heaven and nirvana acting as powerful forces.

Radcliffe-Brown made an important distinction between positive and negative sanctions. He helped identify some of the positive forces for action which are present in contemporary society; positive sanctions include material rewards such as prizes, titles, and decorations. They also include things less easy to define such as the good opinion of neighbours and workmates, prestige and status within the community, and general support and success in social activities. Negative sanctions, on the other hand, are those which form some kind of penalty for stepping out of line, for behaving in a way which is unacceptable to members of the wider society. He tells us that these include definite regulated punishments such as the fines and prison sentences meted out by the courts of law (Radcliffe-Brown 1952: 207).

Contemporary anthropological literature confirms and reflects Radcliffe-Brown's theories. Roberts, Hendry and Haviland tell us that cultural or internalised control mechanisms are a common way in which people become responsible for their own conduct. All point to this type of control being rooted in beliefs and values that are deeply internalised in the minds of individuals. They point out that these ideas are imbedded in the consciousness of an individual, and rely on deterrents such as fear of supernatural punishment, magical retaliation, and hell. The latter fear, that of 'hell', was one form of cultural control in medieval Ireland; this control may also have been seen as a religious sanction. Christianity and its doctrine offered heaven to those who did not sin, and held the threat of punishment of hell for those who did sin. This acted as a boundary for the individual; avoidance of sinning out of love for God, and fear of hell as punishment acted as an internal control by which individuals could monitor their own behaviour (Radcliffe-Brown 1952; Roberts 1979: 11, 17, 18, 19, 30, 31; Haviland et al 2005: 601; Hendry 1999).

Anthropologists have striven for a long time to make sense of the ways in which societies on varying levels of scale and complexity handle order and dispute, in both an internal and external way. They have looked at the way societies have created and maintained social order, and reduced social disorder. The definition of law was a lively point of contention in the 20th century. Bronislaw Malinowski argued that the rules of law are distinguished from the rules of custom in that "they are regarded as the obligation of one person and the rightful claim of another, sanctioned not by mere psychological motive, but by a definite social machinery of binding force based… upon mutual dependence" (Malinowski 1951 [1926]: 55). His definitions however were seen

to be too broad by many and suffered rejection by many anthropologists. Pospisil (1972) defines law as 'rules or modes of conduct made obligatory by some sanction which is imposed and enforced for their violation by a controlling authority'. Pospisil's emphasis here is the potential sanctions emanating from a controlling authority (Pospisil 1958).

Joy Hendry tells us that every society needs mechanisms which ensure that its members behave for the most part in a reasonably ordered fashion. In the cosmopolitan world there are laws, together with systems of policing and courts which execute the enforcement of these laws. There are also prisons and other institutions to exact punishment or rehabilitate offenders. There are norms of behaviour which may or may not coincide with these laws; people learn these norms as they grow up within social groups, and everywhere there is some kind of reaction on the part of most other people if these norms are transgressed. Details vary from one group to another, indeed, within one group also, but some form of social control is found everywhere (Hendry 1999: 148, 162).

According to Simon Roberts, the handling of disputes or injuries differs markedly from one place to another. In some places settlement-directed talking represents the preferred method of dealing with this, whereas in others fighting is the approved means. He sees neither kind being explicable in terms of mode of life or form of social organisation; yet he sees both being closely related to the dominant values held within a particular grouping. In Roberts' view, a legal system plays an important part in every society; either as ensuring compliance with mutually-agreed rules, or as a means through which a few members of society manage to exercise power over the rest. He points out that, even though our legal systems are prominent, we must recognise from the beginning that

they represent a special feature of one society, which will not necessarily be duplicated (Roberts 1979).

Roberts goes on to discuss the permitted exercise of inter-personal violence. He tells us that here the principle is very often a reciprocal one, where a limited amount of interpersonal violence is seen as an appropriate response to the suffering of that which has been incurred. Thus, vengeance is approved in some societies, although usually only up to the limit of the hurt received, as in an 'eye for an eye, a tooth for a tooth' (Roberts 1979). No doubt vengeance attacks were carried out in medieval Ireland; however, when formal sanctions were put in place, this practice more than likely filtered out. This is not to say that this form of retaliation did not take place anymore; we see many broken bones and injuries cropping up in these texts as a result of various forays and battles.

Leopold Pospisil (1972) points out that, in order to look at what law is, one must look at a culture as a functionally and structurally related whole; no segment of it is non-relevant. He writes that law is not an autonomous institution, but rather an integral part of a culture. He sees law as part of 'living law,' created and carried on by members of a particular society, a social phenomenon that is ever-changing because of human action. He tells us that, therefore, law can be viewed as a dynamic phenomenon, and not as a set of petrified or very slowly changing rules whose main role is to maintain a status quo. Nevertheless, there are some exceptions to what Pospisil states. He points out that law is a social phenomenon which is 'ever-changing; this is not always the case. Sometimes there are external factors which influence the writing and evolution of laws. A prime example is the Viking invasions which took place

during the 8th, 9th and 10th centuries in Ireland. During this turbulent period, laws became stagnated. No new laws were written; writers turned their attention to the writing of commentaries and glosses on existing manuscripts instead.

Sally Falk-Moore (1978) concurs with Pospisil when she points out that anthropology has classified legal systems in a variety of ways for different purposes, but the underlying premise of all of this classification is that there is an intimate relation between law and society; law is part of social life in general, and must be treated analytically as such. She tells us that not only does every society have law, but virtually all significant social institutions also have a legal aspect. This means that to master the whole legal system of one society, procedural and substantive, one must master the whole institutional system of that society from citizenship and political place to property and economic relations, from birth to death, and from dispute to peaceful transaction. Anthropologists pay attention to social context; they see the legal system as part of a wider social milieu (Falk-Moore 1978: 215, 218). Haviland (2005) sums up the above when he tells us, 'law reflects a society's basic postulates, so to understand any society's laws, one must understand the underlying values and assumptions' (Haviland et al 2005: 605).

According to Haviland, the study of social class and other categories of social stratification involve the examination of distinctions that seem to be unfair and outrageous at times. He tells us that stratified societies are those in which people are hierarchically divided or ranked into social strata, or layers, and do not share equally in basic resources that support survival, influence and prestige. He points out that members of low-ranked strata, typically have fewer privileges and less power than those in higher ranked strata. The restrictions and

obligations they face are usually more oppressive, and they must work harder for less reward. This is clearly reflected in BC and BDCh, where compensation and penalties due were commensurate with one's rank.

Another aspect of society we see being reflected in the laws of sick-maintenance was the reciprocal principle; this was tied closely to the economic and kinship systems. Hendry tells us that:

"Reciprocal principles are useful in bringing about a neutralization of the infringement of rules and norms of society" (Hendry 1999: 155-6).

Hendry points out that the reciprocal principle enabled the balance of social order to be restored to society, and important social ties regained. She says that this is an important aspect from an economic point of view as many are dependent on neighbours or distant kin for exchange of goods, cooperation for agricultural and defensive purposes, and the devolution of rights over land and movables from one generation to the next.

From anthropological readings, we can see that in most societies there is a system whereby formal rules are applied in relation to the ordering of society. Penalties, fines, compensation and imprisonment are handed down in most of contemporary society; medieval Ireland was not much different. Every system of law is unique in some aspects; however, the common underlying factor in all law and legal rules is that it is present to protect, and to create order. Both BC and BDCh, the two medico-legal texts which I discuss in my chapter 'Law' are very intricate and complicated; they address the minutest details in medical practice. Their presence indicates the importance of both the medical and legal

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system. They contain much detail related to the rank and status of the person concerned; they also supply us with much information related to society. Through them, we can see strong connections to the kinship system, political system, religious and economic systems.

Ritual, Contagion, Pollution

Matters concerning ritual, contagion and pollution present themselves quite strongly in this thesis; in particular, they have played an important role in healing performed by the saints. There has been much written by anthropologists in the area over the decades. Nevertheless, there has been some contention also. Hendry (1999) points out that many anthropologists have disputed the length to which an outsider should go in the interpretation of the symbolism of another people. This is an area which is fraught with debate; however, it is not a discussion that can be covered in this thesis, it is an area which we should be aware of at the very least.

Hendry tells us that symbols can be regarded as the smallest units of ritual, and we can learn a lot by examining them in their own right. She points out that anthropologists interpret symbols differently in different subjects; these symbols depend very much on the society in which they are found. Symbols express aspects of the ideology of a particular group; they are understood within a specific social and moral system. A set of symbols might mean something quite different to members of another social group (Hendry 1999: 82). We must bear this in mind while looking at symbols found in the saints lives; they are Christian religious symbols.

Fiona Bowie speaks of rituals, saying that they have many functions, both at the level of the individual and for groups or societies. She points out that they can channel and express emotions, guide and reinforce forms of behaviour, support or subvert the status quo, bring about change, or restore harmony and balance. She tells us that rituals also have a very important role in healing. They may be used to maintain the life forces and fertility of the earth, and to ensure right relationships with the unseen world, whether of spirits, ancestors, deities or other supernatural forces. Bowie's preferred definition of ritual is one given by Bobby Alexander. He tells us that:

"*Ritual* defined in the most general and basic terms is a performance, planned or improvised, that effects a transition from everyday life to an alternative context within which the everyday is transformed." (Alexander quoted in Bowie 2000: 153).

Bowie also gives Victor Turner's definition of *religious* ritual; this she describes as probably one of the best definitions. He describes *religious* ritual as:

"Prescribed formal behaviour for occasions not given over to technical routine, having reference to beliefs in mystical (or non-empirical) beings or powers regarded as the first and final causes of all effects" (Turner quoted in Bowie 2000: 153).

Bowie makes the following point herself:

"The succession of a culture's most deeply held values from one generation to another may be facilitated by means of ritual" (ibid 151).

She also points out that they are intimately connected with violence, destruction and scapegoating. In medieval Irish society, some people tapped into the saints' power to procure healing for whatever their particular illness or ailment was. The saints, in carrying out these rituals of healing, healed the sick, reinforced and strengthened religious faith for the people, restored harmony, and reiterated both their relationship with God, and the power that he held. It is important to point out here that we must not view rituals of healing in terms of the religious solely. Alexander points out that ritual is a performance, planned or improvised, and that this performance effects a transition from everyday life to an alternative context within which the everyday is transformed. The *liaig* engaged in rituals of healing also; however, his performance was generally planned, and somewhat of a different nature; it was more akin to ritual associated with the biomedical category.

Bowie also makes another point which is relevant to rituals of healing. She tells us that:

"rituals can be seen as performances, which involve both audiences and actors; it is not a universal, cross-cultural phenomenon, but a particular way of looking at and organising the world that tells us as much about the anthropologist, and his or her frame of reference, as the people and behaviour being studied" (ibid 151).

Generally speaking, in the saints' lives, these healing rituals were carried out in the presence of an audience of people. The purpose of this may have been two-fold; firstly, the person in question was healed of illness, and secondly, it was an opportunity for the saint to showcase his/her ability and power which in turn reinforced belief in God and Christianity. Likewise, the *liaig* carried out his healing performance in the presence of others. For him/her, this involved doing his utmost to cure and heal the person or people in question; it also reinforced his ability, position, and status in society as a healer.

Likewise, other forms of rituals were carried out to prevent or ameliorate any form of adversity; these kinds of rituals are foremost in the annals. Haviland et al (2005) call these rituals, rites of intensification. These are rituals which take place during a crisis of a group, and serve to bind individuals together. They point out that whatever the precise nature of the crisis, a drought that threatens crops, the sudden appearance of an enemy war party, the onset of an epidemic, then mass ceremonies are performed to ease the sense of danger. They tell us that this unites people in a common effort, so that fear and confusion yield to collective action and a degree of optimism. The balance in the relations of all concerned is restored to normal and the community's values are celebrated and affirmed (Haviland et al 2005: 633). In the annals, communal prayer and fasting was carried out in order to prevent the onset of illness and plague; this was carried out to prevent crop failure also.

Fiona Bowie (2000) discusses instrumental versus expressive approaches to ritual. In her discussion she addresses the debate between the *intellectualists* who, following Tylor (1871), viewed religion as a means of explaining the universe, and the *symbolists,* following Durkheim (1976), who

see religion as a symbolic language that makes statements about the social order. She tells us that this has had a significant impact on ritual studies (Bowie 2000: 157). John Beattie was a representative of the symbolist school; he covered much pioneering groundwork for the field of anthropology, ritual and symbolism. He pointed out that everyday existence is surrounded by unpredictable and sometimes terrifying hazards, of which mortal illness is not the least. He writes that there may have been a body of empirical knowledge concerning health treatment, but this may not have explained, or given answers to everything; natural occurrences concerning weather and failing crops may not have been explainable either. According to Beattie, the above instances are dealt with symbolically and expressively instead. He says that a society may spiritualize the universe; this is done by endowing the force which was threatening them with mystical attributes. By doing this, the people would at least have something to engage with. In times of plague or misfortune, he points out that the particular deity or force is invoked to avert or ameliorate the negative occurrence (Beattie 1964).

Beattie's work was very valuable, however, his investigation into the natural/supernatural dichotomy and his additional work on symbolic activity proved to be problematic later on; it came across as particularly ethnocentric. Nevertheless, Beattie had recognised the unacceptable ethnocentricity of terms such as *supernatural* (and *magic,* and even *sacred* and *profane*). He pointed out that:

> "The trouble with such distinctions is that very often they commit the
> cardinal sin of social anthropology, by imputing to another culture a

kind of category-making which is characteristic of our own practically oriented, 'scientistic' society" (Beattie 1964b: 203).

Morton Klass (1995) subscribes to Beattie's viewpoint above; however, it was Beattie's so-called reformulation or solution to the above problem which prompted criticism. This solution was meant to make it possible to maintain the old distinction of natural-supernatural, and also for the explanation of the terms 'expressive' and 'instrumental' to remain valid. Beattie used the terms 'symbolically expressive' and 'instrumentally effective' in symbolic procedures or rites. He used the former term to reflect the type of action taken by people whom believed would produce a desired state of affairs, or prevent an undesired one. The latter term 'instrumentally effective' he used to describe a desired outcome to the action taken (Beattie 1964: 202). Beattie's 'new' reformulation stated:

> "There is, none the less, a distinction between these two kinds of activities [natural and supernatural], even though both of these may be regarded as equally "natural", and although the distinction cannot always be clearly formulated by the members of the cultures concerned. It rests simply on the presence or absence in what is done of a symbolic element, in which something is standing for something else. This means that the whole procedure, or rite, has an essentially expressive aspect, whether or not it is thought to be effective instrumentally as well. In every rite something is being said as well as done. The man who consults a rainmaker, and the rainmaker who carries out a rain-making

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ceremony, are stating something: they are asserting symbolically the importance they attach to rain and their earnest desire that it shall fall when it is required" (Beattie 1964).

Klass maintains that this new dichotomy put forward by Beattie was indistinguishable from the one it was supposed to replace. He points to the fact that Beattie still remained ethnocentric in his explanation; he writes that this ironically was the very element which Beattie hoped that he would not reflect. Klass asks an important question:

"When Beattie draws our attention to the symbolic content of consulting a rainmaker, are we not compelled to observe that there is an exactly equivalent symbolic content to the act of consulting an agricultural expert?" (Klass 1995: 31).

In Klass's view, in both cases we see "an expressive act"; one reflects the desire for rain, and the other reflects the desire for healthy plants. He tells us that what "is being said" symbolically in both cases is that the farmer is concerned about his crop and engages in the action taken (the consultation with an expert) in the hope that it will contribute to an eventual successful crop. Klass narrates that it is true in both cases (that of the rainmaker and that of the agricultural expert) that we can detect symbolic content, but it is equally true that in both cases, the farmer believes the action will be "instrumentally effective". Klass points to the fact that we believe there is nothing instrumentally effective about the rainmaker's actions, it is after all, nothing

more than a rite-whereas we are sure (perhaps surer than the farmer) that the agricultural expert's advice and materials will indeed be instrumentally effective (ibid).

The above investigations by Beattie into symbolic activities and the subsequent reformulation by Klass place a particular perspective on ritual. They highlight the importance of context and create awareness in relation to all symbolic activity which is present in ritual, and not just one aspect. However, we must be aware that the 'instrumental-expressive' perspective has a long history; there are many conceptual understandings of these dimensions which have been used to express a wide variety of situations and actions. For this thesis, it is important that the wider application and meaning of these two terms is identified, and the reader is oriented towards my specific usage of the 'instrumental-expressive' dimension. I do this with awareness that; it is far beyond the scope of this chapter, or indeed this thesis, to illustrate every category of its occurrence. The following is a brief synopsis of various interpretations and contexts attributed to these two terms; they provide a background to the exploration of 'instrumental' and 'expressive' dimensions in relation to ritual.

Many scholars have employed these two terms in order to describe particular aspects of society, roles people take, and various actions carried out; these two terms have binary meanings. For example, Chick (1998) in his discussion 'leisure and culture' points out that anthropologists rarely use the word *leisure* to describe activities or events in the cultures that they study. Instead, they encompass leisure and entertainment with the rubric "expressive culture". Chick points out that human culture have both instrumental-utilitarian

aspects and expressive aspects. He tells us that instrumental-utilitarian aspects involve economic systems, political systems, kinship systems, and the like, and expressive aspects comprehend the way in which people express themselves; their emotions, beliefs, and feelings; and the ways in which they seek diversion and pleasure. Nonetheless, Chick's application of these two terms is in relation to leisure activities. He sees expressive culture being roughly divided into the arts and entertainment. He tells us that the arts subsume such things as the plastic and graphic arts, music, dance, drama, and narrative; entertainment includes play, recreation, leisure, and sport. Further, music or drama may be art for some, but entertainment for others. Chick says that virtually all instrumental things or activities also contain expressive elements, whereas few expressive things or activities lack at least some instrumental coloration (Chick 1998: 111).

Talcott Parsons asserted that there were two dimensions to societies: "instrumental" and "expressive" aspects. By this he meant that there are qualitative differences between kinds of social interaction. Essentially, he observed that people develop two types of relationship: formally detached and personalised, and these are based on the roles that they play. The characteristics associated with each kind of interaction he called "pattern variables". Some examples of expressive societies include families, churches, clubs, crowds, and smaller social settings. Examples of instrumental societies include bureaucracies, aggregates, and markets (Parsons 1964).

As we can see, these two terms have a wide usage; they convey different aspects of society, portray different actions carried out, and are specific to the frame of reference from which they originate. The healings carried out in the saints' lives have specific instrumental-expressive aspects. For example, in

many of the lives, a person, or a group collectively, who were suffering from a particular illness or pestilence conveyed their concern over their health/well-being, and showed a wish to be cured. Consequently, he or they took action by approaching a saint for healing. People approached the saint in the belief that the saint could cure them of whatever illness or pestilence they were suffering from.

Similarly, another person, or group of people suffering, may have dealt with health-related issues differently. They may have taken a different approach than the former means. They may have taken action by seeking out the *liaig* for healing; this too conveyed the importance of health for the person or group, and also related a wish to be cured. People approached the *liaig* in the belief that that they could be cured of whatever they were suffering from.

Likewise, a person, or people may have chosen to take both avenues. They may have consulted a saint in the belief that they could be cured, and subsequently visited the *liaig* for help with a cure also. Both actions were undertaken in the belief that some sort of cure could be achieved; the two avenues were viewed as being equally effective in their outcome. Both of the above means contained 'expressive' and 'instrumental' aspects. These two routes were taken independently or together, on the premise that these actions were going to be 'instrumentally effective'.

The saints may have healed illness; however, these healings may have also had important psychological and social consequences for the particular community. Their acts endorsed a specific set of morality; they reinforced Christianity, and fostered particular types of cultural or internalised control mechanisms which were related to this belief system.

There were many elements in health and healing in medieval Ireland tied to pollution, danger and contagion beliefs. Mary Douglas (1966) wrote extensively on this area. She focused on some interesting ideas, one being dirt; this she defines as 'matter out of place'. She tells us that:

"It implies two conditions: a set of ordered relations and a contravention of that order. Dirt then, is never a unique, isolated event. Where there is dirt there is system. Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements" (Douglas 1966: 35).

In this, then, dirt is seen as disorder; it is also an expression of a symbolic system. She tells us that reflection on dirt involves reflection on the relation of order to disorder, being to non-being, form to formlessness, and life to death. Douglas points out that when we try to categorise different elements to create an ordered series, we sometimes find that all these elements do not fit into a neatly organised format. Those elements which do not fit in are seen to be anomalous; ideas about contagion can be traced to reaction to anomaly. Douglas says that anomalous things may be labelled dangerous as people feel anxiety when confronted with them (Douglas 1966: 5, 35, 39).

Douglas also believes that some pollutions are used as an analogy for expressing a general view of social disorder. These pollutions are also thought dangerous and carry a heavy symbolic load; they are referring to Douglas's ideas surrounding 'dirt'. If we know that 'dirt' implies a set of ordered relations, and a contravention of that order, then, any form of illness and disease had to be

rejected to bring back health and normal order. Douglas enlightens us to the fact that the objects and substances used in particular acts were potent symbols; this we can see in healings found in the hagiographical material and the annals, where objects and substances were used as conductors of healing and purity (Douglas 1966: 5, 3, 35, 39).

Douglas looks to the Old Testament and Leviticus in particular to discuss certain concepts, one in particular being holiness. She tells us that the root of the term holiness means 'set apart', but she points out that we need to look at its total meaning. Douglas in her inquiry suggests we seek the principles of power and danger; she tells us that in the Old Testament we find blessing as the source of all good things, and the withdrawal of blessing as the source of all dangers (ibid 49, 50). Douglas points out that the blessing of God makes the land possible for men to live in; she reinforces this by quoting Deuteronomy (Deut. xxviii, 1-14):

> "God's work through the blessing is essentially to create order, through which men's affairs prosper. Fertility of women, livestock and fields is promised as a result of the blessing and this is to be obtained by keeping covenant with God and observing all his precepts and ceremonies. Where the blessing is withdrawn and the power of the curse unleashed, there is barrenness, pestilence, confusion" (ibid 50).

In Douglas's view, another idea emerges with regard to 'Holy'; that is, the idea of wholeness and completeness. She tells us that much of Leviticus is taken up with stating the physical perfection which is required of things

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presented in the temple and of persons approaching it. Leviticus tells us that the animals offered in sacrifice must be without blemish, women must be purified after childbirth, and lepers should be separated and ritually cleansed before being allowed to approach it once they are cured. All bodily discharges are seen to be defiling and polluting, and inhibit approach to the temple.

For example, in the life of St Brigit in the Book of Lismore, Brigit cures two dumb women using the blood from her own body. This followed the rules of physical perfection and holiness found in the Old Testament which Douglas outlines. It seems being holy meant that one had to be whole and complete, without imperfection.

Blood is very significant in the above entry also, as Brigit uses her own blood from a wound to cure these women. David Biale puts forward various interpretations on the symbolism and meanings surrounding blood. This adds weight to, and understanding of the use of blood in this particular ritual. He speaks of the way blood inhabits the imagination as both substance and symbol, that there is a human intuition that blood means life and therefore contains extraordinary symbolic power. Biale tells us that blood is a matter not only of belief, but also of practice. In rituals such as sacrifice, circumcision, and the Eucharist, the most physical of objects, blood or wine, come to symbolize the most mysterious and spiritual of entities. In Christianity, this is the mystical blood of Christ. However, he tells us that there are a whole host of contradictions concerning blood and the interpretation given in the Old Testament. Leviticus gives contradictory rules concerning menstrual blood, and Numbers contradicts Leviticus with regard to purifying the land from defilement of murder which is related to blood (Biale 2007: 4, 10).

Jacob Milgrom offers one of the most comprehensive surveys on biblical blood. He gives us an insight into the symbolism and meaning associated with blood. He tells us that blood was a ritual detergent; it was used by priests in the temple in order to purify the Sancta after they had been contaminated. He also points out that the blood from different expiatory sacrifices was also used as part of a process of atonement for inadvertent sins. In all of Milogrom's propositions, blood serves as a medium for purification or atonement (Milogrom 1991).

Demons

We see in both the annals and hagiographical material that 'demons' were a causing agent of illness. In the following discussion, I look to interpretations, anthropological and otherwise surrounding 'demons'. Demons were understood in Christian belief. They may have been feared and rejected; however, they were directly linked to the 'Christian (religious) model'. Demons in medieval Ireland had to be believed; not only were they seen to cause disease, they were seen as a disrupting force to social order. On this basis alone, they had to be rejected from society; they brought chaos and disorder. Demons not only caused this illness, but were an intrusion. Mary Douglas's (1966) theories of pollution and 'dirt' help us understand aspects of this intrusion. Pattison (1985) also gives a similar analysis when he speaks of the eruption of demons in a society. He points to the personification of social evil in demons, and a displaced social protest in the form of accusations of witchcraft and personal experiences of possession. He sees the occurrence of demons evolving from a crumbling social structure and social institutions.

Collins (1978) tells us that demons, spirits, ancestors, and gods all exist as realities in the human lives; they possess the power to harm and harass the living. They may have aided their human consorts from time to time, but generally they were seen as being responsible for diseases, injuries, or group disasters. There is goodness in every society; however, evil is brought about through human weaknesses and transgressions that invite the evil nature of supernatural agents. Collins points to the malicious acts of these agents, and how they tended to inflict pain and anguish on the innocent as well as on those deserving of punishment (Collins 1978: 195). Clark (1997) also draws our attention to the fact that demons are religious entities; he sees them as an essential part of Christianity. He points out that if the devil of traditional Christianity was not a religious entity, then he was nothing. He tells us that demons in all their manifestation were not merely saturated with religious values; they were inconceivable without them. Demonic actions were defined in contrast to divine ones; they were only made possible thanks to Christianity. He tells us that the core issue here was not the physical damage caused; it was the way the sufferer in all cases of affliction was provided by God with an opportunity for introspection and spiritual betterment (Clark 1997: 437, 442).

Ethnographic work carried out by anthropologists has shown that, although there may be widespread tacit acceptance and private belief in demonology and demons, the actual practice of witchcraft and experience of possession states is limited. However, it has been noted that the eruption of demonology is coincident with social situations, where there is an oppressive social structure, a loss of trust in the efficacy of social institutions, and a seeming inability to cope with the evils of the social structure. Pattison tells us

that in this situation, we see the personification of social evil in evil demons, and a displaced social protest in the form of accusations of witchcraft and personal experiences of possession (Pattison 1985: 250).

Demons appeared regularly in the Old Testament; this had a profound influence on the Christian writers who produced the said archival sources of this thesis. The church and society rejected 'demons' and their interference in the smooth running of society; yet they were an essential component in organising the environment. It seems that they had a dual purpose in society; we could say that (1) they provided a cause for disease, and (2) they reinforced Christianity in society. People in medieval Ireland turned to God for help; they self-scrutinised, prayed and repented for their sins. Basically, this force bound the community together in solidarity; it strengthened the power of the church by reaffirming ties also.

Food

Food plays an important role in treatment in the medico-legal law texts BC and BDCh; certain foods are used for their medicinal properties, while others are prescribed as part of the diet by the *liaig* during recuperation. Anthropological studies have shown us that food-stuffs have been used as medicine for centuries; in fact many drugs and properties of medicines today have found their origins in practices of the past. For example, in the Chou Dynasty, the *Chou Li* (Rituals of Chou) prescribed that nutritionists be attached to the court as part of the highest class of medical personnel. The imperial household had a large number of specialised cooks. Within China, the high position of nutritional medicine and of culinary art, in and out of the imperial

court, continued to be characteristic of Chinese civilisation throughout historic times (Anderson 1997: 80).

Also, remains of medicinal herbs, some still used today, were excavated in 1960 in northern Iraq in a burial ground dating back 50,000 years. While each country had its own particular approach, and some unique remedies, many other plants and treatments were common to several. Information was exchanged by early travellers and sometimes a country would borrow the food and medicines of another for a number of centuries. Myrrh for example, was first used in Egypt, and then travelled to Greece and Arabia, from there to India and thence to China. Elliot and De Paoli give us an interesting fact; they tell us that, even where there was no contact, ingredients were often independently given exactly the same classification by different cultures (Elliot & De Paoli 1998: 9). Avoidances of particular foods also hold much significance, there can be many reasons for these prohibitions; religious beliefs are usually the dominant precursor.

Simoons tells us that food-ways behave like other cultural traits, they have origins, and they may be diffused and may develop independently in different places. He points out that food-ways determine which of the available food resources a group eats and which it rejects. Through cultural preference and prejudice, food-ways may present major barriers to using available food resources and raise the standards of nutrition. It is not rare for the food-ways to lead men to overlook foods that are abundant locally and are of high nutritive value, and to utilise other scarcer foods of less value. The role of food can be viewed as being symbolic. In some cases use of particular foods can be symbolic of membership in a 'un-civilized' group; in other cases rejection of

particular foods can be seen to be a sign of man's progressiveness. The symbolic role of food is quite varied in society, in ceremonial life, and as a status symbol within a group. Its position in symbolizing ethnic and religious groups has been most important in the diffusion of food use and avoidance (Simoons 1967: 3-4).

There are prohibitions of certain foods by the *liaig* to be found in BC and BDCh also. These are foods which are not supposed to be given to the patient during convalescence. Salt fare prepared with sea-produce, horsemeat and honey were prohibited during periods of illness. We can understand why salt fare and honey were prohibited on medical grounds during illness. However, it is the prohibition of horseflesh which poses a question.

Simoons tells us that the eating of horsemeat was traditionally associated with Pagan deities; hence it was seen to be polluting or bound to ideas of contagion for Christians. The practice of eating horseflesh was widespread in ancient times in Northern Europe; it was generally associated with the worship of pagan deities such as Odin. With the introduction of Christianity to the region, pressure was exerted to eliminate this along with other pagan customs. Despite the influence of the church in bringing about a considerable decline in horsemeat eating in Northern Europe, there are indications that it never died out (Simoons 1967: 84). Throughout time, certain creatures and states have been seen to be unclean or polluting; there is no one particular reason. Some animals may have been prohibited on account of their repulsive appearance or un-cleanly habits, others upon sanitary grounds. Nevertheless, in most accounts, prohibition is generally religious. Mary Douglas addresses the dietary rules found in Leviticus in the Old Testament; she points to the fact that these rules

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are related to holiness. She tells us, to be holy is to be whole, to be one; holiness is unity, integrity, perfection of the individual and of the kind. Douglas, as outlined earlier, tells us that the dietary rules develop the metaphor of holiness on the same lines. Leviticus makes a distinction between many things, one being between clean and unclean meats; however, horsemeat is not given mention here (Douglas 1966: 11, 45).

Another reason may have been on physical grounds. For example, in present day India, a few untouchable Hindu castes such as the Mahar of Maharashtra, eat the flesh of dead horses; but other untouchables, like the Gujarati Dhed and Chamar, as well as Hindus generally refuse altogether to eat horsemeat. There was a common belief in India that eating horseflesh caused cramps (Simoons 1967: 80).

We can see that treatment in humoral medicine consists of use and prohibition of particular foods. Humoral medical systems conceive the universe as made of basic opposing qualities- hot and cold, wet and dry and physiological functioning as a set of interactions among basic constituent "humors"- blood, phlegm, yellow bile, and black bile in the Greek and Islamic case. Illnesses are categorised as 'hot' or 'cold' which in turn are treated with foods and herbal medicines which are seen as heating or cooling. People can also be classified as having a 'hot' or 'cold' temperament. For example, Good tells us that in the Turkish town of Azerbaijan, Iranian women were known to be weak and cool for the first forty days after the delivery of a child and thus vulnerable to cool illnesses. A special diet of 'hot foods' such as pistachios and eggs were given to post-partum mothers to strengthen their bodies and combat coldness (Good 1994: 102).

Use of certain foods as medicine, and avoidance of others in healing in medieval Irish society is something which is not extraordinary in comparative terms. It is the prohibition of certain foods that generally says something about a society; anthropological studies help give meaning to this kind of occurrence. Pollution beliefs related to eating different animals and foodstuffs are to be found in most parts of the world; they are generally linked to a particular religious belief and symbolism.

The varied anthropological theories as outlined above have greatly assisted in understanding the vast amount of information found in these archival sources. As historical sources, their connection with anthropology is through culture. From a medical perspective, all three sources record and convey a wide variety of illnesses and diseases for this period; they also give an insight into medical practice and knowledge of the time. They reflect society of the medieval period; they do this by giving an insight into the various institutions of society, and indeed everyday life. This theoretical framework has provided me with the tools to provide an interpretation of the various aspects of the medical system and healing for the medieval period.

Chapter 5   Hagiography

Introduction

     This chapter addresses the various diseases and illnesses which arise in a cross-section of saints' lives during the medieval period. Firstly, I look to a set of 'core diseases and illnesses' which re-occur repetitively in these lives. Secondly, I look to a group of 'other diseases' which occur also. It is important to point out that this second group of diseases is of no less importance than the first group; they simply do not occur with the same regularity as the first group. For this chapter, I have concentrated mainly on the lives found in Charles Plummer's *Bethada Naem nÉrenn* (Vol 1) and English translation (Vol 2). Included here are the lives of SS Abban, Bairre of Cork, Berach, Brendan of Clonfert, Ciaran of Saigir (1) and (II), Coemgen (I), (II) and (III), Colman Ela, Máedóc of Ferns (I) and (II), Mochuda, The Expulsion of Mochuda from Rahen (Mochuda (II)), and Ruadan. In addition to Plummer's lives, I have added the lives of St Brigit, St Columba, St Declan and St Monenna. As pointed out in my chapter 'Methodology', the English language was not present at the time that these sources were written; any English terms denoting particular diseases or occurrence of pestilence and plague are those put forward at a much later date by translators, scholars editing and commenting on texts, or general historians. Given that this is the case, I chose to check DIL and the dictionary of Latin to confirm particular meanings for these terms and phrases.

     By looking at all the relevant information in this material through an anthropological framework, it has allowed me to uncover a 'Christian (religious) explanatory model' for illness and disease. It has also allowed me to view other similar and different explanatory models cross-culturally. The

'Christian (religious) explanatory model' which the hagiographical material offers, reflects the overwhelming importance of Christianity in society at large, and in the medical system in particular; it also reflects various aspects of society for the medieval period.

Core diseases and Illness

The first most common set of key illnesses to be found in these lives is a category of five sick persons; these re-occur repetitively throughout. These are *amlabar* 'the dumb', *bacach* 'the lame', *bodhar* 'the deaf', *dall* 'the blind', *clamh* 'leprosy'. It is worth noting that the recurrent group of illnesses may have been a direct simulation of miracles which occurred in the bible; their purpose being to illustrate the Christ-like behaviour and power of the saint in question.

Within this group, I have noticed that some particular saints are more adept at carrying out specific miracles than others. The regularity with which they perform their chosen miracle is astounding at times. For example, if we start with the miracle of restoring somebody to life which is denoted by the following phrases *do haithbeoaicched he* 'he was restored to life'; *do aithbeoaigh Ciarán Laegaire* 'restored to life Laeghaire'; *do aithbeoaigh í* 'restored her to life', we find this occurring no less than six times in the life of saint Cíarán of Saighir (II) (Plummer 1910, Life of St Cíarán of Saighir part (II): 14, 29, 42, 51-52). In the life of Saint Rúadan this occurs four times (Plummer 1910, Life of St Rúadan: 19, 37, 51, 52). Rising from the dead occurs in all of the lives, but it does not bear much significance in examination of diseases; however, it does display the saint's power and ability as God's intercessors.

This magical or miraculous practice was a standard ingredient in the saint's lives.

Amlabar 'The Dumb'

For the purpose of this section, I have only quoted some examples found in these lives; the location of the additional entries I have listed. We find that healing of the dumb is commonly found to be combined with another disability; in particular, blindness. Within the lives, we are not given any particular cause for dumbness; most of the lives just make reference to people presenting themselves to be cured from dumbness, and being cured. In Plummer's life of St. Bairre of Cork we find blindness and dumbness being cured twice in a very short space of time; below I have listed this entry. However, there is a similar entry at 24 of this life, and an entry at 26 of the life of St. Mochuda. Also, in Plummer's life of St. Brendan of Clonfert (205) there is a straight-forward entry relating to the healing of a dumb boy by the saint. Below is one example of blindness and dumbness being healed together:

> *riccim si a les, go ro bheannach sa a ndis so .i. mo mhac dall agus*
> *mh'inghen amlabhar*
> 'I want you to bless my two children, my blind son and my dumb
> daughter' (Plummer 1910, Life of St. Bairre of Cork: 17).

In the life of Brigit from the Book of Lismore, we see Brigit curing two dumb women. She performs this cure by using the blood from her own head after falling from a chariot and banging it on a stone. Inherent in this entry are

ideas concerning contagion and anomaly; these I will be discussing in a later set of reflections at the end of this chapter. In the life of Cíarán of Saighir (39), dumbness is inflicted as a form of punishment and retribution; subsequently it is cured by Cíarán (Plummer 1910, The Life of Cíarán of Saighir: 39, 40). As we will see, punishment and retribution through illness is not an uncommon occurrence in these lives; it worked as a form of cultural control in society. Plummer tells us that in the life of St. Abbán at entry 33, a dumb man is cured:

> *Laithe dia affacaidh Abbán neach amhlabhar ina dháil, do chuingidh furtachta fair, cuiris cros Iosa for ubhall bái ina laimh. 'Tomhail so,' ar sé. Doroine an teslan samlaidh,7 ba slán o gach ngalar bai fair*
> 'One day Abban seeing a dumb man coming towards him to seek his help, made the sign of the cross [in the name] of Jesus on an apple which he had in his hand. 'Eat this,' said he; the sick man did so, and was whole of every disease that he had' (Plummer 1910, Life of St. Abbán: 33).

This entry is significant given the symbolic manner in which the healing was carried out. This occurrence can be classed as a ritual of healing; there are many to be found in these lives. This ritual included specific 'expressive' and 'instrumental' aspects; these concepts I have discussed in my chapter 'Anthropological Literature Review'. (Beattie 1964; Klass 1995; Bowie 2000). In the above case, this man approached the saint for help as he believed the saint could cure him of his dumbness. The saint subsequently carried out actions in order to achieve this outcome. He provided medication in the form of an apple

which he had blessed. Likewise, the man by doing what the saint had told him, i.e. eating the blessed apple, was engaging in an action which he believed would lead to his cure. Both the saint and the dumb man were concerned with alleviating suffering and creating wholeness in a person; both took actions to remedy this predicament. The above occurrence had two functions, firstly, it cured this man of his dumbness, and, secondly, it conveys the importance of religious beliefs in receiving this type of treatment. This entry also makes it clear that this man was not only healed of his dumbness; he was made 'whole of every disease that he had'.

The word used for dumb is generally *amlabar* 'dumb' or 'mute'. This word stems from the word *labhairt* which means 'speaking, speech, utterance' (DIL). *amlabar* means 'without speech', the *am* part indicating the absence of, or without. The second word indicated is found in the life of St. Brendan of Clonfert, this is *balbh* 'dumb, silent; of speech, stammering' (DIL).

Bacach 'The Lame'.

Within the lives, lameness occurs quite frequently. From the fourteen saints' lives I have looked at, lameness occurs in eight. In any of the lives, we are not given any particular cause for lameness; its description is symptomatic. The term *bacach* is a variant of the old Irish term *baccach* which straight-forwardly translates as 'lame' (DIL). There are numerous derivatives and meanings to this word.

The term *bacclám* translates as 'maimed in a hand' while *baclainn* translates as 'bend of the arms' (DIL). In the lives of the saints the following phrase is predominantly used: *iar níc do bacach* 'healing of lameness'

(Plummer 1910, St Bairre of Cork: 47). A variation of this is *fri híc bacach* 'healed the lame' (Plummer 1910, St Coemgen (I): 1). Cure for lameness was prayer and preaching the word of God.

Bodhar 'The Deaf'

Deafness being cured occurs in eight of the fourteen saints' lives also. The term *bodhar* is the old Irish term for deaf (DIL). This word is a variant of the word *Buidir.* DIL also gives this word as *an guth bodhar* 'a confused tone' and *bodra forcetail* 'deaf to instruction' *(*DIL*).* The Latin word for deaf is *surdus* (both of one who cannot and of one who will not hear) (Lewis and Short 1984). The most common phrase for describing healing the deaf in the lives is: *iar níc do bodhar* 'After he had healed the deaf' (Plummer 1910, Life of St. Bairre of Cork: 47), or *fri híc bodhar* 'for the healing of the deaf' (Plummer 1910, Life of St. Coemgen: 6). In these particular lives, healing of the deaf quite frequently accompanies healing of the dumb or stricken dumb. Deafness was quite simply presented for cure with no cause stated. Cure generally consisted of a blessing or prayer to God.

Dall 'The Blind'

Blindness is probably the most common disability cured in the saints' lives; cases of blindness are described by similar terms in the lives. Most times, we are simply told that the saint in question 'healed the blind' or 'restored the sight'. Generally speaking, healing of the blind is referred to as *iar níoc dall* 'healing the blind' (Plummer 1910, Life of St. Berach: 89), *fri hic dall* 'healing of blind' (Plummer 1910, Life of St. Coemgen (I)), or phrases such as *icaid an*

mac do dhoilli 'he healed a boy of blindness (Plummer 1910, Life of St. Bairre of Cork: 24).

However, a somewhat different reference is made to the healing of a blind person in the life of Máedóc of Ferns (II). At entry 248, we are told *iar leicches dall…* which Plummer translates as 'Healing the blind'. This word *leicches* has various different meanings and connections. We know that *leicches* is related to the modern Irish word *Leigheas* 'medicine, remedy, heal'; this substantiates Plummer's translation.

The word *dall* means 'blind', but we find variations of this to describe different kinds of blindness; *dallacan* or *dallaran* 'a purblind person'; this may have been an indication of total blindness of the person; *dall-suil* 'a dim or blind eye'; *dallan* and *dallbach* 'blindness, stupidity' (DIL). This is interesting, as if we look to the Latin word for blindness, we find: *caecus oculis* or *luminibus captus, luminibus orbatus,* a variation is *inscitia stultitia* which means 'blind of spirit, stupidity' (Lewis and Strong 1984). *Caech* means 'one eyed' and *dall-chaech* means 'completely blind'. Clearly, use of the word *caech* to describe some forms of blindness in the saints' lives is a borrowing from the Latin word. It seems use of this word *caech* may have indicated total and complete blindness, and not just poor eye sight or some sort of eye disease. Different expressions for blindness and other eye diseases are not specific to medieval Ireland. For example, in pre-Islamic Arabia numerous terms and expressions were used to describe eye disease also. Words such as *kamah, 'asha', 'ama', ramad, qama* are but a few such examples (Ullmann 1978). Clearly, the variation of terms used here indicates a detailed knowledge of a range of eye diseases and degrees of blindness.

Blindness set people apart in medieval Irish society; however, some people with this disability managed to compensate for it by working at, or excelling in particular professions. I give the example of blind poets in my chapter 'Anthropological Literature Review', and convey how in this case the stigma, i.e. blindness was turned into a source of power; Goffman (1990) describes this as 'making a profession out of their stigma'.

In the life of St. Columba at chap vii, there is reference to a person suffering from a very severe attack of *opthalmia* 'inflamed eyes' (Sharpe 1995). This is obviously derived from the Latin word *opthalmiae* (Lewis and Short 1984). Blindness is found in twelve of the fourteen lives that I have addressed. It is healed by the saints in nine of the lives, and inflicted by the saints in three. It is generally cured by a blessing from the saint.

In the lives of saints Abban, St. Cíarán of Saighir (I) and St. Mochuda, blindness was inflicted on the person as a form of punishment by the saint; this occurred as a result of some sort of wrong-doing, or for an act which was deemed inexcusable. Blindness is inflicted permanently, or the sight is removed temporarily; both are a form of punishment and retribution (Plummer 1910, The Life of St. Abban: 37; The Life of St. Cíarán of Saighir (I): 20-21). Below I quote one example; this is found in the Life of St. Mochuda:

imtighis maghus iaramh, co ro dallta la breithir Mocuda go cend mbliadna aran amairsi
'Thereupon Magus departed, and he was blinded at Mochuda's word for a year because of the incredulity which he had shown in respect of him' (Plummer 1910, Life of St. Mochuda: 14).

St Mochuda inflicted blindness for a year on a man called Magus for being doubtful of him. Interestingly, the name of this man 'Magus' comes with its own connotations; this term indicated 'magician' or 'sorcerer'. This term may have been derived from an older or parallel system of healing in medieval Ireland; nevertheless, we are told that Magus asked Mochuda to carry out miracles in rapid succession. It seems this man doubted the ability of the saint to carry out what he was asking; he was subsequently punished for this by blindness.

All the aforementioned cases display the role of the saints as guardians in public order. Their actions created both awe and fear in people. They had the ability to both create disorder and restore it to normal. In two of the aforementioned cases, this punishment was inflicted by the saint for being cheated out of gold and money; this was seen as an injustice. This type of punishment was quite severe to be handed out by the saint given its material and monetary emphasis; however, we must remember that it was injustice and not money which the saint was trying to highlight.

(i)*Clamh* (ii)*lobhar* 'Leprosy'

There are several terms in Irish for cutaneous diseases of the nature of 'leprosy'; these I have discussed in my chapter 'Methodology'. It is here that I have pointed to the meanings put forward by DIL, Mac Arthur (1949) and Brody (1974) for *clamh* 'leprosy' and *lobhar* 'leprosy'. I have questioned the basis by which these skin disorders were deciphered, and proposed that these different terms may have been based on individual symptoms displayed on the

disease. If this was the case, it may have signified local interpretations of the disease; this would also confirm a lost corpus of cultural knowledge which once existed in early Ireland. Disappointingly, this knowledge, if once present, is gone and lost never to be retrieved again.

The usage of one particular term to denote a range of phenomena may cause us some confusion; however, it is not something which is culturally specific to medieval Ireland or to the nomenclature of disease in particular. There are many examples of this occurring cross-culturally. For example, there are three local Bengali terms for describing tetanus-*alga, dhanostonkar,* and *takuria*; however, they also apply to neonatal syndromes that resemble tetanus (Good 1994: 90-91).

The symptoms of this disease made it stigmatising; it incorporated the three types of stigma which Erving Goffman refers to. Firstly, it manifested the physical signs on the skin, secondly, it implied moral degeneration, and thirdly, this stigma was contaminating to people close to the sufferer. The person suffering from leprosy possessed traits which turned people away from him on meeting; he possessed a stigma, an undesired differentness from what people had anticipated. In my sections on *clamh* and *lobhar*, I provide examples relating to wholeness/completeness and stigma.

As noted above, the English term 'leprosy' was applied by later translators for a range of terms in the originals. Given that this is the case, I feel that it is important to explore and discuss the original terms individually which are specific to these lives; I do this by using both DIL and the Dictionary of Latin. It is important to note that there are other terms used to denote 'leprosy'; these I will address in my forthcoming chapter 'Annals'. The English word

'leprosy' is glossed for the following two original terms in the saints lives: *clamh* (*clam*) and *lobor* (*lobhar, lobhran*).

(i) *Clamh*

Within these saints' lives, the English word 'leprosy' is the term most regularly used to gloss *clamh* in Charles Plummer's *Bethada Naem nÉrenn* vol. 1. Similar phrases crop up in relation to this term. For example, *icaidh an clamh gur bo slan* 'healed a leper so that he was whole' (Plummer 1910, Saint Bairre of Cork: 24). This phrase indicates that the person lacked 'wholeness', a trait associated with holiness and completeness in the Old Testament; this points very much to a religious connection with this disease. The most common phrase to be found however is *iar nioc/nic clam/clamh* 'Healing the lepers/healing lepers' (Plummer 1910, St Berach: 89; St Brendan of Clonfert: 206). Variants of *clamh* are: *claime* referenced as *scapies* 'scabies'; *claimsech* 'female leper, a woman suffering from some skin-disease', and *clamaine* 'leprosy'; this is also denoted as sickness or disease (DIL).

(ii) *Lobhar*

Plummer uses the terms *lobhran* and *lobhar* also on two separate occasions to denote 'leprosy'. In the life of St. Colmán Ela, a strange and rather repulsive episode occurs concerning St. Colmán. He is asked by a person suffering from 'leprosy' to be carried to the altar of the church; he was subsequently asked by this man to carry the contents of his nose by mouth to the outside of the church. The man stated that the former request of carrying him to the altar would 'by no means' be done by any other man. In this case, the saint

had reflected humility and acceptance of the man suffering from leprosy even though he was rejected by others. This is direct evidence of the stigma which Goffman (1990) refers to; this entry points to the fact that this man was rejected by others due to the fact that he was suffering from 'leprosy'. Colmán Ela, by carrying out these actions had set himself apart from ordinary people; this is one of the reasons why he was seen as a saint (Plummer 1910, St. Colmán Ela: 32-33).

In the life of St. Máedóc of Ferns we find another entry relating to 'leprosy', we are told: *lobhar, meirbh, moir-easlan, go Maodhocc* 'a poor woman, leprous, weak and grieviously sick, came to Máedóc…' (Plummer 1910, St. Máedóc of Ferns: 114). In the life of St. Máedóc of Ferns (II), an entry at 253 indicates that 'leprosy' could last for some time. We are told:

> *do bai nech eslan ele fri re deich mbliadhan fichet i ccoiccrich Laighen,*
> *dar bo comhainm Finan Lobar*
> 'There was another man in the district of Leinster named Finan Lobar (the leper), who had been diseased for thirty years' (Plummer 1910, Life of Máedóc of Ferns (II): 253).

An entry at 255 relating to the above entry states:

'Finan himself died on the third day most happily, having been healed of his bodily disease, and having triumphed over world and devil, and went to heaven' (Plummer 1910, Life of Máedóc of Ferns (II): 255).

The entry at 255 would indicate a connection between 'leprosy', evil and morality. It insinuates that Finan was happy to die when healed of his 'leprosy'; he would not be judged and could enter heaven, as opposed to a destiny of hell associated with sin and 'leprosy'. Clearly, use of the term *lobhar* in these lives instead of *clamh* was not incidental; it was used to differentiate these diseases or aspects of them. DIL translates the term *lobhar* as 'weak in faith, unstable, wavering' (DIL). Mac Arthur points out that it is doubtful that *lobhar* ever implied anything more than 'infirm' (Mac Arthur 1949: 187). The entry at 253 suggests that this man survived thirty years with 'leprosy'. In contemporary society this is something which is perfectly feasible; modern medical developments related to drug treatments for this disease has enabled people to survive and live normal lives. However, we must remember that such developments or treatments did not exist in medieval Ireland. People developed secondary infections in the wounds which were associated with this disease. Generally speaking, these infections, if not treated adequately, can contribute to the cause of death. If this is the case, it seems difficult to conceive somebody surviving thirty years of this disease. This adds credence to my assertion that the term 'leprosy' covers a wide variety of skin disorders, and not the modern medical definition given to 'Hansen's disease'/'leprosy'.

An important point to make in relation to the healing of 'leprosy' above, or any other disease for that matter, is that, people made use of the *liaig* and the treatment he provided; however, religious cures were still sought and used. Both forms of cure/medication were seen to be equally powerful; however, expressionist views may take aspects of medication (religious) as tailored to tap

into the healing power of Christ, and at the same time endorse a specific set of morality; this latter means reinforces things beyond disease.

A variation of terms to describe a particular disease or illness is not particular to medieval Ireland. Gilles Bibeau, in his study of the Ngbandi of Zaire documented that villagers changed the terms associated with disease. These terms changed from one context to another; for example, when discussing the site at which the condition was located, the extent to which it resembled an animal, or if it is assumed to represent a social sanction for inappropriate behaviour. This led him to develop the idea of a network of names associated with a particular disease (Bibeau 1981). This may have been the case with 'leprosy' in medieval Ireland.

Based on the translations of these two words found in DIL, I feel that the term 'leprosy' was used to denote a range of skin diseases. The particular signs and symptoms of a skin condition may have been given specific terms to describe it; hence we have an array of names. Nevertheless, I do feel that it became enmeshed and associated with Biblical interpretations of 'leprosy'. This is displayed by one of the translations offered by DIL for the term *lobhar* 'weak in faith, unstable, wavering'.

Other Diseases

Aillse, easbadha, fiolun fionn, cuthach 'Tumour, Scrofula, Anthrax, Madness'

In the life of St. Coemgen (I) and the life of St. Máedóc of Ferns we come across some interesting references to other diseases and sufferings being inflicted by the saints themselves as a form of punishment. At entry 35 in the life of St. Coemgen, he foretells that murder and treachery are going to be

committed in his church. As a result of this, he tells of the retribution and the punishment that will occur owing to this. We are told:

ceithre galair ro thoghastair do denamh innighthe for chorp gach duine do shaireochadh a chill, a chomarbadha, a shamhadh .i. aillse, easbadha, fiolun fionn, cuthach, ni fetait legh naid fiseccdha na galair sin d`foirithin, acht an slainicidh Iosa Criost

'And he chose four diseases to wreak vengeance on the body of everyone who should outrage his church, or his successors, or his congregation; namely tumour, scrofula, anthrax, and madness; and no leech or physician can cure these diseases, save only the Healer, Jesus Christ' (Plummer 1910, life of St. Coemgen (I): 35).

All of these diseases have fairly serious implications for one's health, with the possibility of death also. They inflicted slow suffering which portrayed the rage that Coemgen felt about his church. An interesting array of diseases crops up here; they do not fit into the ordinary category of diseases found in most of the saints' lives. Also, we can see the 'Christian (religious) explanatory model' here at its best. This entry is telling us that the above illnesses were so severe that the only person who could cure them was Christ; this would imply a moral element being associated with these diseases. These acts were carried out against Christ, Coemgen and his church; these illnesses were supernaturally inflicted as an act of retribution, so, they could only be cured in the same manner. This highlighted Coemgen's power, but also taught society that such behaviour would not be permitted; this acted as a deterrent for wider society.

Aillse 'Tumour'

The first disease listed above is *.i. aillse*; Plummer translates this as 'tumour'. Nevertheless, the nearest variant which DIL lists to *aillse* is the word *aillsi* 'gangrene' (DIL). Maybe this word was used to indicate the symptoms and affects of a tumour which are in themselves of a gangrenous or rotten nature. The word for tumour in Latin is *tuber* and does not throw any light on the subject. Winifred Wulff in the *Rosa Anglica* gives the word *at boill* to indicate 'tumour' (Wulff 1929) However, this was written in a much later period than the one I am currently dealing with. In modern Irish, the term *aillse* denotes 'cancer'.

Easbadha 'Scrofula'

The next disease indicated is *easbadha* which is listed as 'scrofula' by Plummer. DIL lists this word as *esbaid* 'lack, loss or deficiency'. DIL gives some examples of use of this word: *scrufuile .i. easbada agus cnuic bragad* 'neck defects and neck lumps' (of scrofula). Winifred Wulff gives the word *easpad* also to indicate scrofula. The Latin word for scrofula is *scrofulae* and the symptoms given are, 'a swelling of the glands of the neck'. Both these definitions give the same symptoms of this disease, both indicating that the neck was the primary symptom area. This is not to say that other diseases did not produce a swelling in the glands. The Oxford textbook of medicine identifies scrofula as 'cervical lymphadenitis', a form of 'lymph-node tuberculosis'. Symptoms of this disease generally occur in the neck region, and it is often associated with tuberculosis in the lungs or elsewhere. Other symptoms of this

disease include the formation of abscesses and chronic sinus problems
(Weatherall, Ledingham, Warrell 1987).

Fiolun fionn 'Anthrax'

The next disease threatened in this life is *fiolun fionn* which is translated
by Plummer as 'anthrax'. DIL lists the term *filún* as 'malignant boil'. Winifrid
Wolf lists the terms *filun* and *antrax*. The term *filun* she translates as .i. antrax;
felon, anthrax. However, she separately lists *antrax* as 'a malignant boil'. The
Oxford textbook of medicine tells us that anthrax is caused by anthrax bacillus.
It is a disease which finds its primary host in animals; cattle, sheep and goats are
highly susceptible. The bacilli of this disease invade the organs of animals,
especially the spleen; they are usually dead within a few days. Man may be
infected by close contact with animals, although he is highly resistant to the
infection. Anthrax in humans is characterised by a sore which begins like an
ordinary pimple; usually the pimple grows rapidly within 2-3 days. The centre
of this pimple ulcerates, but quickly becomes a dry, black, firmly adherent scab,
and around it there forms a circle of purplish vesicles. It is often called a
'malignant pustule', although it is neither malignant or a pustule. Other
symptoms of anthrax are chilliness, headache, lack of appetite, and nausea.
Treatment is generally in the form of antibiotics (Weatherall, Ledingham,
Warrell 1987).

Cuthach 'rage, fury, madness'

The fourth of these sufferings being inflicted is *cuthach* 'rage, fury, madness' (DIL). Plummer chooses to use the term 'madness' in his translation. Nevertheless, Winifrid Wulff quotes the following at 146.6: *in galar póil .i. duine cuithigh.* The word *cuithigh* here is a reference to the word *cuthach* which translates as one of the above three terms from DIL. However, what is interesting about this sentence is that it is associated with *galar póil.* Joyce translates *galar póil* as 'falling sickness'. He tells us that this condition received the name *galar póil* or 'Paul's sickness' from the notion that St. Paul, after one of his visions, was subject to a collapse of the nervous system identical to an epileptic fit (Joyce 1913: 613). Whitley Stokes offers another term *dásachtach* 'mad' to convey the aforementioned also.

Scamach, lirach, moirtin marbh, bas obann, ifreann 'Consumption, Cholrea, Paralysis, Sudden Death, Hell'.

In the life of St. Máedóc (II) at entry 273, we find five diseases and conditions being inflicted by him. Firstly, we are told of the cause of these diseases:

> *an drem doni rim iomthnuth, galair tromma`na ndail soin, is ifrenn*
> 'The folk that provoke me to jealousy, heavy diseases shall befall them,
> and hell to their souls' (Plummer 1910, Life of St. Máedóc (II): 273).

The entry progresses listing the five diseases:

> *cuicc galair dobheir mac de, dáois mésccaine is méiccnighe,*
>
> *sccamach, lirach, moirtin marbh, bas obann ocus ifreann*
>
> 'Five diseases the son of God inflicts, on those whom I
>
> excommunicate or who outrage me, Consumption, cholera, paralysis,
>
> sudden death and hell' (Plummer 1910, Life of St. Máedóc (II): 273).

Sccamach 'consumption'

The first disease here is *sccamach,* which Plummer translates as 'Consumption'. This word derives from the Old Irish word *scam* which denotes 'lungs'. The singular of this word is *scaman* 'lung'. The word *scama* gives another meaning; it denotes 'scale, rind, scab' (DIL); maybe these were symptoms of this disease. In Latin, the word used to describe 'consumption' does not differ much; it is called *consumptio* (Lewis and Short 1984). Whitley Stokes uses the words *anfabrachta* 'consumptive' and *serg* 'consumption'. The word *serg* itself means 'withered, decaying, wasting' (DIL). It is to be noted that these two words are more notable in the Annals than in the saints' lives. The word *anfobracht* or *anbobracht* is explained in *Tecosca Cormac* (1909) as 'a person without *bracht* or fat', and in the Brehon laws as 'one who has no juice of strength'.

Lirach 'cholera'

The next punishment laid on Máedóc's opponents was called *lirach*, which Plummer translates as 'cholera'. It is interesting to look at the meaning of

this word in DIL. The first part of this word *lir* is given the meaning 'diarrhoea' which is one of the symptoms of cholera. *lirach* itself connotates 'Jaundiced', another symptom of cholera (DIL). In *Bretha Crólige* we find the phrase *conalai mil broinn i mbi lir* 'honey disturbs the stomach in which there is looseness of the bowels' (*Bretha Crólige* 1938: 25). In Latin, this word is simply called *Choler* (Lewis and Short 1984). What is interesting is that here the word is given an additional meaning, *bilis* 'Bile' or 'Anger'; it also goes under the phrase *Cholera laborans* 'having the jaundice'. All of the above-mentioned words in Old Irish and Latin offer causes and symptoms of this disease. The Oxford Textbook of Medicine identifies 'cholera' as *Vibrio cholerae.* It indicates the primary symptoms to be abrupt painless watery diarrhoea. However, in more severe cases there is vomiting, severe muscle cramps, tachycardia and hypotension (Weatherall, Ledingham, Warrell 1987).

Moirtin marbh 'paralysis'

The next affliction set out was called *moirtin marbh,* which Plummer translates as 'paralysis'. DIL translates *moirtin* as 'disease' (DIL). *marbh* the second word translates as 'dead'; this may have been an apt description of how one might view a limb or part of the body which was paralysed. Some Latin words shed a little more light. When we look at the word for 'paralysis or paralysed' we are given the Latin word *paralysi.* The phrase 'to be paralyzed' is given as *morbo, quem apoplexin vocant, corripi, apoplexy arripi* (Lewis and Short 1984).

Bás obann 'sudden death'.

The next affliction is *bás obann,* which Plummer translates as 'sudden death'. *Obann* translates as 'quick, swift, prompt'. The word *bás* means 'death', so Plummer's 'sudden death' is an accurate translation of this punishment. This was obviously the harshest of punishments; however it did have the bonus of not incurring a long-drawn-out suffering like some of the previous diseases mentioned.

Ifreann 'Hell'

The last of St. Máedóc's punishments was *ifreann* 'Hell'; this threat was in reference to the next life and not this. The word *ifreann* comes from the words *ifernda, ifren(n)da* 'infernal, belonging to hell' (DIL). This may have been one of the most feared punishments to be inflicted. Given the strength of Christian teachings and its credo on 'hell', it is no surprise that this threat would have created intense fear in people.

As you can see, all of Máedóc's punishments were quite severe for those who 'provoked him to jealousy'. His inflictions of these punishments via God were a warning to everybody of his ability and supernatural power; they worked as a deterrent for other people in wider society.

Esláinte theinntidhe, Galar cos 'Inflammatory disease', 'Gout'.

Two additional conditions crop up in the life of St. Mochuda. The first is mentioned at entry 27 when we are told: *bai nech ele innte, esláinte theinntidhe fair* 'There was another man in it, suffering from inflammatory disease' (Plummer 1910, Life of St. Mochuda: 27). In this case, we are only told what

this person presented with, and not what preceded it. The word *esláinte* is a variant of *eslán* which translates as 'unsoundness, disease, illness'. The word *theinntidhe* is a variant of *tein(n)tide* or *iteine* 'fiery'. Another word of this group is *tein(n)tidecht* which translates as 'fieriness, fierce heat' (DIL). DIL has the condition *eslainte theinntidhe fair* as 'erysipelas'. All of the above words derive from the word *téne* 'fire'. The modern Irish of 'fire' today is *tine.* This 'hotness' or 'fieriness' was clearly a symptom of this disease.

In the above case, St. Mochuda offered a cure to the man suffering from this condition. He placed his own girdle across him and the man found relief at once. This was an act of contagion; he was transferring his power to the man through his girdle. The girdle was symbolically appropriate; it stood for and was a link to Mochuda's supernatural ability and power. Mochuda no longer had contact with the girdle, but it still retained his power; it acted as an instrument of healing. This is reminiscent of Frazer's (1913) second principle of magic called 'contagious magic'. These ideas are also mirrored in Douglas's theories of pollution and contagion; she sees objects and substances being used as conductors of purity and healing (Douglas 1966). Haviland et al (2005) tell us that this principle held the idea that things or persons once in contact can influence each other after the contact is broken. Frazer's characterisation of magic is seen as useful; however, anthropologists no longer accept his distinction between it and religion (Haviland et al 2005: 635-66). We must remember that the core element here is power; the power of Mochuda being transferred to the man; it was a form of sacred contagion.

At entry 38 of this life also, we are told *ro bai manach dibh, galar cos fair* 'There was a monk who had gout (lit. disease of the feet)' (Plummer 1910,

Life of St. Mochuda: 38). Plummer translates this as 'Gout'. However, DIL

translates *galar* and *fair* as 'pain, ailment, complaint', and *cos* as 'foot' (DIL).

This would give a translation something along the lines of 'ailment/complaint

on the foot' The Latin word used for 'gout' is *morbus articularis* which also

translates as 'arthritis' (Lewis and Short 1984). In this case, it was Mochuda

himself who had indirectly inflicted the king with 'gout'. Mochuda had cursed

everyone who had expelled him from Rahen; the king himself was included in

this punishment by receiving 'gout' from a monk.

At another entry in an appendix to this life called *Indarba Mochuda A

RRaithin* 'The Expulsion of Mochuda from Rahen', we are told that Mochuda

offers a cure to a monk suffering. At entry 24, we are told: *galar i ccois* or *an

galar* 'gout' or 'disease'. The aetiology of the gout here is unclear; we are given

no reason why this monk came to suffer from this condition. Mochuda cures the

monk by getting him to place his foot on a stone whereby he was healed at once.

This came to be known as 'Mochuda's Flagstone'. Mochuda then commanded

that the 'gout' be put into Colmán's foot, and that it would continually be in

Clonard. Colmán was the abbot of Clonard, so Mochuda was inflicting this on

Colmán's entire community (Plummer 1910, The expulsion of Mochuda from

Rahen: 24). The above act contains elements related to contagion; it involved

the transfer of power from the saint to the stone, then to Colmán's foot.

Demhan 'Demons'.

In some of the lives we see demons being responsible for disease and

misfortune; this aspect fits into the 'Christian (religious) explanatory model'.

Christianity saw demons representing the devil and all badness; the opposite of

what it represented and taught. It is mindful to point out here that the scapegoat principle was one which had been developed by Christianity itself. The idea of a single person taking the blame for others is the essence of Christianity. Demons were integral to this; they were part of Christianity. Demons took the blame for adversity, badness, or illness in society; Christianity and what it represented could not be held responsible for these acts. This is of particular significance in the lives of St. Berach, St Mochuda, and *Bethu Brigite.* In the life of St. Berach we see 'demons' as a cause of disease. At entry 32 of this life, we are told there were *na ndemhan i nGlionn da locha* 'demons in Glendalough', and *dobheirdis tedhmanna agus galair iomdha isin nglionn* and 'caused plagues and many sicknesses in the glen (Plummer 1910, Life of St. Berach: 32).

Cure and banishment of these diseases were executed through the use of Berach's bell:

ni bia nert demhan, na teidm, na dighail innte, airet bias clocc Beraigh innte.
'no power of demons, nor plague, nor punishment shall be there so long as Berach`s bell shall be therein (Plummer 1910, Life of St. Berach: 32).

Demons as a sinister force in the life of St. Mochuda and *Bethu Brigite*, not only act as scapegoat for disease, but they are also connected with the term 'mad'. In the life of St. Mochuda we are told:

luidh nech aile do saighidh Mochuda, agus boi sein for dasacht iar ndiol

do dheamon inn.

'Another man came to Mochuda, who was mad, owing to a demon

having entered into him' (Plummer 1910, Life of St. Mochuda: 19).

In *Bethu Brigite* we find a similar reference, if not more direct than in

the life of St. Mochuda, we are told:

'*at-chiu in satan ina suidi[u] forsin meis armu belaib*', ar Brigit…ar

nach duine at-chi diabul agus ni sena in d(i)us no ro-daissed immbi'

'I see Satan sitting on the dish in front of me' said Brigit…. for anyone

who sees the devil and does not bless himself first or…, will go mad' (O

hAodha 1978, *Bethu Brigite*: 31).

Unexplainable and terrifying hazards such as described above were

explained in a manner which fit into the 'Christian (religious) explanatory

model'. On the one hand, we had the saint or Christian cleric who acted as the

representative of, and worked for the good of the community; on the other we

had the demon who was representative of a force which threatened the order of

society. Demons were seen as malevolent spirits who endangered innocent

people; they were viewed as an anomaly; they were chosen as the scapegoat for

plague, sickness and madness in the above cases.

An important point to make here is that, even though demons were

rejected, they formed an important part of society. They may have been a

disruptive force, but they were also an integrative one. Their presence warned of

the importance of social and moral order; they reinforced societal and religious rules. Their threat refreshed the commitment of people in upholding the aforementioned rules. People flocked back to the church in devotion to God and the saints for support and protection; this further strengthened the church and social solidarity in the community.

Miscellaneous Cures.

<u>Miscarriage</u>

In the life of St. Ruadan, a cure is performed in order to ease the pain of miscarriage; however, the route this cure took was not straight-forward. The tale of this healing begins with a man approaching Ruadan begging for him to make him a leech. Ruadan subsequently blesses this man's hands and his eyes, and 'all the sciences of healing were revealed to him thereafter, so that he was perfect in them' (Plummer 1910, Life of St. Ruadan: 13). We are then told: *Rioghan Cualann, ros gabh guasacht tedma moir* 'The queen of Culann was seized with a serious and dangerous illness'. However, this entry also points out that a number of leeches were unable to cure her. In the next entry at 14, we are told that the lord came to Ruadan in the form of an angel as he slept, and he told him that it was he who had to cure the queen (Plummer 1910, Life of St. Ruadan: 14). Entry 15 is interesting; it points to St. Ruadan being revealed to the queen through a vision in sleep. In this vision, the queen is told by Ruadan that he would send a young man to her who was similar in appearance to him, and that he would heal her. The fact that this man was going to be similar in appearance to Ruadan is a noteworthy element; it enhanced his curative power and ability for the queen, and reinforced the belief for her that it was Ruadan

who was performing this healing. After this vision, we are told that the queen then commended herself into the hands of God and Ruadan (Plummer 1910, Life of St. Ruadan: 15). The next entry is the most significant; the manner in which the cure was carried out is highly ritualised. We are told:

cuiris Ruadhan iartain in liaigh remhraite dia soighidh, agus ticc lestar numhaidhe boi occa cona lan uisce ann do shaigidh Ruadhain. senais anti Ruadan an tuiscce. laaidh bheos a shele ind. Ocus dorad digh don liaigh ass, agus issedh asbert fris iarttain Ruadhan: soich an rioghan, agus beir an soidheach cetna let. Lai feissin do sheile ind, agus tucc digh as don riogain, agus bidh slan iarttain issidein .i. an lia fola fil ina broind sgeraid fria iaromh ina gein mairb; agus na geibh do log o righ Culann acht an brat fil aicce, dianid ainm Leuia

'Then Ruadan sent the aforesaid leech to her; and a brazen vessel which they had was brought to Ruadan full of water. Ruadan sained the water; he also spat in it. And he gave the leech a drink from it, and said to him afterwards: "Go to the queen, and take this vessel with thee. Spit in it thyself, and give the queen a drink from it, and she will be whole thereafter; that is to say, a stone of blood which is in her womb will depart from her as a dead foetus. And take no fee from the king of Culann except the cloth which he has, called *Leuia.*" (Plummer 1910, Life of St. Ruadan: 16).

The above ritual carried out by St. Ruadan contains strong elements related to contagion, pollution and holiness. From the onset (entry 13), we see

Ruadan bestowing knowledge upon the man who wished to become a *liaig* 'leech'. Ruadan transferred all 'the sciences of healing' to this man through a blessing of both his hands and eyes; Douglas (1966) points to this element in the Old Testament; a blessing is seen as a source of all good things. The saint, i.e. Ruadan in this case, is seen to be endowed with supernatural power; through his blessing of this man, he ritually transfers his knowledge and power to him; this occurrence as we see later is not coincidental. The *liaig* acts as a kind of middle-man; Ruadan's knowledge and power had been transferred to him; it was an act of contagion. What is interesting here, is the kind of knowledge which Ruadan bestowed upon this man; he transferred knowledge which was scientific in nature. The professional *liaig* comes from a different domain to that of a religious healer; however, it seems that the saint had used his own supernatural ability to impart the knowledge required in the profession of the *liaig* in order for the queen to be cured. In effect, this man acted as his instrument.

The vessel of water given to the leech and queen to drink contained the spittle of Ruadan. The *liaig* subsequently spit into it also at the request of Ruadan. These were more acts of contagion; it was the transference of Ruadan's power to the queen which also involved the *liaig*. In this case, we see the *liaig* acting as a kind of conveyor again; initially he had received knowledge and power from Ruadan through a blessing, this power was now strengthened by taking the drink which contained Ruadan's spittle, and hence Ruadan's power. Subsequently, by spitting into the vessel for the queen at the request of Ruadan, the *liaig* could be seen to further strengthen the power of this mixture. This treatment aided the queen during her miscarriage and she was healed. A noticeable element at the end of entry 16 is the instruction that no fee was to be

taken; only the cloth called *leuia* from the king of Culann was requested as payment. This points to this healing being a genuine act of God and the saint; there was no monetary involvement. It also reaffirms that these acts were carried out by the saint and not the *liaig* in question; he was just the conveyor of Ruadan's healing power.

Pregnancy

In Plummer's life of old Cíarán of Saighir, Cíarán makes a foetus disappear; he does this by making the sign of the cross. This particular pregnancy was the result of an unlawful union between King Dima and a maiden (Plummer 1910, Life of Cíarán of Saighir: 12). Cíarán's supernatural blessing had rid this woman of her baby and no questions were posed. No elaborate description was given of this pregnancy nor of the aforesaid father; this baby vanished alongside the circumstances in which it was conceived it seems.

A similar episode is conveyed in the *Vita Prima Sanctae Brigitae.* At entry 103 we are told of Brigit blessing a woman 'who had fallen after a vow of integrity and whose womb was pregnant and swelling and the conception in the woman's womb decreased and she restored her to health and repentance without childbirth or its pangs'(Herity 1988, Vita Prima: 103). This woman had 'dedicated her virginity to God'; she was a nun, and the nature of her pregnancy was unacceptable. Brigit managed to rid this woman of her pregnancy mysteriously through a blessing. The manner in which Brigit did this was acceptable as she was a saint; no question would have arisen around its occurrence as this was deemed a miracle.

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SS Cíarán and Brigit were the agents in eliminating the pregnancies of these women; they cured them through a blessing. Mary Douglas's (1966) theories of holiness which are rooted in the Old Testament reflect how these women could have been seen to lack moral goodness and holiness. They may have been viewed as being incomplete physically or morally; they required a blessing in order to become complete or whole again. Through this blessing the positive precepts of the Old Testament were observed. We could also reiterate the point here that expressionists views saw this kind of medication (religious blessings), as tailored to emphasise the power of Christ, and in doing so endorse a specific set of morality.

Love-Sickness

In Plummer's Life of St. Cíarán of Saighir (II), between entries 32 and 36, we come across an interesting cure for love-sickness. These entries concern Queen Eithne and her husband King Aengus, and another king, King Concra. After the arrival of King Concra, Queen Eithne fell desperately in love with him. She was subsequently rejected by him, faked sickness, and requested blackberries as a cure. St. Cíarán had stored blackberries from the previous season through a request made by God. Concra approached Cíarán about the aforesaid, and he directed him to the bush where he had saved the blackberries from the previous season. Concra collected the berries and brought them to Eithne which she ate and was cured of her love-sickness (Plummer 1910, Life of Cíarán of Saighir (II): 32-36). In this case, God's power is highlighted; he had instructed Cíarán to store blackberries from the previous season clearly with the knowledge that Eithne would need them as part of a cure.

Healing Objects and Mediums.

Throughout the lives there are references to sacred objects and mediums of sanctity through which healing occurred. Some of these items include bells, relics of various saints, blackberries, holy water, prayer and blessings in the name of God. Nevertheless, we must remember that it is not the object or the action which heals; it is the sacred power which is transferred to the object, or the spiritual forces residing in the supernatural being that is carrying out the action which effects healing.

Relics

Throughout this chapter I have made reference to some of the above, but it is in the life of Saint Máedóc (II) that we find an impressive list of relics; to be precise seven in total. St Máedóc names these particular items as relics; he calls them 'The seven chief famous relics'. These seven relics include three bells, two staffs, something called the *Brec* (this he signifies as the most eminent relic), and finally the reliquary (Plummer 1910, Life of St. Máedóc (II): 196-198). In the life of Berach, we see the importance of relics again. At entry 24, Berach is given the *Bachall Gerr* 'short pastoral staff', a little bell which had the remains of one hundred and forty seven relics in it. *Daigh* the giver of all the above to Berach, had put these relics into the bell for him (Plummer 1910, Life of St. Berach: 24). All of these relics were endowed with power and particular qualities due to their association with certain saints and holy men. They were seen to possess curing ability due to ownership by the saint and laws of contact or contagion.

I have pointed out in my chapter 'Early Irish Society' the degree to which these relics were exploited in a monetary capacity. According to the saints' biographers, monasteries were guilty and capable of extracting money for their personal services and protection. In particular, we find entries in the life of St. Máedóc of Ferns at 44, 45, and 198 relating this kind of exploitation. Nonetheless, many lay folk found solace, comfort and cure in their usage.

Saints as Healers.

There is no doubt that the saints brought healing for the people; some would describe them as a type of shaman. The saints had access to spiritual experience and direct revelation from God; they were considered to be more holy or better educated in religious matters, therefore, others consulted them for help. The saints were considered very powerful; they had a supernatural line to God. There seems not to have been any miracle or healing which the saint could not perform. He/she had special talents which they could use when needed. The saints were considered to be able to contact God in the proper way; they acted as mediators between God and the ordinary world. However, the saints themselves were not ordinary; they were set apart due to their extraordinary supernatural ability.

Food as Medicine.

At entry 25 in the life of Coemgen (I) we are provided with some interesting information with regard to the 'cravings and desires of the sick and morbid folk', and what Coemgen would provide for them:

Caoimhgin doibh .i. smeara sna fuigh-lechaibh, ubhla for crannaibh

sailech, buinnein tsamhaidh d`fagail dognath for cairrgibh `san

ngemhraidh.

 'Coemgen would supply to them, such as blackberries in winter, apples

on willow trees, and (would cause them) to find habitually sprigs of

sorrel (growing) on rocks in winter time' (Plummer 1910, Life of

Coemgen (I): 13, 25).

Sorrel grew in shady places under trees and hedges and was known by

the name *samhadh-coille* 'wood-sorrel'. Sorrel is a food herb, but it is toxic in

excess and not recommended for sufferers of arthritis or rheumatism. It has

medicinal properties, although these properties are somewhat vague. In this life

it is said that Coemgen supplied 'things which sick and morbid folk desire';

blackberries, apples and sorrel were amongst these things. Both apples and

blackberries are sweet and contain plenty of juice; this would help quench the

thirst of a sick person.

In Conchubranus's Latin life of St. Monenna (I), we are told at entry 6

of how one of the nuns had taken *et unum de alleo* 'one head of garlic' from the

previous monastery they had been in for Monenna's eyes:

de monasterio nostro egrediens uidi diueras in solito siccare cepas,

quod nostrum esse putabam capitulum adportatur quo sciebam pro

dolore in modum colerii tuos occulos perungi

 'I saw various kinds of onions drying in the usual way, and one head of

garlic that I thought was ours has been brought here, for I knew that it

was put on your eyes as a salve to relieve pain how she used garlic to make a salve for her sore eyes' (Senchas Ard Mhaca, Conchubranus Life of St. Monenna (I), Vol. 10, No. 1: 6).

Anthropological Reflections

From these 15 lives, we have learnt of an array of illnesses and diseases which people suffered from during the medieval period. The hagiographical material offers a 'Christian (religious) explanatory model' for illness and disease. This model is rooted in Christianity and its doctrine. The underlying cause of particular illnesses and ailments seems to be in relation to punishment from God for deviating from Christian practices. The causing agent (God) was powerful, so the healer, i.e. the saints, had to be powerful to have access to him. They did indeed have access to him; they held his supernatural power, and were able to cure and heal as a result.

The saints played a part of the medical system; everybody had access to them. However, belief in God was seen to be a pre-requisite; nevertheless, this did not mean that people did not approach a saint for help or a cure if they were not devoted believers. The saints were recognised healers; as such, they played a pivotal part of the medical system; they worked alongside the *liaig* to provide healing and cures for the sick. From the information provided in these lives, we can see a clear reflection of medical knowledge; Old Irish and Latin terms applied to the various illnesses and diseases convey this. In addition to this, we are provided with some treatments of illness which are not of a religious nature; even though minor, this reflects a medical knowledge.

In examining the anthropological literature in relation to the study of hagiography, much light was shed on the particular type of explanatory model which Christianity and the saints offered. Actual curing processes in this material can be reflected upon and placed firmly in an anthropological context also. Particular interpretations and theories give us an insight into the purpose of the specific rituals used as part of healing and curing; they also give an insight into how and why various objects and substances were used and worked as part of this healing.

Kleinman's (1988) investigation into various explanatory models enhanced and aided my examination of the medical system in medieval Ireland. The hagiographical material provides a 'Christian (religious) explanatory model'. This model not only gives us a deep understanding into the various aspects of illness and the medical system; it also conveys how this belief system had a connection to every aspect of society. Kleinman's theories articulate the importance of examining the beliefs found in a particular society. The saints and the 'Christian (religious) explanatory model' which they offered for illness, convey the importance of this aspect in medieval Irish Society. This model provided a window into the moral aspect of society.

The saints also contributed to the control mechanism found in society during this period. They provided a set of religious sanctions whereby people could keep their own behaviour in check. Apart from healing and curing, the saints' were also capable of inflicting illness and suffering; in the body of this chapter we see SS Cíarán, Abban, Mochuda and Máedóc inflicting an array of diseases and disabilities. In general, these actions were carried out if the church, God, or Christian principles were threatened in any way; they also acted as

deterrents for others in wider society. People feared what may happen if they did not adhere to the rules; they also wanted a place with God in heaven after death. These motivations worked to create cultural control mechanisms in society. I have already discussed these kinds of sanctions in relation to theories put forward by Radcliffe-Brown (1952), Roberts (1979), and Haviland et al (2005).

Goffman (1990) points to the fact that a community responds in a variety of ways to a stigma; he outlines three types. Earlier in this chapter, I have summarised a range of personal and collective illnesses which display these types of stigma. All of the illnesses display a physical manifestation of suffering. In some of these sufferings, the visual symptoms reflected an additional meaning; they were seen to be caused as a result of some untoward or immoral action on behalf of the person. This is highlighted clearly in the case of 'leprosy'.

Barnes (2005) has told us that deeply religious people considered that leprosy was caused by God for committing sins; hence they were treated as social outcasts and moral degenerates. The leper also displayed a third kind of stigma, that being 'tribal stigma'; his family and friends were seen to be contaminated by him as they were in close contact with him/her. In this case, parents and family were thought responsible also; the resultant illness was thought to have been as a result of their sins, or that of their milieu revisiting them again.

The appearance of demons in this material is part of the 'Christian (religious) explanatory model' also; their appearance stood for particular elements in society and fitted into this set of beliefs. It must be noted though,

that demons are not just found as part of Christian belief, they can be found in many religions. We find demons acting as an agent for these occurrences throughout the world. For example, in Burma, a variation of the demon is the intrusion of ghosts. Ghosts are generally believed to live on the outskirts of a village; especially near cemeteries where they were seen to feed on corpses. However, at times they entered villages to feed on its inhabitants. They did not enter solely for this purpose though; they were seen to enter to cause illness and misfortune also (Spiro 1974: 34).

In some of the saints' lives, we see demons being a causing agent of plague, sickness and madness. As discussed in my 'Anthropological Literature Review', Collins (1978), Clark (1997), and Pattison (1995) put forward various theories surrounding the occurrence of demons in society. Collins tells us that good and evil are counter-balanced in society, but this balance is generally disrupted by some means. In medieval Ireland, demons disrupted the balance. They may have been seen as evil and disruptive; however, in the saints' lives, they acted as religious entities also. Clark points generally to this aspect of their appearance. By creating havoc through infliction of sickness and plague in medieval Ireland, demons were seen as a contrast to the goodness that the saints and Christianity represented; this meant that demons were only made possible thanks to Christianity. Pattison (1995) suggests that the eruption of demonology may be coincident with the weakening of the efficacy of social institutions in a society. Was this the case in medieval Irish society? Was the religious institution or other institutions for that matter being threatened at this particular juncture? This source provides no concrete evidence of this, however, during

the medieval period, we do know that society was not static; much change was taking place; this I have outlined in my chapter 'Early Irish Society'.

Curing rituals carried out in these lives can be supported by, and placed firmly in an anthropological framework. According to Bowie, rituals restore harmony and balance; they have an important role in healing. She points out that ritual can be seen as performance also; this is reflected in several rituals of healing in this chapter. The saints showcased their power and abilities through these performances; this reinforced faith in the saints as an instrument of God.

Many symbols were an inherent part of these rituals of healing carried out by the saints. Through Hendry's (1999) and Bowie's (2000) interpretations of symbols, we can see how the religious symbols found in the saints' lives were conceived within the moral and religious system; these symbols were clearly understood in relation to the other symbols that formed part of the same cultural complex.

In the life of St Abban, symbolic actions were carried out to cure dumbness. This action can be viewed from an expressive-instrumental framework; this I have discussed in my chapter 'Anthropological Literature Review'. Basically, in the said case, a problem was recognised, i.e. dumbness, and an action was then taken in the belief that it would lead to cure. In this case, the saint provided religious medication for cure. This action reinforced elements beyond the disability being cured; it endorsed and bolstered a specific set of morality.

Douglas's theories of contagion lend support and explanation to many cases of healing seen in these lives also. In these cases, the saint, who is seen to

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be endowed with supernatural power, ritually transfers it to the object or substance of healing; power is the crucial point here.

The above is reflected clearly in three particular lives. In Plummer's life, 'The Expulsion of Mochuda from Rahen' a man is cured of gout. Later, we see gout being inflicted as a form of punishment. It seems a particular flagstone was pivotal in all of these occurrences; it had the power to cure the monk of gout, but simultaneously had the power to inflict gout on Colmán and his entire community. Nevertheless, it was not the flagstone which caused these occurrences; it was Mochuda's power which had been transferred to it. Likewise, at entry 27 of Plummer's first life of Mochuda, Mochuda heals a man of inflammatory disease through a particular object, i.e. his girdle. As mentioned earlier, in the life of St Ruadan, the pain of miscarriage was eased. As part of this cure, the spittle of St Ruadan was used. In this case, the substance being used to heal did not carry the same symbolic load as that of blood which we see in St. Brigit's life. Nevertheless, it did contain the power of the saint due to the relationship it had with him.

The most noteworthy example of contagion in these lives is found in the life of St Brigit in the Book of Lismore. Here, Brigit's blood was used to act as a healing agent for two dumb women. In this case, Brigit's power was inherent in her blood. A contemporary illustration of this type of contagion is the use of holy water from a spa or shrine of a saint; this water is seen to contain the power of the saint in question due to its relationship to the saint.

Through Biale and Milgrom's interpretations of blood, we can see how Brigit's blood acted as a ritual detergent and served as a medium for purification and atonement. If this is the case, we could interpret this to mean that the

dumbness found in these two women was a result of sin. Given ideas

surrounding physical perfection and holiness found in the Old Testament which

Douglas outlines and the type of cleansing blood performs, it seems likely that

the use of Brigit's sacred blood here was not coincidental. Also, Brigit's

suffering and the blood lost mirrored Christ's suffering to save the sins of

others.

Blood had left Brigit's body in the above case. Biale suggests that, when

blood becomes visible, it is often a symbol that the body is no longer whole; he

also points to it being a liminal fluid, an ambivalent symbol of life and death

(Biale 2007: 1, 4, 10). Blood having left Brigit's body could have meant that she

was no longer whole either; she too could become endangered.

The stone on which Brigit banged her head was seen to become

endowed with her holiness and curing power also; it was seen to cure any

disease of the head if the person in question placed their head on it. This could

be classed as a kind of positive or sacred contagion. In contemporary society,

we just have to look at various objects and items which have been glorified due

to contact or association with someone who is famous, or held in high regard.

These items, it seems, still hold the power or the influence of the person to

whom they belonged. Inversely, some objects can stay impure and act as

conductors of impurity after contact.

These women did not fit into the normal scheme of classifications, so,

Brigit sought to rectify the disorder it caused and eliminate danger. Douglas

addresses ideas of physical perfection and holiness found in the Old Testament;

these she sees reflecting the importance of being whole and complete. Holiness

required that individuals should conform to the class which they belonged to,

that different classes of things should not be confused (Douglas 1966: 35, 36, 51, 53). Brigit's actions had made these two women whole again; she eliminated the incongruous element.

Anthropology has aided and supported this study by providing an insight into, firstly, how the sick were viewed in medieval Ireland, and secondly, it allows us to interpret curing and healing through a particular framework. The hagiographical material points to a particular explanatory model for illness and disease, i.e. a 'Christian (religious) explanatory model'. The various theories have contributed enormously to the study of healing in this model; without this contribution, we are left with a flat interpretation of a particular model, and the miracles that occurred in these lives.

Chapter 6   Annals

Introduction

Within this particular chapter, my emphasis is two-fold. Firstly, I seek to view and evaluate the array of diseases which are presented in this source-type. Secondly, I seek information which reflects society for this period. The annals provide a different body of information relating to the medical system; we could say that they belong to a 'Naturalistic Model'. Elements found in this source-type related to illness/disease include a range of injuries sustained through various battles and forays, and diseases/pestilence caused by famine and crop failure; the latter is mainly due to poor weather conditions. The annals in fact probably contain the most comprehensive list of illnesses and disease for this period. They do contain references to the part saints played in illness causation; however, this Christian aetiology is not a primary focus in this source. Nevertheless, there is a very definite Christian influence on some entries; we must not forget that the authors of these great books were Christian clerics who lived in, and compiled these books in monasteries. Cure is not featured in this source; however, there is evidence of various rituals of afflictions being carried out to prevent illness and plague. In conjunction with the information related to illness, the annals provide a detailed window into society of this time; they are described as providing a comprehensive political history of Ireland for the medieval period.

Throughout this chapter, I have examined the aforementioned in detail; nevertheless, for the purpose of context, I have placed my observations and a set of anthropological reflections at the end of this chapter. Before I begin, I cannot stress the importance of recognising that these books of annals are editions

prepared by later scholars; this means that the English translations in these editions are comparatively recent. I have used (DIL) and White's Latin/English dictionary to aid me in understanding the meaning of these particular disease(s), plague(s) and epidemic(s).

Before I start, let me re-cap on the sets of annals I have included in my analysis; these are *The Annals of Ulster* (AU)*, The Annals of Inisfallen* (AI)*, The Annals of the Kingdom of Ireland (by the Four Masters of Ireland)* (AFM)*, Chronicon Scotorum* (CS,Chron Scot.)*, The Annals of Tigernach* (Tig.)*, and The Annals of Clonmacnoise* (Clon.)*.

Even though the annals contained a different body of information than the saints' lives, there are certain illnesses in common between these two sources. The fact that we can cross-reference entries related to particular illnesses amongst the various annals, lends credence to the authenticity of their existence. Nevertheless, we do come across many additional entries in relation to other diseases and ailments in the annals. It is important to note here that the entries referring to these illnesses are given in a mixture of Old Irish and Latin. An English translation is provided; however, as with the hagiographical material, these translations are generally documented at a much later date; they were also made by different groups of translators and editors. As I progress, this element must be kept in mind; the translators and editors of these texts have a mediating role. We will see the importance of this element with regard to translation and meaning of particular terms later.

In the annals there seem to be two separate groupings of illnesses; let us call them 'The principal group', and 'The miscellaneous group'. 'The principal group' of illnesses are those which are referred to with the most regularity in

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this group of annals. These include: (1) *sámthrosc, leprosie, lepra, lepre, leprosus, leprósi, claimh, clamtrusca, bolgach ,lobhraibh* 'leprosy'; I will be elaborating on the above terms fully a little later on. It is to be noted that the Irish term *bolgach* above appears later down this list at (4); I have dealt with this disease independently, as, it is the only disease of the six above which is translated directly as 'small-pox' on separate occasions, and not as 'leprosy'. (2) *buuidhe chonaill, crom conaill, cron-chonaill, buidi conaill* 'yellow plague', 'relapsing fever', 'Boy Conell', 'Boy Kennell' (3) *bléfed* 'Bubonic plague' (4) *bolgach, bolgadh, dolor gentilum* 'small-pox', 'pox' (5) *Uentris profluuio, a sanguinis mortuus, ind riuth fola, a fluxu sanguinis mortuusest, riuth fola in tota* 'Blood-Flux', 'Dysentery' (6) *teidm treagait, cnuic agus treagait, threagaig, treagaid fithnaisi, cnoc ocus treagait* 'Colic, Lumps and Gripping' (7) *scamach* 'Influenzal Pneumonia'.

'The miscellaneous group' is a group of nine illnesses and ailments which crop up with less frequency throughout this group of six books. These include (1) *aillsi ro gabh ar a chois;* 'an ulcer in the foot'; (2) *aillse fo muineal* 'a gangrene in the neck'*;* (3) *extensor dolore (pausauit)* 'Prolonged illness', 'Prolonged suffering'; (4) *de ficu mortuus est* 'Died of Haemorrhoids'; (5) *bailb subita morte peritt, .i. do bidhg, deg do bidhg, beidgdibudh mor* 'Died of a fit', 'St. Vitus Dance'; (6) *Mortalitatis Puerorum, Mortalitas Paruulorum* 'Mortality of the Children'; (7) *galur tri n- oidche, do galar anaithnidi* 'three-nights suffering', 'unknown disease'.

The Principal Group.

<u>'Leprosy'</u>

Within these six sets of annals, there are six Old Irish terms to be found relating to 'leprosy'. Use of more than one term for a particular disease is not specific to medieval Ireland; Kleinman (1988) points out that in every culture there is a wide variety of symptom terms, and we share a wide array of understandings of meanings of these terms.

Before I address this disease and the various terms associated with it, I feel it is important to reiterate what I have pointed out in my chapter 'Methodology'; 'leprosy' was the English word the translator used for various Old Irish and Latin terms. Different Old Irish and Latin terms may have been used for various skin disorders; however, it seems that later translators (19th century and after) felt that any symptoms related to the skin were associated with 'leprosy'. Translators were not medical specialists; for this reason alone, confusion may have ensued with regard to different medical nomenclature. Also, we must bear in mind that 'leprosy' was a well known skin disorder from biblical times; it was referred to in various pieces of literature on the continent. We do know that there was access to this literature in Ireland during the medieval period; the hagiographical material clarifies this connection. An additional explanation regarding the use of this range of Old Irish and Latin terms could be a body of cultural knowledge which once existed at this time, but is now lost.

(i) *leprosus*

My starting point is an entry which is common to three sets of these annals; it uses the Latin term *leprosus* for 'leprosy'. This entry concerns a person called Nistan. This entry is to be found in AI at 556AD, in Chron Scot at 557AD, and in Tig. also. However, the date in Tig. is unclear. AI 556 AD: *nistan leprosus obit* 'Nistan the leper died'; Chron Scot 557 AD: *nessan leprosus quieuit* 'Nessan, the leper, quievit'*,* and finally in Tig. we are told *neasan leprosus pausat.* The above entries seem to be suggesting the same person, i.e. Neasan, and the same piece of information. The Latin word *leprosus* and its variants translate as 'full of leprosy, leprosus' (Lewis and Short 1984). It derives from *lepra* which translates as 'leprosy'. As outlined in my chapter 'Methodology', Mac Arthur (1949) points to *lepra* meaning 'a scale'; he tells us that the Greeks applied it to skin disorders of the scaling or psoriasis type, and never to 'leprosy'. He points out that *lepra* was adopted as the classical medical term for leprosy; this resulted in a host of skin conditions associated with scales or scabs which has no connection with 'real leprosy' being identified as manifestations of this disease. According to Mac Arthur, the term 'leprosy' was used to describe a miserable and pitiable state where there was no question of disease of any kind.

(ii) *Sámthrosc*

The next term I am going to address is *Sámthrosc.* In AU at 554AD we find the entry *pestis .i. lepra, que uocata est in samhthrosc* 'A pestilence i.e. leprosy called the *sámthrosc*' (AU 554 AD); at Chron Scot 554AD the same entry is also found: *pestis quae uocatur samtrusg* 'The plague which is called

the *samtrusg* (Chron Scot. 554 AD). In the annals of Clonmacnoise,

Mageoghagan gives an entry at 552AD which may be an anglicised version of

this: 'This year there grew a sickness called the Saw-thrust' (Clon. 552 AD).

Mageoghagan has placed a footnote on the word *Sawthrust* stating 'some sort of

cutaneous disease'. This entry is obviously alluding to the same disease as that

found in Chron Scot. at 554 AD. Dating is out by a couple of years, but this is

not an uncommon occurrence. We must remember that this is an English

translation, and there is the possibility that the scribe may have taken down the

dating incorrectly. There is debate surrounding this particular word. MacArthur

points out that this word has caused much speculation; he tells us that the name

itself tells us no more than the fact that this disease gave rise to some visible

signs on the skin. He says that for this reason, it has often been identified as

'leprosy', also, a gloss to this effect has been added in the annals of Ulster.

Nevertheless, Mac Arthur disputes this translation and meaning; he points to the

fact that leprosy is a chronic condition of slow development, the degree of

infectivity is very low, and in no circumstances could the disease give rise to a

'pestilence' (MacArthur 1949: 183).

I have attempted to translate this word myself in DIL; nevertheless, I had

difficulty in locating the entire term. However, the second part of the word *trusg*

is a variant of the word *trosc*; this word has two meanings. It is the second

translation which is the most applicable; it tells us that it is a name of a disease:

Pestis (.i. lepra) que uocata est in samthrosc. It also points out that it is a

disease 'of persons' *iccaid luscu la truscu .i. clamu* 'lepers' (DIL). It is clear

from the information that *Sámthrosc* was most definitely some sort of disease

that affected the skin. Nevertheless, we cannot by any means be certain that this disease was anything other than some sort of skin condition.

(iii) *Bolgach*

The next term found in the annals associated with 'leprosy' is *bolgach.* DIL tells us that *bolgach* is the name of disease(s) characterised by eruptive spots on the skin, boils. In AU at 680AD, we come across the entry *Lepra grauisima in Hibernia que uocatur bolgach* 'A most severe leprosy in Ireland called *bolgach'* (AU 680 AD). In Chron Scot we find a similar entry at 676AD with Hennessy giving a similar translation: *lepra grauissima quae uocatur bolgcach* 'A very severe leprosy, which is called *bolgach'* (Chron Scot. 676 AD). In the annals of Clonmacnoise at 675AD we find the English entry: 'There reigned a kind of a great leprosie in Ireland this year called the pox in Irish *bolgagh'* (Clon. 675 AD). AU and Chron Scot. were translated and edited by William Hennessey; in both sets of annals he translates *bolgach* as 'leprosy'. In Mac Niocaill's 1983 translation of AU, he translates the term *bolgach* as 'leprosy' also. Nonetheless, the last entry quoted from Clon. gives credence to what MacArthur says with regard to the earlier entry concerning *Sámthrosc* 'leprosy'; his conclusion was that 'leprosy' was a disease of slow development and the degree of infectivity was low. This means that the spread of 'leprosy' would have been slow, and could not have peaked within a year as the entry relating to *bolgach* 'leprosy' in Clon. infers. Mac Arthur points out that *bolgadh (bolgach)* signifies 'small-pox', and in this sense the word survives to-day both in Irish and in Highland Gaelic (MacArthur 1949: 183-4).

In fact, it seems that Mageoghagan interpreted every term used to describe 'leprosy' as the disease 'small-pox'. The entry in Clon. is in English and contains the English terms 'pox' alongside both 'leprosie' and *bolgagh.* We must remember that this set of annals were translated by Mageoghagan, but edited by Denis Murphy; this in itself may have created discrepancies. It may have been that earlier translations of the Old Irish term *bolgach* were 'small-pox', and subsequent translations applied the modern English term 'leprosy'.

However, I find this particular entry more convincing regarding the disease 'small-pox' than the former entries concerning *Sámthrosc.* I have examined this disease separately in a section further on in this chapter. Within this section, my treatment of *bolgach* is devoted to entries in the annals translated more specifically as the disease 'small-pox' than 'leprosy'.

(iv) *Lobhar*

The next term associated with 'leprosy' can be found in AFM at 919AD. It is the term *lobhraibh.* O'Donovan the translator of AFM translates *lobhraibh* as 'the sick'; no mention is given to the word 'leprosy'. This term is a variant of the word *lobhar*; it is cognate with Latin *lepra,* and the most general word for 'leprosy'. DIL translates this word as 'weak, infirm, sick, afflicted' and also 'weak in faith, etc. unstable, wavering'. This term I have also discussed in relation to the hagiographical material. The latter meaning given to this word seems to refer to a cause of this disease; it suggests that this disease manifested itself as a result of not practising Christianity correctly, or not having a strong enough faith. Taking the above meanings into account, the entry found in AFM

may have been related to a form of 'leprosy', or then again, it may just have been a general term in relation to 'the sick'.

(v) *Claimh*

The next term relating to leprosy is *claimh.* In Chron Scot at 718AD we find a short poem. In this poem there is reference made to *claimh* 'leper' twice. The first reference tells us: *bo an claimh ro gaod* 'The leper's cow was killed', and the second reference is: *an taoi[r] ro ceachtair an claimh* 'The leper utters'. In both cases, Hennessy, the translator of this poem has used the English term 'leper' to gloss *claimh. Claimh* is the most regularly used Irish word applied to 'leprosy' in Charles Plummer's *Bethada Naem nÉrenn* Vol. 1. I have already looked at the meanings of this term found in DIL in my chapter 'Hagiography'. It is interesting to note that *claimh* and the range of terms relating to it not only translate as 'leprosy'; these terms are also referenced as 'scabies', 'female leper, a woman suffering from some skin-disease; it is also denoted as 'sickness or disease' (DIL).

(vi) *Clamtrusca*

There is one final term associated with 'leprosy' in the annals, this is *clamtrusca.* This is to be found in AU at 951AD: *clamtrusca mor for Gallaib Atha Cliath agus rith fola* 'A great outbreak of leprosy among the foreigners of Áth Cliath, and dysentery'. As we can see, Hennessy translates *clamtrusca* as 'leprosy'; MacArthur also tells us that, for this epidemic, AFM uses the same word in the form *clamhtrusccadh,* which O'Donovan the translator of these

annals also interprets as 'leprosy' (MacArthur 1949). This word seems to be a combination of both *throsc* and *claimh.*

O'Donovan, the translator of AFM has labelled this disease with this term; in a way he has set a precedent for subsequent translators. It is true to say that this word obviously stood for some kind of skin disease/s. However, I do feel that we must view the term 'leprosy' with caution; it is apparent that the translators used the English term 'leprosy' to gloss many Old Irish and Latin terms. As outlined, 'leprosy' has been labelled as 'small-pox', 'scabies', or simply used in reference to 'the sick', or those 'weak in faith'. We could say that the introduction of the English term 'leprosy' for these words has clouded the individual nature of these skin diseases; also, the regularity and range of its usage has weakened the authenticity of this disease. From the evidence supplied, it is my feeling that the term 'leprosy' was applied to an array of varying skin disorders. If this is the case, then it would make sense to view the various terms discussed as different types of skin disorders. We will probably never be able to isolate these individual skin diseases; unfortunately, we can only infer or speculate based on the information provided. I have discussed 'leprosy' and stigma in my chapters 'Anthropological Literature Review' and 'Hagiography'; this discussion is applicable to 'leprosy' outlined in this section also.

Buidhe conaill/crom conaill ' Yellow Fever/Pestilence/Plague'

This is another disease which we find entries relating to throughout the six sets of annals. The terms *buidhe conaill* and *crom-conaill* are used interchangeably throughout the annals to describe it; sometimes, we find entries

which use the two terms simultaneously. The annals themselves provide proof that these two terms were related to the same disease; this becomes apparent while looking at the actual entries. The former term in particular seems to contain a description of at least one of the symptoms of this disease. The *buidhe* part of this word translates as 'yellow'; this may have been denoting one of the symptoms found in the person who was suffering from this disease. The *conaill* part means 'perish', which gives an indication of the severity of this disease.

Below are some entries relating to this disease in the annals. While looking at these entries, I am going to try to discern whether these entries relate to the same outbreak of this disease or not, or if they were separate and independent entries. I will start by looking at entries in the sixth century, and then proceed from here. Given the proximity in dating of the following five entries, I feel that they may signify the same outbreak. AI at 551 AD gives the entry: *crom connaill, .i. plaga magna.* 'The 'Crom Connaill,' i.e. a great plague'; Chron Scot 551 AD: 'A great mortality, i.e. the Crom Conaill of which saints died'. Hennessy provides a footnote to this entry; [Crom Conaill: The original writer adds in the margin *.i. buidi conaill* .i.e "the buidhe conaill". The entry in Latin found here reads *mortalitas magna .i. an crom conaill in qua isti sancti pausauerunt.* Tig. contains a very similar entry to Chron Scot; in fact I think this entry is identical. We are told: *Mortalitas magna .i. ín crom conaill nó in buidhe chonnaill, in quo isti sancti pausauerunt…* 'A great mortality, that is, the *crom conaill* or the *buide conaill*, in which these saints rested…' Tig. confirms dating of AI and Chron Scot. by telling us that this entry appears in these sets of annals also at 551 AD. Likewise, the 18th century commentator Roderick O' Flaherty references dating of the Tig. entry in Chron Scot.; he

implies that the date of this entry is 550AD. In AU at 556AD we find the following entry: *mortalitas magna hoc anno, .i. in chron conaill, .i.e in bhuide chonaill* 'A great mortality this year, i.e. *in chron chonaill (in buide chonaill)'.*

In the annals of Clonmacnoise at 550AD, this disease is given a slightly different label; however there is no mistaking the similarity. The entry tells us: 'The Great pestilence called the Boy Connell'. There is a foot-note to this entry by the translator Mageoghagan stating: 'B. Connell. - that it seems to have been a sort of jaundice.' In AFM, the entry at 548AD lists deaths of saints, and tells us they died *don mortlad dar bo hainm an chéd buide chonaill* 'of the mortality which was called the Cron-Chonaill and that was the first Buidhe-Chonaill'.

During the seventh century, we can cross-reference some dating for this disease in the various books. In AU there are four entries relating to this disease. The first two we find at 665AD: *mortalitas magna. Diarmait m. Aedo Slane agus Blaimac agus Mael Bresail filii Maele Duin mortui sunt* .i. don *bhuidhe chonaill* 'The great mortality. Diarmait son of Aéd sláine and Blamac and Mael Bresail, sons of Mael Dúin died i.e. of the *buide chonaill'.* The second entry at this year reads: *dormitatio de eodem morbo, .i. don bhuide conaill Feicheni Fabair agus Ailerain sapientis agus Cronani fili Silni* 'The falling asleep-from the same pestilence .i. the *buide chonaill-* of Féichéne of Fobar, and Ailerán the learned, and Crónán son of Silne. The second two entries are at 667AD. Entry one states, *mortalitas magna, .i. an buidhe chonaill* 'The great plague i.e. the *buide chonaill.* The second tells us *Diarmaid agus Blathmac, da righ Erenn agus Feichin Fobhair agus alii mortui sunt, .i. don buidhe chonaill, secundum alium librum* 'Diarmait and Blamac, two kings of Ireland, and Feichíne of Fobar, and many others died, i.e. of the *buide chonaill,* according to another

book'. The above entry at 667AD is a repeat entry of 665AD. The reference to 'another book' here may have been to the Annals of Clonmacnoise which give a detailed account of the deaths of the above named.

AFM records two entries during the seventh century. These entries are separate occurrences from that of AU. At 664AD, we are told: 'A great mortality prevailed in Ireland this year, which was called the *buidhe connail,* and the following number of the Saints of Ireland died of it…' At AFM 666AD we are told: 'The second year of Seachnasach. A great plague [raged], of which died four abbots at Beannchair-uladh [Bangor], namely Berach, Cummine, Colum, and Aedhan, their names' *mortalitas in Hibernia*. There is a footnote indicated by O Donovan the translator of these annals to the words 'a great plague'. This states AD666 *Mortalitas in Hibernia* and beside it, it says 667 *magna mortalitas buidhe conaill* Ann Ult. This clarifies that the 'plague' mentioned at AU 666AD was indeed the *buidhe conaill.*

Chron Scot contains one entry for the seventh century at 661AD: *mortalitas magna in Hibernia .i. an mbuidhe conaill* 'A great mortality in Hibernia, viz; the *buidhe conaill'.* The annals of Clonmacnoise at 664AD contain a detailed entry with regard to deaths due to the *buidhe conaill.* The 'mortality' referred to in this entry contains a foot-note by Mageoghagan which tells us that it was the aforementioned disease. Also, this seems to be the entry that AU alludes to at 667AD when it talks of 'another book' as mentioned earlier.

There is one other late entry to be found in the annals of Clonmacnoise at 1094AD: 'There was a great mortality and pleauge all over Europe this yeare, in soe much that it depopulated great provinces and contryes, there was not such

a pestilence in this Kingdome since the death of the sonns of King Hugh Slane (that died of the Disease called Boye Konneall) until this present year, of which disease the ensueing noblemen with infinite numbers of meaner sort died'. It has often being suggested that this plague was the famine fever 'typhus', but this was dismissed by Mac Arthur on the grounds that typhus could not reach the degree of intensity described in the absence of heavy famine. He points out that not only is famine not mentioned, the account strongly suggests that there was no serious scarcity of any kind (MacArthur 1949: 177).

It is clear from the sources that *buidhe conaill/crom conaill* had a devastating affect on both Britain and Ireland. AFM points to Bede's, Ecclesiastical History when he writes "In the year 664, a sudden pestilence depopulated the southern coasts of Britain, and afterwards, extending into the province of Northumbrians, ravaged the country far and near, and destroyed a great multitude of men". He also states that it did no less harm in the island of Ireland, where many of the nobility and of the lower ranks of the English nation were, at the time, either studying theology or leading monastic lives, the Scoti supplying them with food, and furnishing them with books and their teaching gratis (AFM 664AD). Mac Arthur is convinced that the pestilence of 664AD was *bléfed* 'bubonic plague' and not *buide chonaill* 'yellow fever/pestilence/plague'. He maintains that in Ireland, it was never regarded as the *buide* chonaill; he proposes that this name did not come until a later period. This occurrence he sees as a result of some scribe writing at a date later than the eleventh century adding the name as a retrospective gloss. He sees the scribe mistaking the *buidhe conaill* for the *bléfed* which was recorded a century before.

However, he does also state that it is possible that the *bléfed* and *buidhe conaill* overlapped to some extent as they occurred very closely; this may have led to some confusion between them. The Irish annals however seem to make a point in differentiating between the two. They tell us that 'the first mortality' was the *bléfed* which was a way of indicating that the *buidhe conaill* was the subsequent second mortality (Mac Arthur 1949: 174).

Bléfed 'Bubonic plague'

This disease is only mentioned in three of the six books of annals that I have looked at. Reference to it is only made in AI, Tig. and AU. In AI at 544AD we are told: *mortalitas prima quae dictur bléfed, in qua mo-bí chlarainech dormiuit* 'The first mortality, which is called *bléfed* in which Mo-Bí Chlárainech fell asleep'. The entry in AU at 544AD gives an entry somewhat similar. We are told: *mortalitas prima que dicitur bléfed in qua Mo-Bí Clarainech obit* 'The first mortality called *bléfed,* in which Mo-Bí Clárainech died'. Tig. tells us: *mortalitas magna quae bléfed dicitur, ín quá moBí Clairinech, cui nomen est Berchan, brecanó[sic, leg. Profeta, episcopus?] poeta, periit.*

There is a certain amount of confusion surrounding this disease. Mac Arthur identifies *bléfed* as the 'bubonic plague'; he understands this to be so for reasons surrounding linguistics and dating. He concludes that the Gaelic *bléfed* listed in AU at 545AD stood for 'Justinian's plague' which he is almost certain was 'Bubonic Plague'. He feels that by tracking this disease across Europe and comparing it to the speed at which the Black Death (Bubonic plague also)

travelled 800 years later, that it would have reached Ireland at 545AD, the date given in AU for the *Bléfed* (Mac Arthur 1949: 172-3).

<u>*Bolgach* 'Small-pox'.</u>

    Bolgach has been translated as both 'leprosy' and 'small-pox'. In this section, I concentrate mainly on its translation as the disease 'small-pox'. The annals record several outbreaks with many individual deaths from it. When I looked to DIL for the meaning of this word, I found the following: we are told that *bolgach* is the name of disease(s) characterised by eruptive spots or pustules on the skin, boils: *ar in mbolgaig agus ar in mbuidechair*. It is also called *bolcach* and translates as 'swollen'. It seems to be seen as something bubbling, *d'ass buide bolcach* 'bubbling milk'; *Cosin mbrùchtaig mbolgaig .i. nùa corma* 'to the bubble-burster-new ale'. There is even a reference here to blistered sea-weed *Ceso femmuin mbolgaig mbuing*. It is clear that the above translations are trying to describe the physical manifestations of this disease; blisters seem to be the common symptom.

    From the six sets of annals, the translators of four of these books have used the English word 'small-pox' to gloss *bolgach*. Hennessy, the translator of AU, uses the English words 'small-pox' and 'leprosy' interchangeably to gloss it. In the annals of Clonmacnoise at 675AD, Mageoghagan uses the words 'leprosie', 'pox' and *bolgagh* simultaneously: 'There reigned a kind of a great leprosie in Ireland that year called the pox in Irish *bolgagh*' (Clon. 675AD). However, he also translates the *clamtrusca* of 950 and the *samtrusg* of 554 as 'small-pox' as well. There is an entry in the annals of Clonmacnoise at 947AD

relating to 'pox'; this entry is not found elsewhere: 'The pox (which the Irishmen called then *Dolor Gentillium*) ran over all Ireland this yeare'.

In AI at 577AD we are told *bolggach for doenib* 'People afflicted with small-pox' (AI 577AD). In AU at 779AD we find *In bolggach for Erinn huile* 'The small-pox throughout Ireland' (AU 779). According to Mac Arthur *bolgach* signifies 'small-pox' (Mac Arthur 1949).

White and Lewis's Latin dictionary indicates that the Latin word *Dolor* means the following (1) 'pain, smart, ache', (2) 'distress, sorrow, anguish, vexation, chargrin', (3) 'a grief, i.e. an object or caused grief'. The adjective *dolórósus* also translates as 'painful'. In DIL, the second part of this word, *Gentilium* is indicated to be a variant of *gentilech* which translates as 'a gentile, heathen'. It may also be a variant of the word *genti* 'heathens, pagans', or *genti bidbaid* 'the heathen Norsemen'. This translation is in line with Mac Arthur's explanation; he says that this outbreak first showed itself among the Danish invaders. However, use of the word *Gentilium* in the description of this disease may not just have indicated that the Danish invaders were the only source as Mac Arthur suggests; use of the word 'heathen' points to the fact that these people were not Christian. AU and Tig. have an entry in common regarding the 'relics of Trian' which includes a reference to *bolgach*. At 742AD AU tells us *comotatio martirum treno Cille Deilgge; agus in bolgach* 'The taking on tour of the relics of Trian of Cell Deilge; and the *bolgach* [was rampant]'. Tig. sheds more light on the translation of this word when it tells us *com[m]otatio martirum Treno Cille Delge agus in bolgach* "Translation of the relics of Trian of Cell Delge, and the *bolgach*" 'small-pox'.

Three sets of these annals gloss the English word 'leprosy' for the word *bolgach*; within my section on 'leprosy', I have examined this. I personally do not feel that *bolgach* was 'leprosy'; I feel that it was a term applied to the specific skin disorder 'small-pox' which has been suggested. However, one thing is certain, that is, that this skin disorder presented itself with pustules on the skin. We can see how the physical manifestation of this disease would have led to its association with 'leprosy'.

Riuth fola/uentris profluuio/fluxu sanguinis mortuus 'Bloody -Flux/Flux of the Belly/Dysentery'

These conditions or diseases are found in four of the six sets of annals; they are found in the 8th, 9th and 10th centuries. I have placed the 'bloody-flux' alongside 'dysentery' in this section as I feel that there may be an overlap between the two; if in fact they were not the same disease. Here is a list of the entries relating to this particular disease. The first entry in AU is found at 709AD: *pestis que dicitur baccach cum uentris profluuio in Hibernia* 'A pestilence called *bacach* with dysentery in Ireland'. In AU 763/4AD we are told: *riuth fola in tota Hibernia* 'A bloody flux throughout Ireland'. Next up is at AU773AD: *moenach m. Colmain, abbas Slane agus Cille Foibrich, a fluxu sanguinis moritur* 'Maenach son of Colmàn, abbot of Slàine and Cell Fhoibrich, dies from the bloody flux'. The next entry is found in AU774AD: *Eugan m. Colmain a fluxu sanguinis est, agus ceteri multi ex isto dolore mortui sunt* 'Eógan son of Colmán died of the bloody flux, and many others died of that same disease'. Clearly Maenach and Eógan were brothers here who died from the 'bloody-flux' within a year of one another. Their father Colmán, the abbot

of Sláine had outlived them. AU 777AD tells us: *ind riuth fola; galrai imdai olchena pene mortalitas* 'The bloody flux; also many other diseases-almost a mortality'. AU 778AD gives the entry: *ind riuth fola; in bo-ar már* 'The bloody flux; the great murrain of cows'. The final entry in AU relating to this disease is to be found at 951AD: *clamtrusca mor for Gallaib Atha Cliath agus rith fola* 'A great outbreak of leprosy among the foreigners of Áth Cliath, and dysentery'.

Tig. provides two entries in relation to dysentery; (1) *pestis quae dicitur bacach cum uentris proflu[u]io in Hibernia*; (2) *sruth (?)fola* ['a flux of blood] *in tota Ibernia.* Tig. does not date these entries, but if we trace the dates of AU in Tig. we come across the above two.

The annals of the Four Masters present one entry at 844A.D. relating to 'Flux of the Belly'. This entry alone does not refer to this condition; it is the foot-note attached by O'Donovan the translator which supplies this information. The entry goes as follows: 'Feidhlimidh plundered the Termon of Cíarán-Cíarán pursued Feidhlimidh and gave him a thrust of his crozier, and he received an internal wound, so that he was not well until his death'. The foot-note by Donovan to this entry tells us: 'king Feidhlimidh was overtaken by a great disease of the flux of the belly. While he was resting in his bed, Saint Cíarán appeared to him with his habitt and Bachall or pastoral staffe, and there gave him a push of his Bachall, in his belly, whereof he took his disease, and occasion of his death. He died of the Flux aforesaid'. This entry not only supplies us with the name of the disease; it also outlines its cause.

This was a true act of retribution and punishment by Ciáran for plundering his church; he had inflicted this disease on Feidhlimid as a form of punishment and suffering. Ciáran was a representative of Christianity; therefore,

this was a religious cause and could be seen as part of the 'Christian (religious) explanatory model'. Nonetheless, this occurrence also acted as a religious sanction; it was a warning of what may occur or what the saints were capable of if their sanctuary and that of God was harmed or disturbed in any way. This entry contains elements related to contagion; these issues I have discussed in my chapter 'Anthropological Literature Review', but will be reflecting on at the end of this chapter.

The Chronicon Scotorum gives us one entry in relation to dysentery. This entry is to be found at 705AD: *pestis quae dicitur baccach, cum uentris profluuio* 'The plague which is called the *baccach* , with dysentery, in Hibernia'. There is a foot-note attached to this entry by O'Flaherty stating '*Baccach,* i.e., lameness'. He also intimates that the true year of this occurrence is 708 AD. This entry in Chron Scot. is very similar to that found in AU at 709AD; this I feel may be referring to the same occurrence. Dating in Chron. Scot is out by four years; however, dating may simply have been miscalculated here.

The Old Irish terms for dysentery/bloody flux are *riuth fola, fluxu sanguinis* , *uentris profluuio and sruth fola.* Three of the above terms are used in AU (*riuth fola, fluxu sanguinis* and *uentris profluuio).* Chron. Scot uses the term *uentris profluuio* alone. However, Tig. is the only set of annals to use a different term completely, this is *sruth fola.* The first term I am going to look at in DIL is *riuth fola.* This is translated as 'dysenteria', 'bloody flux'. In DIL the term *riuth* is a variant of the Irish word *rith. rith* is given the following translation: 'The act of running; a run, rapid course (in wide sense), quickly, forthwith'. The word *fola* is the genitive case of the word *fuil,* which translates

as 'blood' (DIL). These two words together translate as 'running blood', a symptom obviously of dysentery. *fluxu sanguinis* gives a similar meaning. *fluxu* is a variant of the word *fluxio* which translates as 'a flowing' or *fluxus* which translates as 'flowing fluid: flowing, loose, slack'. *Sanguis* is the nominative case of *sanguinis* (Gen), thus *sanguin-olentus* 'Full of blood, bloody, blood-red'. *uentris profluuio* is the next term. *profluuio* translates as 'To flow forth or along' and *uentris* 'womb/belly'. *Sruth fola* is the final term; *sruth* 'Stream, river; current; torrent'; 'streams of blood wash'; 'streaming down' and 'bleeding profusely' (DIL); *fola* as I have said earlier, comes from the word *fuil* which translates as 'blood'.

All of the above give, more or less, the same meaning, which is 'flowing or running blood'. This was obviously the main symptom of this disease; it came from the belly as AFM indicates. Aetiology of this disease has only being given in one case in AFM. In this case St. Cíarán was responsible for this disease; it was handed down as a form of punishment.

Treagat .i cnuicc/fithnaisi. 'Colic, lumps , gripping'.

This illness is mentioned in three sets of annals; however, I had difficulty in pin-pointing it exactly. It is often mentioned alongside other ailments, in particular 'lumps and gripping'; this may have been a description of the symptoms of this disease. It is worth noting another possibility for one of the illnesses in the above list; it could have possibly been 'Scrofula'. In the hagiographical material, we see a reference made to *Easbadha* 'Scrofula' in the life of St. Coemgen. For this word, DIL gives some examples, one of which tells us: *scrufuile .i. easbada agus cnuic bragad* 'neck defects and neck lumps'

(of Scrofula). In my chapter 'Hagiography', I have also pointed to a definition of scrofula and its symptoms given by the Oxford Textbook of Medicine (1987); this indicates that scrofula is a form of lymph-node tuberculosis with primary symptoms occurring in the neck region. Nonetheless, AFM contains the most significant amount of entries regarding the aforementioned illnesses; there are three to be found at the following dates: 1011AD, 1016AD and 1063AD: *tedhm mhór .i. cnuicc, agus treagait*… 'A great malady namely, lumps and gripping…' (AFM: 1011AD). In 1016AD we find: …*decc do threagaig* '… died of the cholic' (AFM: 1016AD). At 1063AD we are told: *treaghait agus cnuicc…* 'The cholic and the lumps…' (AFM: 1063).

AU contains one entry at 1011AD which seems to be the same occurrence as that found in AFM at 1011AD also: *teidm treagait isin bliadain sin I nArd Macha coro marbh ár* 'An affliction of the colic in Ard Macha in the above year, and a great number died of it…' (AU: 1011 AD). However, this is called 'lumps and gripping' in AFM; nevertheless, this clearly reflects the varying translations of both of these texts; Hennessy being the translator AU and O'Donovan the translator of AFM.

In Chron Scot. , we find two entries, one at 985/986AD, and one at 1010AD. At 985/986AD we have the following entry: *treagaid fithnaisi o demnaibh a nairthir Erenn, gur la àr daoinibh, gombidìs ar suilibh daoinibh i foilsi* 'A magical colic was brought on by demons in the East of Erinn, which caused a great mortality of people; and they were plainly before men's eyes'. Hennessy (1866), places a footnote at this entry stating that, the 'they' mentioned above means 'the demons'; his note also states that the correct year is 987 A.D.

AFM has a similar entry at 986AD, as quoted below. I did not mention this entry earlier as it did not have any direct mention of 'colic, lumps or gripping'. However, the information present in this entry is similar to that found in Chron Scot at 985/986AD, except it does not contain the word 'colic'. Both these entries are to be found at the same year. AFM 986 AD: *treghat fithnaisi (.i. draoidhecht) ó dheamhnaibh ind airther Ereann co ro-lá ar ndaoine, co mboí for súilbh daoine hi foillsi* '…Preternatural (i.e. magical) sickness [was brought on] by demons in the East of Ireland, which caused mortality of men plainly before men's eyes'. These are interesting entries, as cause of this disease was seen to have been 'demons'.

The second entry in Chron Scot. in relation to the above disease is to be found at 1010AD:…*tedm mór .i. cnoc ocus treagait oc nArd Macha, o samhuin go bealtaine, gur marp sruithe ocus meic leighinn imda, ocus a epscop .i. Cendfaoladh* 'A great malady, viz, boils and colic, in Ard-Macha, from Allhallowtide till May, so that it killed a great number of seniors and students, and their Bishop, i.e. Cennfaeladh of the Sabhall'. This is clearly the same reference as that found in AFM 1011AD and AU 1011/1012. All mention Ard Macha, and make reference to colic, lumps and gripping, or boils.

In DIL, the word *teidm* is given a few meanings; it translates as 'disease, sickness, pestilence'; however, it is also used more explicitly in reference to widespread plague or pestilence. It is used in the wider sense of 'calamity, disaster, affliction, trouble, grief' also. Finally, it can also mean 'a fit, or attack of illness or anger' (DIL). The word *treagait* and variants of it come from the word *tregat* 'pain, suffering, cholic, pang'. *Tregtach* translates as 'painful, wounded or the act of piercing and transfixing'. All of the above translations for

treagait regarding 'colic, lumps and gripping' are symptomatic and descriptive; they give a sense of the physical sensations and pain experienced while suffering from this disease.

The term *treghat fithnaisi* is found at entries in Chron Scot. 985/986 AD and AFM 986AD. These entries are significant as they point to a cause of this particular disease, i.e. demons; they also refer to the disease being 'magical'. The second word of this phrase is *fithnaisi* 'magical'; this may have been attributed to this illness due to its unexplainable aspect. The closest word in relation to *fithnaisi* is *fithnais(e),* which we are told is some kind of sorcery or malevolent magic *fidbae .i. fithnaisi* (DIL). The word *fithnaisech, -nasach* also translates as 'malignant; malevolent'. It can also mean 'magic sorcery'. This word clearly lies in the same domain as that of demons and the unknown.

I feel that this word is used to reinforce the malign and malevolent aspect of the demons present; it is a word shrouded in mystery and the unknown. Sorcery and Magic were mysterious and dark; they were unexplainable. In my 'Anthropological Literature Review', I have addressed the various theories put forward in relation to the appearance of demons. In the aforementioned entries in the annals, elements of the 'Christian (religious) explanatory model' can be seen; I will be discussing this aspect of the annals in my reflections at the end of this chapter.

Scamach 'Influenzal Pneumonia'.

Within the six books of annals, AU is the only set of annals which makes reference to *scamach* during our time frame; we find references in two entries. In 782AD we find the entry: *scamhach* 'The *scamach* [was prevalent]'.

There is a footnote attached to *scamach* in Mac Niocaill's 1983 translation of AU; it tells us that Mac Arthur (1951) identified this as 'influenzal Pneumonia'. In AU786AD we are told *pestis que dicitur scamach* 'A pestilence called *scamach'. Scamach* translates as the following in DIL: (1) 'Cattle disease' (a kind of mange or murrain) or (2) *scamán* 'Lung', *dona sgamanaib* (DIL). We find the word *sgaman* in the Rosa Anglica which Winifrid Wolf tells us is a variant of the word *sgamanuibh* which translates as 'lung'. The word *scam* in plural translates as 'Lungs'. We are given the following example in DIL: *Cono rala I pairtib cro amail Scamu cetbruithi* ('of a lake turned to blood'). The blood here may have been indicative of severe symptoms of this disease. Mac Arthur points out that Hennessy (1887) had identified *scamach* as 'scabies'; Hennessy bases this identification on a footnote he found in MS Clar. 49 which explains this as 'scabies'. However, in this, he suggests that the word may be connected with *scaman* also. Hennessy points to the use of this word in the "Lorica of Gildas", which he tells us appears to signify lungs. Mac Arthur tells us that the identification of *scamach* as scabies (he says presumably suggested by derivatives of the word *scamh* with the meaning 'peeling off') is quite unacceptable; scabies did not cause death, and could not be classed as a pestilence. Also, sulphur had been a very well recognised cure for scabies for centuries.

Mac Arthur points out that Influenzal pneumonia provided all the requirements of the annalist's entry; this disease displayed symptoms such as chest pain, racking cough and bloody sputum; all of which centre on the lungs and thus the word *scamach.* The example given in DIL with the translation 'of a lake turned to blood' is obviously some kind of reference to the bloody sputum

associated with *scamach.* Mac Arthur tells us that in severe cases of this disease, as much as a pint of blood could be lost in twenty-four hours. It also caused numerous fatalities and spread rapidly which would have given it the status of a pestilence (Mac Arthur 1951: 199-200).

Hennessy, the initial translator and editor of the entire volume of AU is doubtful of this disease; he seems to be unsure of whether it was scabies, or a disease associated with the lungs. This is somewhat odd given that *scamán* translates as 'lung' in DIL; this would have seemed like an obvious clue. Mac Arthur suggests that the connection of the word *scamh* with the word *scamach,* which means 'peeling off' may have led to this association; this indeed may have also led to the confusion. I feel personally that there is no doubt that this disease was some sort of long-lasting lung disease which ended in death. DIL's translation of this word and similar words points directly to both symptoms and meaning. However, we are not given information regarding cause for this disease, or in fact any sort of treatment to alleviate symptoms. The outcome of this disease did not appear to be good; it seems it spread rapidly and resulted in numerous fatalities.

Miscellaneous Illnesses and Ailments

Bainne aillsi (Ulcer).

Throughout the annals there are entries which occur sporadically relating to other illnesses and ailments; these entries are not as prominent as those previously mentioned. They may only occur just once, but what is interesting is that they were recognised and given an appropriate name and meaning. On first looking at these maladies, they do not seem to be terribly serious; however,

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when we read the entries, we find that people died from them. The first ailment is *bainne aillsi* 'Ulcer'. In AFM at 1176AD we find the entry: … *do bainne aillsi ro gabh ar a chois do miorbailiph*… 'English Earl (i.e. Richard) died in Dublin, of an ulcer which had broken out in his foot through the miracles of Ss Briget and Columkille; and of all the other saints whose churches had been destroyed by him'. *bainne aillsi* is glossed for 'ulcer' here . According to DIL, the word *bainne* is a variant of the word *bannae* which translates as 'pustule'. DIL gives some examples of the usage of this word: (*isin fuil ceithri) mbaindi* 'a slight wound'. Also, *baindedha agus algada an bhéil* 'pustule'. DIL also mentions *bainne aillse* as 'running ulcer'. The word *aillsi* derives from the word *aillsiu* and later *aillse,* which translates as 'sore, tumour, abscesses' (DIL).

This word has also been referred to as 'cancer'. Winifrid Wulff in *The Anglica Rosa* gives a quote which puts the word *aillsi* alongside cancer: *cancer .i. aillsi* (Wullf 1923: 172-3). In her vocabulary, she also mentions the word *aillis* which she translates as 'cancer, gangrene'. The most important aspect of this entry is the cause of this disease. We are told that it was caused by the miracles of SS Briget and Columkille and all of the other saints whose churches were destroyed by the Earl. Hence, it was an act of retribution or form of punishment by the saints; they had inflicted this illness using their supernatural power.

Aillse (Gangrene).

Another noteworthy entry found is that referring to *aillse fon a muinél* 'gangrene in the neck'. The term *aillse* 'gangrene' is used in isolation here as opposed to the previous entry. We know from the previous entry that the word

aillse means 'sore, tumour, abscesses'; also, Winifrid Wolf gives the translation of this word as 'gangrene' and 'cancer'. In AFM at 539AD we are told:

> *dichendad Ambacuc a n-aenach [fo] Taillten per uirtutem Sancti*
>
> *Cíaran[i] .i. luighe eithig dorat duine fo. laim, cor gab aillse fo muineal.*
>
> *vii. Mbliadna dobái se béo apud monachos co ro gabh aillse fon a*
>
> *muinél (.i. as fon a muineal ro fuirimh ciaran a laimh)* 'The decapitation of Abacub at the fair of Tailltin, through the miracles of God and Cíarán; that is, a false oath he took upon the hand of Cíarán so that a gangrene took him in his neck. Seven years he lived with the monks with the gangrene in his neck (i.e. St. Cíarán put a hand upon his neck)'. The same entry occurs in Tig. when we are told 'a gangrene attacked him at his neck'.

In this entry, we see retribution in the form of a physical punishment. It was inflicted as a result of a wrong deed being carried out against St. Cíarán. This was quite a severe punishment. This entry stands out; the chosen location i.e. the fair of Tailltin was picked specifically to carry out this performance. Many people were present at these fairs, and it was a perfect place to showcase the saint's power and ability.

Extensor Dolore (Pausauit) 'Prolonged Illness/Suffering.

Throughout the annals we find entries relating to an array of different types of illnesses; these seem to last for particular periods of time. It is very difficult to decipher what exactly these illnesses and sicknesses represented;

some indicate chronic suffering, while others offer absolutely no clues. In AU
803 AD and AFM 798 AD, we find the same entry relating to prolonged
suffering. AU 803AD: *Quies Flann m. Narghaile qui in temtatione doloris .xui.
anno incubuit* 'Repose of Flann son of Nàrgal, who lived through painful illness
lasting sixteen years'; AFM at 798AD: … *i trebhlaid dichumhaing co ro écc
iaramh* '(Flann suffered 16 years) of sickness then died for God'. In AU the
word *doloris* is translated as 'painful illness'. This word is the genitive case of
the word *dolor*, which DIL translates as 'pain, smart-ache, grippings in the
stomach of a hungry person'; it can also mean 'mental pain, distress, sorrow,
anguish, trouble, vexation, mortification, chagrin, anger' (DIL). The AFM entry
uses the word *trebhlaid* which is a variant of the word *treblait* 'tribulation,
illness, suffering' (DIL). Another word associated is *treblaitech* 'troublesome,
severe'. We have no indication what this disease was; only that it entailed a
great deal of suffering over a long period of time. The one insight we are given
can be found in AFM 798 AD when we are told that Flann 'died for God'. This
would point to Flann's 16 years of suffering and subsequent death being tied to
some sort of purpose. Was this suffering seen as part of some sort of
punishment or penance? Could it have been for his spiritual salvation? When
reading the annals, we must always be mindful that all of these books of annals
were compiled by clerics in a monastic setting; this had a direct influence on the
content of this material.

It is AU that provides the most references to 'prolonged
illness/suffering'. In fact, we find four entries in close proximity to one another
relating to this kind of suffering (AU 879; AU 884; AU 885, and AU 900).
However, there is one entry found in AU 885 AD that we can cross-reference

with an entry found at the same date in Chron Scot; it seems that these two entries are in relation to the same person: *Cormacc, princeps Cluana Iraird agus episcopus Doim Liacc, extensor dolore pausat* 'Cormac, superior of Cluain Iraird and Bishop of Dam Liac, rests after prolonged illness' (AU 885AD); *Cormac, epscop daimliag, extensor dolore quievit* 'Cormac, Bishop of Daimliag, after long suffering quieuit' (Chron Scot. 885AD). These entries do not throw light on the actual cause of death or what this illness was. However, it is worth noting that there were diseases that caused long drawn out suffering and eventual death.

Ficu (Haemorrhoids).

Another entry we see in the annals is in reference to *ficu* 'Haemorrhoids'. Again, this is not something that one would deem fatal. Nevertheless, we find an entry relating to this in AU at 808AD: *finshechta m. Ceallaigh, rex Lagen, hi Cill Dara de ficu mortuus est* 'Fìnnechta son of Cellach, King of Laigin, died of haemorrhoids'. The English word 'haemorrhoids' glosses the Latin term *ficu.* The Old Irish word nearest to this word is *fíc* 'a fig; a fig tree'; 'in pl, piles, haemorrhoids' (DIL). The Latin word nearest is *ficus* or *ficum.* These terms translate as 'the fruit of the fig-tree, a fig; the piles (from their shape)'; a third meaning simply says 'of one who has the piles' (Lewis and Short 1984). It is plain from these meanings that there was indeed an understanding of what 'haemorrhoids' were. The description given is quite a visual one to say the least. Haemorrhoids being described as 'little figs' shows quite an imaginative side to the people who recorded this ailment. Obviously, shape and presentation of this debility helped attach this particular

term. In the aforementioned case, it was obviously quite severe or not treated adequately; this led to the death of the person in question.

<u>*Bidhg* 'Fit', 'Dying Suddenly'.</u>

In AU and AFM we have reference to people dying *.i. bidhg* 'of a fit'; 'dying suddenly'. In AU at 710AD we find the entry: *Conghal m. Fergusa Fanad mc. Conuill Gulban, .i. bhidhg id est rex Temorie* 'Congal son of Fergus of Fàna son of Conall of Gulbu i.e. Congal of Cenn Magair King of Temair died suddenly i.e. of a fit' (AU 710). AFM provides an entry at 766AD indicating death by a fit also: *Aongus, Mac Firadhaigh, tighirna Ceneoil Laogaire, deg do bidhg* 'Aenghus, son of Fearadhach, lord of Cineal-Laeghaire, died of a sudden fit' (AFM 766 AD). A foot-note by O'Donovan to this entry indicates that this death notice can be found in AU 770AD also. When I looked at AU at 770AD I found: *Oengus m. Fogertaigh, ri Ceniuil Loeghaire, subita morte periit* 'Aengus son of Fogartach, King of Cenél Loegaire, died suddenly' (AU 770 AD). The English terms 'of a fit' and 'died suddenly' are glossed for the Old Irish term *bidhg* by both sets of translators in AU and AFM. DIL gives three variants of *bidhg*; these are *bedg*, *bidgaid*, and *tap*. In DIL the words *bidg*, *bedga*, and *bidgu* are listed as varieties of *bedg* also. These words translate as 'start; spring; leap; bound; rush; dash; attack; sudden; death; seizure; shock; fright' (DIL).

Nevertheless, we do find another entry in AU at 987 AD which contains a variant of the term *bidhg*, this entry goes as follows: *beidgdibudh mor coro la ár doeine agus indeli i Saxanaibh agus Bretnaibh agus Goidhelaibh* 'A great outbreak of St. Vitus' Dance, and it caused death to a large number of people and cattle among the Saxons and Welsh and Irish'. However, Mac Niocaill, the

translator in this particular instance, has chosen the English name of a disease called 'St. Vitus' Dance' to gloss *beidgdibudh mor*. This is quite strange, as clearly *beidgdibudh* is a variant of *bidhg* which can translate as any of the aforementioned words listed above. The term *mor* included alongside *beidgdibudh* translates as 'great; mighty; vast' (DIL). This entry does not offer any other information except the fact that this outbreak affected both people and cattle.

Mortalitas puerorum/paruolorum 'Mortality of Children'.

      We find reference to the above entry in four of the six books of annals. We are not given detail of the cause of the mortality of these children. It may have been any one of the many childhood illnesses. However, it is clear from the mortality indicated that this illness was obviously highly contagious; it seems its spread could not be controlled or contained. This would have had a serious impact on future population numbers in Ireland. We know that there were serious mortalities which affected the general population; however, these entries are quite specific to children. AU provides two entries with regard to an outbreak of this sort; they occur in two consecutive years. The first is recorded at 683AD: *initium mortalitatis puerorum in mense octobris* 'Beginning of the mortality of children in the month of October'. A footnote to this entry in Mac Niocaill's 1983 translation of AU, tells us that it was a recurrence of bubonic plague. The second entry occurs at 684AD: *mortalitas paruulorum* 'Mortality of the children'. Chron Scot. contains the following entry at 679AD which is nearly identical to the entry in AU at 683AD: *initium mortalitatis puerorum in mense octobris* 'Beginning of the mortality of children in the month of

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October'. The annals of Clonmacnoise at 678AD contain the following entry: 'There begin the mortality of children', and Tig. contains the entry: *mortali[ta]s paruolorum.* The word *mortalitas* translates as 'subjection or liability to death'. The word *Puer* is the Latin word for 'child'; the word *puerorum* is the genitive plural case.

Mac Arthur tells us that the above mortality was suggested to be diphtheria in the Census of Ireland of 1851. In his view, we could find no fitter name for diphtheria than the 'Mortality of children'; this particular disease normally attacked children under the age of five and was fatal without treatment. However, he offers a second suggestion; this is the recurrence of the bubonic plague of 664AD. He bases this on historical records, in particular on Bede's account of the outbreak of epidemic disease after 664AD. This epidemic in particular was seen to affect young children. Nevertheless, there are a range of childhood diseases which are quite contagious and could have resulted in this grave mortality. Mac Arthur may have been right; however, we simply cannot be sure exactly what the above epidemics were. There is no doubt that some form of treatment was given, but, sadly, maybe the sheer scale of this epidemic was impossible to contain.

We are given no indication whatsoever how these outbreaks were explained, or even how attempts were made to cure them for that matter. The sources are lacking from this point of view; they only provide statements in relation to their occurrence. One can only assume that such large-scale epidemics had particular aetiologies attached to them. We do know that illness which attacked a population collectively was viewed as punishment from God; it was not just singular occurrences. However, the fact that the above attacks

were centred solely on children adds another dimension; its explanation may have been difficult to assign meaning to.

<u>Three Day Diseases.</u>

Within this group of illnesses we come across reference to 'three day diseases' which resulted in death. In AU at 1075 AD we are told: *Domnall m. Murchadha ri Átha Cliath do ec do galur tri n-oidhce* 'Domnall son of Murchad, king of Àth Cliath, died of a three-nights sickness'. We find exactly the same entry to the word in AFM 1075 AD. Also, in AFM at 1045 AD we find: … *do galar anaithnidh* 'Amhalghaidh, son of Flann, chief of Calraighe died of an unknown disease before the end of three days, after obtaining forcible refection at Cluain-Mic-Nois'. The same entry is found at 1043 AD of Chron Scot. also. However, it is worth pointing out here that the date given in Chron Scot. for this entry is 1043 AD, but the date of 1045 AD is to be found at the side of the page. *Galur* is a variant of *galar* 'sickness, disease, physical pain. The word *anaithnidh* comes from *anaithnid* or *anaichnid* and simply translates as 'unknown, strange, unfamiliar, unheard of' (DIL). One would wonder how 'forcible refection' was carried out, and more importantly why it took place; this most certainly seems like a peculiar practice.

Causes of Illness and Disease, Prophylactic Treatment.

Underlying causes of illness and disease are seen in the annals. Firstly, we can recognise important naturalistic evidence as it presents itself in the annals, i.e. famine, warfare and poor weather conditions; these causes were recognised by the people. Generally speaking, when there are bad weather

conditions and crops fail, famine occurs; this in turn leads to outbreaks of disease and illness. Warfare also brought with it its usual array of injuries, lacerations and trauma. Mac Arthur tells us that, once a famine had begun, whether provoked by natural causes or by war, famine fever was never far behind (Mac Arthur 1949: 181). These occurrences point to an innate 'Naturalistic model' for disease causation in medieval Irish society; this is clearly outlined in the following entries also.

Here are some examples of weather-and famine-related outbreaks of disease in the annals: The Annals of Ulster at 670 AD: 'Great snowfall occurred. A great famine' (AU 670); AU 760 AD: (1). 'A great snowfall on the fourth of the nones [2nd] of February'. (6). 'Famine and a great mast-crop'. In AU 764 AD we find the following entries together at the same year: (1) 'A great snowfall which lasted almost three months' (4) 'A great scarcity and famine' (AU 760 AD).

In Chron Scot. at 1095 AD we find two entries for the one year which are clearly tied together: 'Great snow fell on the Wednesday after the calends of Janruary which killed a multitude of men, cattle and birds'. The second entry for the same year tells us: 'A great pestilence in Erinn, which killed a large multitude of people, from the calends of August to the May following, viz; it was called "a mortal year" (Chron Scot. 1095 AD).

A second set of causes for illness and disease are present in the annals also. These causes are very much linked to the 'Christian (religious) model'. This is no great surprise; as stated earlier, the clerical authors of these books had influence on their content. Here are some random examples relating to this particular cause. We find an entry in Chron Scot. at 507 AD which tells us:

'Death of Lughaidh, son of Laeghaire, King of Temhair, in Achadh Farcha. He was struck on the head with lightning from heaven for denying Patrick' (Chron Scot. 507 AD). Patrick, as we know, was seen to be responsible for bringing Christianity to Ireland. We know from the literature that Lughaidh was the powerful Pre-Christian God; he was seen to be at odds with the new faith. It seems that this was Lughaidh's punishment from God for not converting to the Christian faith.

As discussed earlier, the entry found in Chron Scot. 544 AD points clearly to an act of retribution. We are told that Saint Ciáran inflicted suffering for swearing an oath falsely; however, in the end, the person was cured after carrying out his penance. Chron Scot. gives another example of this at 949/950 AD: 'Godfrith, son of Sitric, took possession of Áth Cliath, and plundered Ceanannus, and Domhnach-Padraig, and Ard-Brecain, and Tulen, and Disert-Ciarain, and Cill-Scire, (but God took vengeance, for he died shortly after)' (Chron Scot. 949/950). This entry is fairly straight-forward in telling us that the death of Godfrith was a direct act of retribution from God for plundering numerous churches. The above was seen as a massive act of vandalism against God and what he represented. We see at AFM 844AD and AFM 1176AD as outlined in the body of this chapter, that the saints were a cause of both 'flux of the belly', and an 'ulcer'. In these cases, these illnesses were inflicted as a form of punishment and retribution; the saints were acting on behalf of God.

Another example of this kind of aetiology is associated with the Black Death (bubonic plague). Kleinman tells us that in the late Middle Ages this disease depopulated the European continent by an astounding three-fourths. In so doing, the Black Death became a symbol of evil and terror. It came to signify

several things: the wrath of God, man's fallen state of sin and suffering, and death as transcendence of the immortal soul. He tells us that, whatever particular religious meaning the Black Death had for a community, it was overwhelmed by the immensely powerful practical meaning the term held for the afflicted and their families. The application of this illness label placed home and neighbourhood under the isolation of quarantine, and made the inhabitants doomed outcasts who posed the gravest dangers to society (Kleinman 1988: 18-19).

Certain prophylactic treatments were also related to the 'Christian (religious) explanatory model'. These treatments consisted of certain rituals of affliction and intensification being carried out; they were seen to avert various misfortunes, disease and illness. These rituals of affliction involved fasting, prayer and repentance for periods of time. For example, in AFM at 767 AD we find the following entry: 'Two fasts to save them from pestilence' (AFM 767), and in AFM at 1096 we find: 'Fasting out of fear of another pestilence Wednesday to Sunday every month and to fast [on one meal] every day till the end of the year. Exception Sundays, Solemnities and great festivals, Great offerings were made to God' (AFM 1096). The same entry occurs in the Annals of Clonmacnoise at 1094 AD. However, the entry in Clon. contains rather more detail:

'There was a great mortality and plague all over Europe this year in so much that it depopulated great provinces and countries, there was not such a pestilence in this kingdome since the death of the sons of king Hugh Slane (that died of the disease called Boyle Kenneall) until the

present year, of which disease the ensuing noblemen with infinite numbers of meaner sort died. All the clergy and king out of fear thought it good for all the inhabitants to fast from Wednesday to Sunday once every month for the space of one year except Solmne and great festival days, they also appointed certain prayers to be daily said. The king and noblemen were very beneficial towards the church and poor men this year whereby Gods wrath was aswaged' (Clon. 1094AD).

The above entries are only some examples of particular rituals of affliction or intensification; there are many more to be found in the annals. To sum up, we could say that there are two kinds of models regarding illness and disease causation found in the annals, i.e. (1) the 'Christian (religious) explanatory model', and (2) a 'Naturalistic model'. This uncovers some important aspects of disease causation in medieval Ireland. People knew of the naturalistic factors (famine, warfare, poor weather) contributing to the development of illness and disease in medieval Ireland; however, this did not mean that they saw these factors as the ultimate cause for illness and disease. Medieval Irish society was predominantly Christian; this meant that a Christian (religious) aetiology for illness/disease was looked upon as the most likely cause of suffering.

We must bear in mind also while looking at these particular diseases and illnesses that not only had they an effect physically on the person/people suffering; they also directly affected the person's social status and membership in the local community. People who suffered from long-term illness or had physical disabilities could not perform ordinary jobs. They could not contribute

to the economy in the same way that unaffected people could do so. Ireland had

a mixed farming economy. This farming economy required physical strength

and stamina; qualities that a person with some sort of disability or debility could

not offer. This meant that these people could not engage properly socially.

The kinship system which was the backbone of Irish society at this time meant

that people were obligated to help and sustain members of their family. People

suffering from any sort of illness or disability could not engage properly in

labour in the community. So, the question is, how was this handled? How where

these people perceived? If we look to Goffman's (1990) theories of stigma and

Douglas's (1966) theory of anomaly as discussed in my chapter

'Anthropological Literature Review', we can see how some people

compensated for their stigma, took on particular roles or were simply brushed

aside and left isolated.

Anthropological Reflections

  The annals provide a different, but complementary body of information

than that found in the hagiographical material. They not only provide a selection

of illnesses and disease for the medieval period; they also provide evidence of

disease causation.

  The annals are a particularly important source in the study of suffering;

they give chronological facts surrounding when, and for how long the

occurrence of illness and disease took place. The annals display how, as a piece

of historical documentation, importance was placed upon recording illness

events; they were after all an aspect of social life. From an anthropological

perspective, the annals are a rich source. They provide a wider variety of

symptom terms than that of the hagiographical material or medico-legal law texts; this reflects a rich cultural knowledge regarding illness. All of the above elements contribute widely to the study of the medical system in medieval Ireland.

In the annals, there are six Old Irish and Latin terms which are translated as 'leprosy'. Kleinman helps shed light on this aspect of the semiotics of diagnosis; he points out that a person's symptoms must be translated into the signs of disease. He also makes the point that there are a wide variety of symptom terms, and there is a wide array of understandings of meanings of these terms. Given that this is the case, it would point towards all of the terms standing for particular symptoms of diseases, and thus individually having specific meanings. I have made a particular point in my 'Anthropological Literature Review' and in this chapter, that there is the possibility of a lost corpus of cultural knowledge regarding the illnesses and diseases which these terms denote. The annals, from this perspective, are a very valuable source. The usage of these symptom terms clearly indicates a familiarity with them; people obviously had a shared understanding of what they meant.

We can see entries in this chapter which are connected with the 'Christian (religious) explanatory model'; these entries concern illnesses which were a result of punishments and acts of retribution by God and the saints. These actions by the saints' acted as religious sanctions for wider society; these I have discussed in my chapter 'Anthropological Literature Review' and in my chapter 'Hagiography' (see Radcliffe-Brown, Roberts and Haviland et al).

In the annals we see elements related to ritual and theories of performance also; in particular at AFM 539AD. Bowie tells us that rituals can

be seen as performances; they involve both audiences and actors. The fair of Tailltin was in the public arena. Cíarán as actor chose to showcase his power and enact this form of retribution in front of an audience, i.e. the people present; in this case, the fair was his stage. By doing this, he also displayed to the wider audience the power of God, and that which he wielded himself. This act was efficacious on a couple of levels; firstly, it showcased the saint's power, and secondly, by displaying this power it set religious sanctions in place to the wider population.

As outlined earlier, there are both naturalistic and religious causes which contributed to the development of disease/illness and injury in the annals. Prophylactic treatments were also carried out; these treatments were in the form of rituals of affliction and rites of intensification. Haviland et al (2005) enlighten us to the purpose of such rites; they tell us that they ease the sense of danger and unite people in a common effort which yields to collective action and a degree of optimism. In the annals, prayers, fasting, and repentance were carried out in order to avert and ameliorate the various misfortunes, illness and disease.

There are other entries found in the annals relating to illness caused by demons. In Chron Scot. 985/986 and AFM 986, we find some interesting entries in relation to 'demons' as a cause for *treghat fithnaisi* 'magical colic' and 'preternatural (i.e. magical) sickness'. There are many explanations in relation to this kind of aetiology for disease/illness. A similar illustration of this is in relation to witches and witchcraft; these too may be held responsible for the occurrence of illness and disease. For example, amongst the Ibibio of Nigeria, witchcraft beliefs are highly developed and long-lasting. Witchcraft is seen

responsible for most misfortune, for e.g. a rat that eats up a person's crop is not really a rat, but a witch that changed into one. If someone's money is wasted or if the person becomes sick, the reason is always the same, i.e. witchcraft (Haviland et al 2005: 637).

Collins (1978), Clark (1997) and Pattison (1985) put forward various theories in relation to the eruption of demons in society; these I have already discussed in my chapter 'Anthropological Literature Review' and in relation to the occurrence of demons in my chapter 'Hagiography'. These theories offer some interpretations and explanations of the appearance of 'demons' in this material.

Aspects of some other entries in the annals can be interpreted through additional anthropological theory. For example, Mary Douglas's theory of contagion can be related to various occurrences which took place in the annals; these theories I have discussed in detail in my 'Anthropological Literature Review' also.

An example of the above is found in relation to St. Cíarán and Feidhlimidh in AFM 844AD. This involves a thrust of a crozier and the infliction of a disease; however, this disease was subsequently removed. The crozier involved acted as a medium by which this disease could be inflicted or removed; it acted as a conductor of purity and healing on the one hand, and a conductor of impurity and danger on the other. This idea is very much bound to ideas of contagion and pollution which Douglas (1966) alludes to. We must remember that all acts of contagion involve transference of power; it was the saint's power which controlled and manipulated this disease.

We see how the above anthropological theories have contributed to my analysis of this source-type. As I have stated earlier, all institutions in society are inextricably bound to one another; they are shaped and changed over time, and through time. Anthropologists examine and evaluate these changes and their effect on society as a whole. The annals in this case, provide the raw materials for examining such changes in medieval Ireland; they record and convey the transitions and modifications which took place in the past. Specifically however for this thesis, they inform us of the regularity of occurrences of particular diseases and illnesses. They provide a wide range of symptom terms for illness and disease, and convey a comprehensive range of causes for their occurrence. In addition to this, the annals by recording the major events which took place, not only offer a window into society of the time, they provide evidence of what affected and shaped the medical system. There is no medicine that is independent of historical context; the annals in this case, are a history book documenting the various changes which affected the medical system.

Chapter 7   Laws

Introduction

Within this chapter, it is my aim to address the two medico-legal texts *Bretha Crólige* (BC) and *Bretha Déin Chécht* (BDCh) in order to examine the medical system in medieval Ireland. In looking at these two medico-legal texts, my aim is to tease out relevant information with regard to the medical system and medical practice. My emphasis is primarily on (1) the kind of medical assessment carried out by the *liaig*; this reflects the medical knowledge which was present; (2) evidence of particular diseases and injuries; (3) treatments and cures, and; (4) the connection the medical system held with other institutions in society.

The body of information found in BC and BDCh supplements the body of information found in the annals and the hagiographical material. However, the type of information found in these two texts is more closely aligned to the information found in the annals; it belongs to a 'Naturalistic model' also. The material found in these texts deal with medical treatment and the legal framework for injury and sick-maintenance; they were compiled as a reaction to deal with these occurrences in the natural world. According to Kleinman (1988), when we are faced with an experience, we must adopt some perspective on our experience. He tells us that some people take up a moral or religious perspective to make sense of or seek to transcend misfortune; however, others take up a medical one to cope with distress. Both BC and BDCh reflect the latter kind of model which people turned to in times of illness and injury.

Both BC and BDCh provide detailed information of medical practice. The normal procedure when an illegal injury took place was for the victim to be

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brought to his own home where he was looked after by his own kin for a period of nine days. Kelly tells us that most sources refer to a nine-day period *(nomad)* before the *liaig's* prognosis is made; however, BC 41 refers to a ten-day period *(dechmad).* If he dies during this period, the culprit must pay the heavy penalty for killing. If the person is still alive after nine days, he is then formally examined by the *liaig.* If the person has recovered sufficiently and no longer needs nursing, then the injurer only has to pay for any lasting blemish or disability. However, if the *liaig* believes that recovery is unlikely, the injurer must pay the heavy fine of *crólige báis,* lit. 'Blood-lying of death'. Nevertheless, if the victim is still in need of nursing at the end of the nine-day period and the *liaig* believes that he will live, the injurer must take him on *folog n-othrusa* (or shortened to *othrus)* 'sick-maintenance'. Kelly tells us that this entailed bringing the injured man/woman to the house of a third party (probably a kinsman of the culprit) (Binchy 1938; Kelly 1998: 129-30).

However, Ó Cróinín tells us that, with the passage of time, the original provisions of the law were diluted: as a first step, the obligation to provide a 'safe house' for the injured party's convalescence, and to provide for him (or her) and his entourage during the period of recovery, was changed in favour of an arrangement whereby the patient recuperated at home, and the retinue was no longer supported (Ó Cróinín 1995: 118).

Mac Neill believed that there was in the oldest period of sick-maintenance the provision for *snádud co foras tuaithe* ('[the victim's] accompaniment to the *f.t*') this denoted the existence of a public infirmary (*foras tuaithe* can be translated 'resting-place of the *tuath*') in every tribal kingdom, similar to those found in other parts of Europe at the same period. He

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points out that if such a secular institution really existed it is unique in early medieval law; in other countries such hospices were invariably the preserve of the church during the medieval period (Mac Neill 1921).

Ó Cróinín sees that there may have been good reason for the change from the original 'safe house' practice. He draws attention to what Binchy points out in *Críth Gablach*: 'Where one person has injured another of malice on forethought, the prospect for the victim of being nursed back to health by the kin or friends of his aggressor (possibly in the latter's own house) is not calculated to reassure him' (Binchy 1941). In these new circumstances the injurer's liability now consisted in providing the victim in the latter's own home with food, a doctor, a nurse and a substitute to carry out his manual duties. It was only natural then that these obligations in turn would be offset by substituting a single payment to cover all of them. With the establishment of a uniform payment for all victims whatever their status, Irish law eventually fell into line with other ancient and medieval legal systems. This is reflected in *Críth Gablach*, whose author/compiler was familiar with the older state of affairs, but who prefaced his discussion with the following remark: 'Sick-maintenance does not exist today at the present time, but rather the fee for [=appropriate to] his worthy qualities [is paid] to each according to his rank, including [compensation for] leech's fee and ale and refection, and also the fee for blemish, hurt, or loss of limb' (Binchy 1941).

Laws evolved quite rapidly as society did. In general, law is not static, it changes as a result of human action; this will become clearer when we look at BC in particular. The language of these two law texts is in Old Irish and is quite technical at times. These texts also contain many elements related to rank and

status; this conveys a particular kind of medical system, i.e. a selective one, it also reflects the stratified and hierarchical nature of society. I have elaborated on these elements of society and the medical system in my chapter 'Early Irish Society'.

The *liaig* played a pivotal role where bodily injury was concerned; he ensured that the person got his legal entitlement and that compensation for injury was commensurate with both rank and injuries. The *liaig's* role in this medical system involved assessment of injuries and wounds; this encompassed status, compensation amounts, and the *liaig's* fee. The details of such are quite intricate in both BC and BDCh; various criteria are outlined as part of this medical assessment. I address all of these areas in the following sections. Nevertheless, Shaw (1961) points to the ambiguous nature of medicine in Ireland throughout the historical period; he tells us that we might reasonably expect to have more medical information from the seventh century to the coming of the Normans, in particular in relation to the doctor (Shaw 1961: 88). Nonetheless, we must focus on the evidence which these law texts present.

Status and Classification

Compensation and assessment of injuries and wounds not only reflect medical knowledge; they also portray the sliding scale of compensation based on one's status. Compensation was higher if the injury was dangerous or life-threatening; this would mean that the *liaig* had to be competent and proficient in assessing all kinds of injury in order to assign compensation. He also had to take into account the status of the person being assessed; this meant he had to have adequate legal knowledge in relation to status and the specific honour-prices of

all people concerned. Both legal and medical information are completely entwined in these texts; this makes it difficult to ignore at times.

The following four examples give an insight into how one's status affected medical treatment, and also the relevant compensations due for injury. The first example I have chosen is at entry 2 of BDCh. Here we are given information with regard to how people of different status were classified. This classification which was based on nine particular grains of arable grain is of particular importance in assessing the status or rank of the person. These grains were also used by the Irish *liaig* to assess the size of wounds; their size was indicative of the amount of compensation due. Binchy points out that measurement through grains was the smallest unit of measurement throughout the Indo-European world (Binchy 1966: 9). Entry 2 of BDCh states:

'A grain of wheat for a supreme king, a bishop, and a master poet. (2) A grain of rye for a superior king, an *ánroth* poet (poet of the second grade), and a priest. (3) A grain of *siligo* (?) for the king of a [single] tribe- and for a deacon and a *clí* (poet of the third grade)- and for every person of equal status corresponding to him among churchmen and poets. (4) A grain of…. for an *aire ard*- and a subdeacon and a *cano* (poet of the fourth grade)- and for every person of equal status corresponding to him. (5) A grain of red wheat for an *aire túise* and a lector and a *doss* (poet of the fifth grade)- and for every person of equal status corresponding to him. (6) A grain of barley for an *aire déso* and every person of equal status corresponding to him. (7) A grain of oats for a *bóaire* and every person of equal status corresponding to him. (8)

A pea for an *ócaire* and every person of equal status corresponding to him. (9) A bean for a *fer midboth* and every person of equal status corresponding to him (Binchy 1966: 2).

A similar example with regard to rank/status can be found at entry (2) of BC, but emphasis is solely on compensation for mortal blood-lying. Estimation for wounds received by the king plays a prominent role in BDCh; these entries relate to wound size, location on his body, and the appropriate compensation. Information with regard to the aforementioned can be found at additional entries in numbers 5, 6, 9, 11, 12, 13 and 22 of BDCh respectively. I have listed one entry regarding the king as my second example; this is found in the text of BDCh at entry 5. This entry tells us:

'A wound [measuring] a grain of wheat in the cheek of a supreme king [and of such extent] that it can cover the single grain which falls into it- the value of a milch-cow in silver [is due] for it. A wound measuring two grains of wheat, … [one of them] for its depth, the other for the width of its opening; a *cumal* [is due] for it if it be between the brows' (Binchy 1966: 5).

The use of arable grains to denote the rank of a person or to indicate the size of a wound may seem like strange medical practice; however, we must consider this practice in its cultural context. Medieval Ireland had an agricultural economy, in fact, it was its life force; given this context, maybe it

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was not that obscure or unusual to have these elements overflowing into the laws of the time.

My third example is one which is in contrast to the above entry. It can be found at entry 8 of BDCh. In this entry we find reference made to the *bóaire,* a prosperous farmer and man of high status; nonetheless, he is not as prestigious or high in status as the king. This has bearing on the *liaig's* method of compensation and fee:

'If it be between the brows of a *bóaire* that a two-grain wound has been inflicted, a young (?) sheep is given to the leech for this' (Binchy 1966: 8).

My fourth example is primarily concerned with penalties attached to wound size, the seriousness of the wound, and any remaining mark or blemish left behind.

'From that on, according as the size of the wounds increases, the penalty for them increases proportionately on account of (= in relation to?) the fear of death, the gravity of the [accompanying] sickness, and the extent of the blemish [left by them]' (Binchy 1966: 10).

This entry is clearly preoccupied with compensation being proportionate with particular wounds. It basically sees bigger wounds producing graver side affects, if not death. Given that this was the case, it was necessary for the correct compensation to be provided. I feel that this particular entry is primarily

concerned with medical outcome, and not rank; status of the offender was not a determinant of the fine imposed. Its emphasis is with the severity of the wound, and whether any permanent or ongoing damage or sickness was to be incurred as a result of it. This is quite at odds with the otherwise hierarchical system of the time.

Medical Awareness

Both texts display a strong medical awareness; however, it is BDCh that provides detailed medical information and reflects the *liaig's* medical knowledge. Entry 2A in BDCh outlines the *liaig's* knowledge of anatomy and physiology. It lists twelve vulnerable areas of the body which when examined, proves how well acquainted the Irish *liaig* was with the body. However, we must be aware of what Binchy states in his notes preceding the actual text of BDCh; he tells us that this list has been supplied by a later scholiast and did not form part of the original text. He points out that we cannot be absolutely certain that this list tallies with what the compiler had in mind. Nonetheless, Binchy sees this entry to be indigenous, as he tells us that he cannot find any other similar information in other accounts of early medicine (Binchy 1966: 10). Entry 2A in BDCh:

> 'There are twelve doors of the soul in the human body: (1) the top of the head, i.e. the crown or the suture, (2) the hollow of the occiput, (3) the hollow of the temple (temporal fossa), (4) the apple of the throat ('Adams apple', thyroid cartilage), (5) the hollow of the breast (suprasternal fossa), i.e. the cavity of the throat, (6) the armpit (axilla),

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(7) the breast-bone (sternum), (8) the navel (umbilicus), (9) the… Of the side, (10) the bend of the elbow (antecubital fossa), (11) the hollow of the ham (popliteal fossa), i.e. from behind, (12) the bulge of the groin (femoral triangle?), i.e. the bull-sinew, (13) the sole of the foot.' (Binchy 1966: 2A).

This entry proves that (1) there was comprehensive knowledge with regard to anatomy and physiology of the body, and (2) there was an awareness and recognition of areas which were particularly vulnerable. The *liaig* used particular Old Irish terms to portray and describe areas of the body. For example, at (2) above, the terms *clais da chulad* were used to describe 'the hollow of the occiput'. When we look at these words individually, we find that DIL translates the word *clais* as 'ditch, trench, furrow, pit', and the word *chulad*, a variant of *cúlad* as 'one of pair of sinews at the back of the neck'. The use of these two words together describes the exact location of the occiput. The occiput is a slight indentation to be found at the base of the head and start of the neck between two muscles. Its indentation could easily have been described as a trench or a furrow.

What is most interesting however is that the above areas were regarded as being *doras anma* 'doors of the soul'. There is a footnote to the first line of this entry in reference to 'doors of the soul'; this footnote by Binchy refers to them as 'portals of life'. This would indicate that these areas were seen as areas through which life could pass in or out of the body; they would have been particularly vulnerable parts of the body. The use of the word *anma* here to describe these doors reinforces this belief. *Anma* is the genitive singular of

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anam (ainim) 'soul' (DIL). The idea that certain parts of the body were viewed as portals whereby substances can enter or exit the body is an element which can be found in many cultures and beliefs; it is not specific to medieval Ireland.

The next entry found at 2B is a heptad. Heptads were a branch of early Irish aphoristic literature. They formed part of a genre of literature known as wisdom literature; this kind of literature developed a momentum of its own in early Christian Ireland (McCone 1990: 31). Binchy feels that this entry did not form part of the original text; he maintains that it was taken over from another source, probably from a collection of heptads (Binchy 1966:10). Nevertheless, it is the information found which is important; it reflects an astute awareness of anatomy and physiology:

'There are seven fractures in [the body of] a person which are most serious, i.e. highest, i.e. the principal bone-breakings in [the body of] a person; (1) tooth, (2) upper arm (humerus), (3) fore-arm (radius and ulna), (4) thigh (femur), (5) shin (tibia), (6) point of the shoulder (collar-bone, clavicle), (7) one of the bones in either the fore-arm or the heel, i.e. the point of the heel.' (Binchy 1966: 2B).

This list covers major bones in the body; in fact it is quite specific. What is surprising is that the term *cnamcomaigh* translates directly as 'fractures' in DIL. By saying this, I do not mean to underestimate medical knowledge of the time; however, the English word 'fractures' seems to be quite a modern term. At (2) above, the term *doid* 'upper arm' is used; this word is a variant of *doé* which translates as 'the upper arm from shoulder to elbow' (DIL). At (3) the Old Irish

term *a righ* is translated as 'fore-arm'. *A righ* is a variant of *riged*, which translates as 'the forearm from wrist to elbow' (DIL). At (4) the Old Irish term *Sliasta* is translated as 'thigh' (femur). DIL translates this word as 'the thigh where it thickens at the top, loin, buttock' (DIL). At (5) the term *Lurg* is translated as 'shin (tibia). *Lurg* a variant of *lurga* which translates as 'shin-bone, shank' (DIL). At (6) the term *Gualann* is interpreted as 'point of the shoulder (collar-bone, clavicle); DIL translates this as 'top of the shoulder' (DIL). (7) I had difficulty in locating specific translations for the terms in the last part of this entry; the phrase is *1 lethcnaim a riged no seireth .i. saldelgo.* Binchy translates this as 'one of the bones in either the forearm or the heel, i.e. the point of the heel'. The modern Irish term *sál* translates as 'heel'.

Medical Assessment and Practice

The following entries contain descriptions of the method which the *liaig* used in assessing a wound for compensation. This method is quite detailed and applicability of this method is questionable. One would question the way in which this was carried out; clearly a standard set of criteria were laid out by the *liaig* for particular lengths and depths of wounds. If there were not, it would have led to much confusion. When looking at these entries and the compensations allotted, we know that they were primarily a form of recompense; however, they also played a part in restoring social relationships in society. They restored a sense of balance for the wrong-doing that was committed; this created a sense of justice and fostered forgiveness between those concerned. This allowed communities in society to continue to commune

together in an orderly fashion. The following are examples of this kind of

assessment for compensation. At entry (14) of BDCh we find:

'Any wound that is round is divided in two [for the purpose of assessing

compensation]: half for its depth, the other half for the width of its

opening. If (?) it be jagged, it is divided in three: one third for its length,

one third for its depth, and one third for [its] width.' (Binchy 1966: 14).

At entry (15) we are given further detail of this assessment:

'A standard inch, that means a thumb inch. [There are] three grains in

an inch' (Binchy 1966: 15).

This entry throws some light on the method of calculating and assessing

the size of wounds for compensation. It explains that a standard inch was

equivalent in size to the size of a person's thumb, or it was called a 'thumb

inch'; this 'thumb inch' in turn was equivalent to three grains. This was

obviously a well thought out and practiced method; one it seems which proved

successful in medieval Irish society for estimating wound size and the

appropriate compensation. Further assessment of wounds can be found at entry

16 of BDCh also, where assessment is made in terms of whether a wound was

on a fleshy or non-fleshy part of the body; compensation amounts reflect this

also.

Entry 63 of BC provides a very clear list of criteria for assessing wounds; in fact, this entry seems like a synopsis for how assessment took place on all wounds.

'Thou shalt divide wounds according to estimations, according to ranks [of the wounded], according to blemish, according to loss [of limb], according to [immediate?] healing, according to subsequent healing: a wound involving maintenance, a wound of non-maintenance (?), a wound of eye [which can be seen], a wound of 'non-eye' [which is invisible?], a wound with concealment of [which covers] the two eyebrows, a wound on the shoulder which bespatters (?) the body of free-born man, a wound which is free from liability, a wound [inflicted] in the course of levying a payment due, a wound [inflicted] by a fool in combat, a wound [inflicted] on a hand, a wound on a foot, a wound with breaking of bones.' (Binchy 1938: 63).

Entry 20 of BDCh makes reference to fracturing a bone, it tells us:

'For fracturing a bone two ounces of silver [are the penalty], one of them for the leech, the other for him on whom the aching wound(?) is inflicted.' (Binchy 1966: 20).

There are glosses to be found attached to this entry; however, these are problematic. One part of the gloss suggests that this is in relation to the breaking of all the back teeth; it tells us that the penalty is higher for this. This is a little

suspect, as there is no indication or reference to the breaking of teeth in the main text, let alone compensation for it. Binchy points to these contradictions found between gloss and text; he tells us that these discrepancies are a result of the glossators and commentators trying to reconcile the rules found in these texts with those found in other texts; I have discussed this issue in my chapter 'Methodology'.

At entry (65) of BC we are told of another responsibility of the *liaig* with regard to assessment:

'What belongs to the surveying [estimation?] of a wound in Irish law? With true judgements according to conscience, colour [of the part injured], and [leech's] verdict. Mis-representation [by the leech?] which brings about absence of evidence is a plundering [of the wounded]' (Binchy 1938: 65).

The various glosses for this entry basically explain that in order to estimate the amount due for the wound, the spot where it was originally located had to appear as it formerly was. The *liaig's* role was to cast a final verdict on the wound; his judgement was taken quite seriously. This information is in commentary form which would cast doubt over its authenticity; fortunately, it can be corroborated elsewhere. Fergus Kelly points out that the name given to the physician's verdict was *derosc*, and this was given at the end of a period of nursing.

Entries (30), (31), (33), (35) and (36) of BDCh outline other penalties for particular injuries. These entries reflect the *liaig's* knowledge; however,

given the nature of the type of injuries mentioned, they would reflect what would seem like a violent and brutal society. These entries point very much to, and reflect a society that took part in inter-personal violence; disfigurement, loss of limbs, extensive injuries to the face and brain all suggest injuries sustained as part of battle.

Roberts discusses the permitted exercise of inter-personal violence. He points out that this principle was a reciprocal one. He tells us that vengeance is approved in some societies, although usually only up to the hurt received; the injuries found in BC and BDCh may have been proof of vengeance or retaliation. Joyce points out that the law of retaliation was present in an older period, this was very much in the mode of 'an eye for an eye, a tooth for a tooth'. This particular trait has been a characteristic of every society at some point in time; revenge and retaliation have always taken place. This generally occurs when there are various different groups living in close proximity; unfortunately, this kind of approach is always violent and gruesome.

Secondly, we know that during the medieval period, there was considerable political upheaval. During the fifth and sixth centuries major changes occurred. The older tribal organisation was worn down by newer and more vigorous groups of dynastic kindred. This new form of dynastic politics caused much unrest, with militant groups carrying out plundering and intensive campaigns. The result of these campaigns was much injury and bloodshed; the kind described in the entries to come. Taking this into account, there is little surprise that these laws were put into written form and a system of compensation was set in place.

Later to come was the Viking age; however, these texts had little hope of enforcing its laws where the Vikings were concerned. We must remember that the original texts of BC and BDCh were committed to writing during the first half of the eighth century; the first set of Vikings did not arrive until early in the ninth century. The Vikings may not have impacted the initial writing of these texts; however, their arrival marked a fossilisation of medico-legal writings and law in general during their period of occupation. The Vikings put the system of sick-maintenance under increased stress; they cared little for legal rights and obligations.

The following are some of the entries found in BDCh which seem to reflect this violent society; penalties are clearly marked out in these entries, they display a clear and detailed knowledge by the *liaig* of the body. Great care is taken to include the most explicit of detail regarding the vulnerable areas of the body; this knowledge is further reinforced when we see the particular penalties allotted to different injuries. The following are the listing of these entries. Entry (30) states:

'Disfigurement [or] blemish [or] loss [of limb or] hurt [or] impotence is atoned for after(?) inspection of the part [of the body] in which the hurt is planted. A *cumal* [is due] for a [blemish on] a goodly leg [together] with choice foreign steeds. The thigh of a noble body [when blemished] involves [a penalty of] *séoit* which shall be paid in *samaisci* and linen mantles. The exact *cumal* [which is due for a blemished] hand shall be paid, besides in cattle, in silver to the amount of one-third.' (Binchy 1966: 30).

There are a few parts of this entry which reflect some interesting features of society and the medical system. For example, *cumal cainchuisi formnaib ech nallmuiri to sseotu sli* 'A *cumal* [is due] for a [blemish on] a goodly leg [together] with choice foreign steeds'. This would indicate that horses were imported from outside the country. Secondly, *Leir cumal laime la bu dirirter aircet ina trian te(i)t* 'The exact *cumal* [which is due for a blemished] hand shall be paid, besides in cattle, in silver to amount of one-third.' This entry would point to the recognition of the seriousness of being left without the full power or use of one's hand. Not having the use of a hand would impede a person's ability to work effectively; hence, they would suffer a loss of livelihood. Status enters this entry also; this is reflected through the fine designated to the blemish of the 'thigh of a nobleman's body'. The compilation of all of these laws points to a lengthy and time-consuming process; in fact there is so much detail it is difficult to determine, whether in reality, every detail of these laws could have been enacted. We have no evidence to suggest otherwise except what other scholars have speculated about. Entry (31) tells us:

'Graver and more violent (?) is the raising [of a blemish in the face?]. A *cumal* for [a blemish in] the surface (?) of the forehead save if it [the injury] penetrate the brain. Pay (?) a standard *cumal* for [injury to] the anteroom (?) of the brain; and levy immense fines for cutting off…….' (Binchy 1966: 31).

This entry is devoted to injuries suffered to the head and brain area. The various penalties allotted by the *liaig* reflect the severity of these injuries. We see that superficial injuries to the face and forehead are seen to be dangerous; however, injuries to the brain were considered acute and critical. This is reflected in the amounts of compensation allotted by the *liaig* for injury to this area. Clearly the *liaig* was aware that injury to this area could prove fatal; also, it would require much skill on his behalf to treat. Entry 33 of BDCh provides a similar detailed account of injuries and the penalties due for the face region; this entry is quite specific. Likewise, entry 35 of BDCh concentrates on the extremities and the penalties attached for their injury.

The *liaig* fused both his legal and medical knowledge. There was no one else who could perform this task in society. In effect, the *liaig* had two jobs; primarily, he diagnosed and acted as a healer to cure the sick. Secondly, he used his medical knowledge to estimate the severity of wounds and allot amounts in penalties and compensation to the perpetrator and the injured party.

Wendy Davies (1989) does not credit these texts with much medical value, and views the *liaig* as some kind of nutritionist who ensured that the sick person received the right food till the illness passed. She also states that in these tracts, 'ideas about sick care are overwhelmingly preoccupied with the status and entitlement of the injured and with the classification of exemptions with entitlement' (Davies 1989: 47, 48). Nevertheless, Binchy believes that assessment of fees according to the victims' status represents a later development. He proposes that originally, it was the grave nature of the wound that alone entailed payment of the higher fee (Binchy 1966: 12).

It is difficult to comprehend that Davies has chosen to overlook the rich body of medical information which these texts provide; they are littered with medical detail and knowledge. Indeed, the *liaig* oversaw all the assessments for compensations and penalties; however, we must remember the reason for this, i.e. he was a competent physician with in-depth medical knowledge. He was recognised for his many skills in medicine, and prescribed food as medicine. We cannot underestimate the powerful effects and medicinal properties of food. Various foodstuffs and herbs have being used throughout the ages for their undisputable potent properties; this area I will be addressing later in my section 'Medical treatment-food as medicine'.

Specific Diseases and Medical Injuries

The following six entries shed light on some further illnesses and injuries suffered in medieval Irish society. They are all to be found in the text of BDCh. These entries further outline (1) the *liaig's* medical knowledge of the body, (2) his method of assessment, (3) his legal position in allocating fines, and the amount due for his expertise, and (4) some aspects of treatment. At entry (17) of BDCh we find the following entry:

'[There are] twenty wounds from which the leech takes half [of the penalty], viz. the twelve wounds in the doors of the soul (2A) and the seven fractures (2B); that makes nineteen wounds. The twentieth is [a wound which causes either] a haemorrhage from the belly over the lips(6) with constant vomiting of blood(7) and passing (?) of blood(8) or urinary disease(9), [for] the latter is reckoned as blood(10). Apart from

these, it is one-third for the leech [out of penalties ranging] from a milch-cow [down] to a *dairt;* from a *dairt* [down] to a fleece, it is one fourth for the leech.'(Binchy 1966: 17).

The above list of injuries and illnesses widens the knowledge we have of the *liaig's* expertise. Inclusive here are the twenty wounds which seemed to be classed as the most serious by the *liaig*. He was paid half of the main penalty for treating these wounds which was quite high; this would signify that a high degree of expertise was required by him in treatment. An additional disease crops up in this entry, and it is ranked alongside the aforementioned twenty wounds. This is *galar fuail* 'urinary disease'; it is the first time we see it being mentioned in these texts. This disease was obviously seen to be quite serious given that the *liaig* was paid half of the penalty for treating it.

The words used in the above entry are straight-forward enough. The term *fuail* is translated as 'blood'; this denotes haemorrhage as the twentieth wound above; *brú* is translated as 'belly' and *beolu* as 'lips, mouth'. It must be noted that *brú* can also indicate any cavity, i.e. the bowels, entrails etc (DIL). The interesting part of this entry is the importance given to *galar fuail* 'urinary disease'. *Galar* signifies 'sickness, disease', and the word *fuail* is a variant of *fual* 'urine'; hence 'urinary disease'. There is a gloss to this entry which seems to indicate that this type of disease was of a very serious nature. It tells us that 'it is the valuation of a fatal blood-lying that is placed on this disease'. Associating this disease with the penalty of a fatal blood-lying seems like quite a high penalty. However, this is a gloss and we must be cautious, yet at the same

time, we must acknowledge the *liaig's* medical knowledge concerning other illnesses and ailments. Entry (21) of BDCh tells us:

'An eye or an ear: if it be one of them, half of the penalty for the head is paid; if it be both of them it is full wergild, i.e. the value of them. For man is divided into three parts: head, trunk and limbs.' (Binchy 1966: 21).

The above entry points to a technique by which the *liaig* carries out his assessment of various injuries. It seems that the *liaig* compartmentalised the body into *is i tri ranntair duine* 'three parts of a person' for assessment; his *cenn* 'head', *corp* 'trunk', and *memur* 'limbs'. This entry points out that if a person is left without sight or hearing, or if an injury is done to the eye or the ear, the entitlement is half of what is due for the breaking of the head; this obviously points to the importance of the senses working to their optimum. We can see how the *liaig* assessed these injuries, his grading was obviously based in relation to other injuries; basically, penalties seemed to have been estimated in relation to the amounts allotted to injuries in other vulnerable, or major areas of the body. Another entry at 24 tells us:

'There are in Irish law five types of mayhem: (1) 'white' (blood-less) mayhem which leaves behind neither lump nor discoloration nor sore nor spot; (2) mayhem [which raises] a lump [but which is inflicted] without shedding blood; (3) mayhem by which blood [is spilt and] reaches the ground, [but] which does not entail sick-maintenance or

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fore-pledge or after-judgement; (4) mayhem which involves sick-maintenance and fore-pledge and after-judgement' (Binchy 1966: 24).

These are particular kinds of injuries which are described as 'mayhem'. Their severity is judged in terms of their appearance, blood loss, and whether sick-maintenance was required or not. If injuries were not deemed serious, sick-maintenance or a payment to the *liaig* was not required. This system seemed to be straight-forward enough; however, the individualistic nature of particular wounds may not have always fitted in to this tight categorisation and proven difficult to assess. Nevertheless, it was a system, one which offered guidelines for assessment.

It is interesting to note some of the terms used to describe the particular injuries. For example, *glas* is translated as 'discoloration'. *Glas* translates as various shades of light green and blue, passing from grass-green to grey (DIL). The term for 'sore' is *cneid. Cneid* translates as 'wound', 'sore' (DIL). There are glosses to be found after these words. The gloss after *cneid* 'sore' describes it as *.i. dub* 'black'. This word was obviously used in reference to some sort of bruising which had the potential to develop after some sort of blow. The term for 'spot' is *caile.* The gloss after *caile* 'spot' describes it as *.i. derg. .i. crecht* 'red, i.e. a scar'; this may indicate that there was a permanent mark left behind. The gloss after 'without shedding' is *.i. cen tinsaitin* 'without spilling'. This word is a variant of *tinnsaitin* and translates as 'act of dripping, spilling, shedding'. The same criteria apply to all glosses and commentaries mentioned throughout this chapter; we must treat them with caution. Nevertheless, this

entry points to the *liaig's* observational skills of assessing colour and appearance of wounds.

It is important to draw attention to entry (25) of BDCh as it uses a specific physiological term in its description. Entry no. 25 tells us:

'It is of these that Laidcenn mac Ercaid said: [in the] conflicts of men liability is attached to the angry man and heed is paid to wounds. A fiery assault of combat [wherein] a blow is delivered (?) which leaves a sinew in anguish is assessed at [three] *séoit...*' (Binchy 1966: 25).

Reference is made to *feth* 'sinew' in the text, and a variation of this is found in the gloss attached. In DIL, this translates as 'kidney, fibre, sinew'. The gloss to this entry elaborates on this by telling us: *Trí seotu i mbualad na tuinne-so .i. ina glas 7 ina hat 7 ina derg* 'Three *séoit* are assessed for striking that skin, i.e. [making it] discoloured, swollen, and red.' The term used for discoloured here is *glas* which is the same term used at entry (24); obviously this is an indication of some sort of bruising. *Ina hat* is used to describe 'swollen'. The modern Irish word is *atú*, *ataithe*; this translates as 'swelling' and 'swollen'. *Derg* is straight forward enough in that it translates as 'red'.

Entries (27) and (28) of BDCh offer us an insight into a profound medical awareness with regard to physiology of the body also. We see terms being used here to describe different types of treatment for injury mainly. Also, a gloss to entry (27) indicates the use of some kind of bandage or curing paraphernalia called *buas ininnraig* 'a tent'; it seems that this was some kind of

pouch or covering placed over a wound. I have not listed the entire entry here, only the parts which are relevant. Entry (27) of BDCh tells us:

> '[Still] graver is a cleavage which produces (?) a red eruption (a gush of blood). Thou shalt demand (?) five *séoit* as the equal mulct for every skin which it (the blow) may split (?) [in a case where] he rejects easement through (?) the ministration of disciples [of medicine]' (Binchy 1966: 27).

Another gloss to this entry tells us that if the injured person requires the *liaig,* it is up to the person who caused the injury to dispatch one. It also makes it clear that the *liaig's* expertise is required if the wound gets to the stage where it requires a *buas* 'tent'. This is a very significant piece of information with regard to medical treatment; however, it is a gloss. The term *buas* translates as 'paunch… pouch… leather bottle or water budget' (DIL). From its description, it seems that this particular covering was made in a way so it covered the wound, but did not lie directly flat on it. This type of dressing was clearly designed to allow air pass freely over the wound in order to dry it and promote healing. It may have been also seen to prevent any irritation occurring from direct contact. Clearly, a wound was particularly bad if it got to this stage; also, it obviously required the skill of the *liaig* to apply this dressing or *buas* 'Tent'.

Entry (28) of BDCh tells us:

> 'The summoning of floods of arterial bleedings [when?] skins are
> lacerated and [when] in addition to (?) full compensation   a pillow is
> provided against his falling (i.e. to prop him up)…six séoit…which shall
> be exhibited, together with a pledge for [the provision of] a student of
> wisdom (leech)' (Binchy 1966: 28).

'Arterial bleedings' is glossed for *fuile fethe. Fethe* comes from the base word *féith* which we have had before. It means 'a fibre, sinew, later also a vein'. However, this is 'arterial bleeding'; this is a very different type of bleeding to 'venous bleeding'.

The text mentions a pillow being provided to prevent the person falling and to prop him up. The gloss to this entry tells us that the propping up by a pillow was also to prevent the person's head from actually lying on it. Obviously, the function of the pillow was to keep the person in an upright position and not lying down. We must take into account that the person was suffering from arterial bleeding; generally speaking, it is good medical practice to keep the particular part of the body which is bleeding above heart level; this helps to stem the flow of bleeding. This may or may not have been the case here; this action may have been carried out purely for convenience sake only; it may have promoted easy access to wounds.

Care of the Sick during Sick-Maintenance

As I have stated earlier, the text of BC is primarily concerned with laws of sick-maintenance and nursing; it has many elements related to status. BDCh

provides us with medical assessment of particular injuries and diseases; it portrays detailed information of the *liaig's* knowledge of the human body. BC comes from a different perspective; it gives us an insight into how nursing of the sick person was carried out and with what medical treatments. This text gives many recommendations by the *liaig*; these outline his medical expertise. It is in this text that we find the *liaig's* prescriptions and prohibitions of food for the sick. This text also displays a deep understanding of the needs and requirements of the patient during recuperation.

As with BDCh, all relevant entries are far too numerous in BC to mention here; I have chosen to address some only. I am going to start at entry (14); this outlines the errors of nursing. This entry has many glosses attached and contains detailed information.

'He who knows not the three errors of nursing is in Irish law incapable of passing judgement on nursing' (Binchy 1938: 14).

The glosses to this entry are all quite reasonable and well within the bounds of possibility; some of the content can be found as full entries further on in the text and in other reliable sources. These glosses explain that it is an error not to have the injured party removed immediately from sick-maintenance if he is in no danger of death. They also tell us of the nine-day period of judgement (*nomad*); this I have discussed in my chapter 'Methodology'. Fergus Kelly (1998) alludes to this nine-day period also. Nevertheless, at entry 41 further on in this text, a ten-day period of judgement (*dechmad*) is referred to. The gloss states that the person should not be removed from nursing before the ninth day

if he is in danger of death; however, he should be removed unless the *liaig* has stated differently. These time periods of judgements are a curious phenomenon, with little or no explanation given to the allotted time. We are also told by the glossator that it was not acceptable for a person to be left on sick-maintenance without food, medical guidance and their substitute; these guidelines are all practical and contain the most simple and basic rules for the care of any sick person.

Entry (23) displays (1) the importance of the protection of the injured party from both a physical and mental point of view, (2) the importance of cleanliness and hygienic conditions for recovery, and (3) the *liaig's* responsibility in ensuring that he has directed the injured man properly; if he has not, he himself is liable. The following is the entry:

> 'There are three dwellings which the rule of nursing in Irish law excludes: the dwelling of the man who commits the injury unless he be an honourable freeman; a dwelling against which the mind of the sick man revolts; a dwelling in which the wounded man fears an increase of his hurt, [e.g.] where sea or waterfall dazzles (?), or where there are wont to be pigs or the bleating of sheep in spring or a ….dog, or to which one goes to bewail the dead' (Binchy 1938: 23).

The above recommendations are rooted in valid psychological and sanitary practices. The first dwelling excluded is an interesting one; it is understandable that the person is not placed in the home of the perpetrator for fear of further injury, or for the general feeling of dis-ease which might be

brought upon the injured party. However, the text states that this is not applicable if the perpetrator is an 'honourable freeman'. This snippet of information is noteworthy, as firstly, this is the only reference we find in relation to the status of the offender, and secondly, it insinuates that the person was at less risk due to the fact that the offender was of higher status.

The importance and awareness of hygienic conditions for recovery are underlined here also. The text points to the exclusion of the following dwelling: *tegdais frisbruide menma ind fir uitir* 'a dwelling against which the mind of the sick man revolts'. There is a gloss to this entry which describes this as 'a dirty slimy house'. This may be alluding to the aesthetics of the particular environment the injured person finds himself recuperating in, or it may be pointing to the importance of a sanitary environment for healing and protection against any further infection. Nevertheless, this could also be deciphered as the person's psychological revolt against his environment. This entry gives every aspect of recovery consideration; it includes protection against further injury and infection, and points to the sick man's psychological well-being. Entry (61) of BC further reaffirms the importance of the sick person's environment to aid recovery:

> 'Let there be proclaimed what things are forbidden in regard to him [who is] on his sick-bed of pain: There are not admitted to him into the house fools or lunatics or senseless people or half-wits or enemies. No games are played in the house. No tidings are announced. No children are chastised. Neither women nor men exchange blows. No hides are beaten. There is no fighting. He [the patient] is not suddenly awakened.

No conversation is held across him or across his pillow. No dogs are

set fighting in his presence or in his neighbourhood outside. No shout

is raised. No pigs grunt. No brawls are made. No cry of victory is

raised nor shout in playing games. No shout or scream is raised'

(Binchy 1938: 61).

This entry cannot be explicit enough in emphasising the importance of

tranquility and peace in recuperation; a totally calm and quiet environment was

prescribed. Any disturbance by noise or upset was deemed to be unacceptable to

the recovering patient. The range of disturbances listed by the *liaig* was detailed

and observant; he seems to have thought of every possible intrusion to the

solemn environment which he had recommended for recovery. This entry is

descriptive in nature, and gives one a visual picture; not only of the sick

person's environment, but also a general picture of a working homestead. It

offers a window into day-to-day living. The picture we are given is of a

bustling, busy and active household where games were played, domestic chores

were carried out, and animals were present (e.g. pigs, dogs, and sheep

mentioned in the previous entry). On the whole, this seemed like a rowdy and

active place to be; however, this was not conducive to the sick person's

recovery. The Irish *liaig* was aware of this, and so set about rectifying it. The

extreme importance of this element of nursing and healing is highlighted by the

fact that all of these recommendations were committed to legal writings also.

Medical Treatment-'Food as Medicine'

Through-out the ages women/men have embraced the curing properties of particular foods. These foodstuffs when used may not have provided a total cure; however, they do seem to have alleviated the symptoms of suffering and brought about a form of comfort to the person. The tradition of kitchen pharmacy is both ancient and universal. It has evolved over the centuries through the observation of ordinary men/ women, and physicians of the effect common ingredients have on the body.

It seems that the *liaig* in medieval Ireland was well versed in the medicinal properties of food. Entries relating to the use of particular foods are quite prominent in these texts. The uses of herbs and herb gardens as a pharmacy seem to have been common practice. There is however one entry that offers specific information with regard to the use of 'foreign herbs', and this is in relation to the king; this entry I will be discussing later. Certain foods were also prohibited during sick-maintenance.

So, why is it that there is use and avoidance of certain foods in medical treatment in medieval Irish society? Within medieval Ireland, we must figure out whether this food avoidance and use had its origin in religious beliefs, or whether it was born from medical knowledge. Religious prohibition of foods is generally rooted in some form of pollution taboo; we see how Christian rules relating to holiness have a connection to particular dietary rules. The latter prohibition is based upon a medical awareness and knowledge; this involves use of particular foods due to their healing properties, and prohibition of others due to their damaging or negative impact on the body.

In BC, the *liaig* is quite specific in what he chooses to exclude and include in the sick person's diet. Obviously certain foods contain particular properties; some are more suited in treating specific complaints than others. We do however find that the *liaig* has a few fixed staples that he relies upon; these I will be looking at shortly. Let us start by looking at entry (25) of BC which tells us what is excluded in nursing in Irish law:

'There are three condiments which the rule of nursing in Irish law excludes: every salt fare which is prepared with sea-produce, the flesh of a whale and of a horse, and honey. For the produce of the sea impels one to drink. Does not horseflesh stir up sickness in the stomach of wounded heroes? Stomachs endure not a storm save people who can retain it (?). It is not right to give horseflesh to any invalid. Honey disturbs the stomach in which there is looseness of the bowels' (Binchy 1938: 25).

Some of the food-stuffs which were prohibited here are fairly self-explanatory. Nevertheless, the prohibition of horsemeat is interesting; it is difficult to discern whether this was for religious reasons, or whether it was from a medical point of view. I have addressed this prohibition in my chapter 'Anthropological Literature Review', and I have reflected on it at the end of this chapter. Nevertheless, we do have evidence of the eating of horseflesh in Ireland during a later period. We are told of an inauguration of a king in one district of Ulster in the twelfth century, where a white mare was slaughtered, butchered and boiled. A bath of the broth was subsequently prepared and the king sat in the broth and ate horseflesh along with the assembled people (Howey

1923: 190). Also, at an archaeological site in Balinderry amid the refuse of meals, horse bones were found to the same degree as other domestic animal bones (De Paor and De Paor 1958: 89).

We do know that honey has many healing properties. It does however have the ability to relieve constipation and cause diarrhoea; this is not necessarily a positive thing if the person is already sick. I have mentioned earlier that there were staples that the *liaig* seemed to prescribe; *mil* 'honey' is one of these. The other two staples are *fircainenn* 'fresh garlic' and *umus* 'celery'. Entry (45) of BC is just one entry which mentions these three foods:

'Every high *aire* is entitled to have three condiments supplied for his nursing save any of them which a leech's direction excludes: honey, fresh garlic, and an unlimited amount of celery; for every [person on] sick-maintenance in Irish law from an *aire itir dá airig* down to a *fer midbad* is entitled to celery, which prevents sickness and does not stir it up, which prevents thirst and does not infect wounds.' (Binchy 1938: 45).

There are glosses to this entry which explain the allotment of food in terms of status and rank. However, the glossator does not mention honey in this explanation; nevertheless, he does explain that any one of the above foods can take the place of the other if the particular food is prohibited. Nonetheless, what comes across from the glossator's comments is that *umus* 'celery' is lower down in the hierarchy of food; it is the only food of the three which is apportioned to, *do gradaibh fene* 'the freemen grades'. It seems that the person of highest rank is entitled to all three, but not everyone else; however, everybody was entitled to

Umus 'celery'. This entry reflects the properties of celery in particular; it seems not to have affected or aggravated sickness in any way, it was hydrating and did not cause any sort of additional infection to wounds.

We see a lot of responsibility being placed on the *liaig* with regard to whether the person in question should or should not be given particular foods. There are quite a number of glosses to be found relating to this in this entry. The glosses state that fines will be handed down if (1) the *liaig* orders that these foods should be prohibited and then the foods are administered by someone else; in this case the fine falls on the person who gave them; (2) if the *liaig* has not ordered that they be prohibited, then the fine falls on him personally and not on the person who has physically given them out, and (3) if the *liaig* has prescribed any of the prohibited things for the patient, he has to pay as if he has committed the injury intentionally. These glosses if accurate and trustworthy would convey two things: firstly, the role and responsibility of the *liaig* in medical treatment, and, secondly, the emphasis placed on these particular foods in treatment. The particular type of fines apportioned for wrongly assigning these foods to a patient indicates their efficacy. One might think that they are 'just foods', but this is a mistake; the *liaig* had enough expertise to recognise the potency of such foods in treatment. They had the potential to increase injury or suffering of a person; hence, a penalty was assigned for their misuse.

I am now going to take a closer look at these three particular foods, and try to ascertain why the *liaig* chose to use them.

<u>Honey</u>

Robert and Michéle Root-Bernstein tell us that the antiseptic medicinal property of honey has been recognised and documented from a very early period. Honey has being used since the beginnings of recorded civilization and probably before. Throughout time, severe wounds and amputations have accompanied warfare. Descriptions of such gruelling and bloody warfare can be found in accounts such as the *Iliad,* the *Odyssey* and the middle-eastern *Gilgamesh.* However, we do not have to stray that far from home for evidence of similar battle and warfare; the great Irish epic *Táin Bó Cuailnge* provides us with accounts of many battle forays and injuries. Both Robert and Michéle Root-Bernstein point out that a clue might lie in the Smith Papyrus of 1700 B.C. and the Ebers Papyrus of 1500 B.C. Both describe packing very severe wounds and burns with a combination of coagulated milk and honey kept in place by a muslin bandage. They tell us that this combination, or a similar mixture, has been used by peoples as diverse as the Romans, eastern African tribes, American Indians, and rural southerners in the United States.

They tell us that the holy Koran of Islam also recognised the therapeutic value of honey: "Thy Lord has inspired the bees / to build their hives in hills/ on trees and in man's habitations, / From within their bodies comes / a drink of varying colours, / wherein is healing for mankind." They inform us that honey is also a very common ingredient in the traditional Chinese pharmacopoeia, appearing in treatments for wounds and burns from the earliest to the most modern records. In Mexico, the ancient Aztecs treated many wounds with salted honey; these places are but a few locations where honey was used in medical treatment (Root-Bernstein, Robert and Michéle 1997: 34-35). Elliot and De

Paoli point out that honey is neutral and moist. It lubricates the intestines and lungs, relieving symptoms such as constipation, dry coughs and sore throats; it also soothes inflammation, especially in the digestive and respiratory organs (Elliot and De Paoli 1998: 33).

There is ample evidence to be found in the law texts and literature of the importance of honey and bee-keeping in medieval Ireland. The Brehon Law tract on "Bee-judgements" enters into much detail concerning the rights of the various parties concerned to swarms, hives, nests and honey (Edwards, Charles T, Kelly 1983: *Bechbretha*). The detail which these laws go in to indicates the importance of bees and their produce. From the literature, it is clear that honey was used regularly as an accompaniment to meals. Apart from its pleasant sweet taste, the frequency of its usage would suggest an awareness of its health-giving properties also.

Garlic.

Elliot and De Paoli tell us that garlic has been universally classified as being antiseptic, expectoral and anti-microbial. It is renowned worldwide, both as flavouring, and as a medicine. Its use in ancient Egypt was documented 4500 years ago when a clove of garlic was given each day to the workers building the pyramids; this was given to keep up their energy, and ward off contagious diseases such as flu and colds. They tell us that the famous Greek physician Galen called garlic 'the great panacea'. Garlic is seen to have an antiseptic action, and is thought to be effective against viruses, fungi and bacteria; this has been thoroughly researched in both the West and East. Elliot and De Paoli point out that this combined with its power as an expectorant, and its warming and

strengthening action on the respiratory system, makes garlic extremely valuable in treating colds and flu (Elliot and De Paoli 1998: 58).

Joyce tells us that wild garlic called *crem* or *creamh* was often used as a pot-herb gathered from the fields; nevertheless, he doubts that it was cultivated. He does however make reference to O'Donovan and the Brehon law, which states that garlic was cultivated in gardens. However, in entry (45) of BC it is referred to as *fircainenn* 'fresh garlic.' Maybe this term was applied to fresh cultivated garlic and not the wild variety. The term *cainenn* or *canine* signifies an onion, but was also applied to garlic and occasionally to a leek. Joyce points to the fact that *cainenn* is often mentioned in Irish literature, and it has given names to many places; he concludes that this conveys a well-recognised plant, and one which was pretty generally used. The Chronicon Scotorum records the winter of A.D. 1006 as being so mild that *creamh* (which is a spring plant) grew in the fields (Joyce 1913: 149-50). Clearly, the *liaig* by giving a prescription of garlic for the sick was well aware of the healing properties.

Celery.

This food is mentioned throughout our text also; a gloss to entry 45 of BC tells us that it is on account of this that the sick person has to drink less. Elliot and De Paoli tell us that, given its property as a diuretic, celery is seen to be particularly helpful for kidney problems. Like other vegetables such as artichokes and asparagus, it cleanses and strengthens these organs. It eliminates any sort of fluid retention and improves digestion. Celery is seen to be particularly helpful to sufferers of rheumatism and high blood pressure also. It is said to strengthen the nervous system which produces a calming affect on the

entire body (Elliot and De Paoli 1998: 109). From the above properties, we can clearly see why the *liaig* used celery as one of his staples; it cleansed the body and kept it hydrated and balanced.

Herbs

At entry (27) of BC and entry (9) of BDCh we find two entries in relation to the usage of herbs during healing. Entry (27) of BC tells us:

> 'Every invalid in Irish law is to be fed according to the direction of the leech. No [person on] sick-maintenance is entitled in Irish law to any condiment except garden herbs; for it is for this purpose that gardens have been made, viz. for care of the sick…'(Binchy 1938: 27).

The words *lus lubgoirt* denotes 'garden herbs' for people who were on sick-maintenance. Joyce tells us that there were table vegetables of various kinds cultivated in the enclosure called *lubort* 'herb garden' or 'kitchen garden'. The word *lub* is translated as 'herb', and the word *gort* indicates a fenced in cultivated plot. He tells us that the manner in which the kitchen-garden is mentioned in literature of all kinds, lay, ecclesiastical, and legal shows that it was a common appendage to a homestead. According to Joyce, *lus* is another and more usual word for herb; nevertheless, he tells us that this term was often used specifically to designate the leek (Joyce 1913: 148).

There is a gloss attached to this entry; it explains that it is the *liaig* who decides what the sick person is to eat. The text itself states that a person is not entitled to any *tarsunn* 'condiment' except garden herbs. The commentary

points out that *tarsunn* 'condiment' or seasoning was any of the three staples which I have discussed earlier (honey, garlic, celery). Further on down in the text, the gloss informs us that this word *tarsunn* 'condiment' is used to stand for 'two flitches'. A 'flitch' was generally the phrase given to a portion of bacon measuring two fingers in width.

The garden of herbs as described seems only to have been cultivated for the sick; this is the impression that the text gives anyway. Nevertheless, it is important that we don't mistake the usage of the term 'herb' for vegetable. The cultivation of 'herbs' from 'herb gardens' especially for the sick would mean that there were very specific herbs grown for usage in treatments of the sick. Unfortunately, both these texts only give us a limited amount of information in this regard, so, we may never know.

Entry (9) of BDCh provides detail regarding the use of herbs; however this is in relation to the king alone. This entry tells us:

> *Mad i nadaid ri[g] ba ecen tri lubai gall do cuingid do .i. sraif 7*
>
> *lungait 7 argadluinn sraif fri slaine lungait fri dath fola arcetluim fri*
>
> *cnes. mani tairset tri lethuinge don ri[g] dar esi na tri luibe-sin*

'If it be [a wound] in the face of a king, it would be necessary to seek three foreign herbs for him: rue (?)… and…; rue for healing,… Or [treating] the colour of the wound,… For the skin. If they be not forthcoming, three half-ounces [of silver?] are due to the king in place of these three herbs'(Binchy 1966: 9).

This entry is interesting for a couple of reasons. Firstly, this is the only entry found which is quite specific in the kind of herbs that were used. Binchy identifies one of these herbs as 'rue'. As illustrated by the gaps in this translation, identity of the two other herbs has proved problematic for Binchy. These herbs were called 'foreign herbs' which is an indication in itself that they were not native to this country. It may have been that they were directly imported in from elsewhere for this purpose, or, it may point to the fact that they may have been grown here, but were of foreign origin. In the above entry, the king was being treated for a wound in his face with these herbs. Obviously, given his position, great effort was made to procure a suitable treatment; this points to medical treatment being selective and based on status. Given the location of this wound, i.e. on his face, every effort had to be made to heal it; in these times, the king was supposed to be without blemish in order to retain his position.

Michael Scott (1986) identifies the herb rue; he lists two kinds, garden rue and wild rue. He tells us that garden rue is good against infections and epidemical fevers. It cures colic pains and the 'bites of mad dogs'. He tells us that this herb is generally made into a poultice (a paste made up of a couple of items and applied externally to the area) with garlic, bay salt and bacon. It is said to cure abscesses effectively, and to assist in childbirth by helping to expel the afterbirth and provoke menstruation. He tells us that wild rue on the other hand has a hot nature and therefore disperses and dissolves viscous phlegm; it also provokes urination and menstruation (Scott 1986: 131).

There is a gloss attached to this entry also; this outlines the particular way in which this herb was used and why. The gloss tells us that it was used

'for draining and against pain (?), i.e. to cicatrize it'. Also, it tells us: 'a poultice of… [to be applied] to the place of the scar after it has been cicatrized so that it will not be red' (ibid). If these glosses are authentic and accurate, they would confirm what Scott (1986) says in relation to its usage as a poultice. The gloss also points out that this poultice was applied in order to make the scar even and leave no cavities in it. These glosses seem to hold truth with regard to the use of rue in treatment. Nevertheless, one thing is clear; that is, this treatment and cure was only for the king. Medical treatment of the aforementioned kind and use of these three particular herbs was selective and based on social status.

<u>Meat</u>

Entries (46) and (47) of BC give information in relation to prescription of meat during ill health. There are many entries in relation to the allocation of, or regularity at which one received meat during illness; the following are but two examples. These entries seem to be preoccupied with two areas: (1) the status or rank of the person and (2) periods of religious devotion. Entry no. (46) tells us:

'Every freeman from an *aire itir da airig* up to an *aire forgill* who testifies upon [i.e. whose testimony is superior to that of the other] grades is entitled to salt meat on his dish (?) every twenty-four hours from New Year's Eve to the first Sunday of Lent, if it be during that period that he have been injured. On the other hand, garden herbs are the condiment to which he is entitled in the spring Lent. If it be in summer time he have been injured he is only entitled [to salt meat] on Sunday and Thursday; but it is according to the dignity of refection of

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every one in the territory that the proper portion of salt meat for every

invalid shall not be less than a piece of bacon two fingers [thick]'

(Binchy 1938: 46).

Entry (47) of BC tells us:

'Every *ócaire* and every *bóaire* is entitled to salt meat on his dish (?)

every Sunday; [but] if any one of them has extra property there shall be

increase [of refection] for him, so that nobody be defrauded of [what is

due to him through] his worth and his property according to the justice

of nature and scripture and conscience' (Binchy 1938: 47).

From BC and BDCh, it is quite clear that distribution of meat and indeed

other foods was based on the rank and status of the person; the above two

entries highlight this. In particular, at entry 47 of BC, we see how 'refection' or

food allocations increased if the person in question had extra property. There

was also a strong religious connection with the allotment of meat. We see that

during periods of religious devotion, meat was prohibited totally; this was

particularly prominent during the period of Lent where no meat was allowed no

matter the rank of the person. Sundays were days of religious devotion;

however, meat was permitted. Sundays were seen as the Lord's Day, a day of

observance; meat was allowed as it was seen as a celebration.

Food was essential in recovery of the sick person, not only were

particular foodstuffs used as medicines; a healthy diet and good nutrition were

also deemed necessary for convalesce. However, as we can see, this too was

based on one's rank and status. The various allocations of food in recovery reflected the selective nature of this medical system; particular herbs were only granted to the king for treatment, and meat was distributed based on a sliding scale of hierarchy.

Anthropological Reflections

As outlined in my chapter 'Methodology', there were many detailed laws in Medieval Ireland. These laws outlined a clear set of precepts which regulated behaviour and ensured compliance. The native legal system formed a most important factor in public and private life. There were numerous legal tracts, with each tract specialising in one subject or one group of subjects; they contained the legal sanctions relating to each particular topic.

Both BC and BDCh belong to the 'Naturalistic model'. They contain the medical laws which provided the legal framework for nursing the sick, fines due for illegal injury, and the share due to the *liaig* for his skill in aiding recovery. Both these texts provide an abundance of information regarding medical assessment, medical awareness, medical knowledge and medical treatment. The *liaig* played a pivotal role in the medical system; his skill and expertise were invaluable in both assessment and treatment. His method of medical treatment was detailed and contained many complex features; he had to be thoroughly proficient in legal matters to carry out these assessments.

The existence of such a large body of legal tracts indicates the preoccupation of clerics with the law; it also clearly signifies the need for a society that ran smoothly. Nevertheless, it also denotes that a system of order was already in place. These laws provided the formal sanctions which medieval

Irish society used to implement social control. Roberts ((1979), Hendry (1999), and Haviland (2005) reflect Radcliffe-Brown's theories in relation to this type of control; they give us an insight into how these formal negative sanctions underpinned the legal system in medieval Ireland; these theories I have discussed in my chapter 'Anthropological Literature Review'.

The sanctions found in BC and BDCh attempted to regulate people's behaviour precisely and accurately. Anthropological studies carried out on legal systems have indicated that some form of social control is found everywhere; a degree of order is needed in every society for it to function smoothly. Indeed, Medieval Ireland sustained social life through this process. Both Pospisil (1972) and Falk-Moore (1978) point out that law is an integral part of culture; this is evident in both BC and BDCh. They are medico-legal texts, but still connect to institutions in wider society; for example, we see that the kinship and economic systems in particular were intertwined directly with the laws of sick-maintenance.

Hendry (1999) tells us that reciprocal principles neutralise laws which have been transgressed; basically, a legal transgression carried out by one group against the other can be cancelled out if the act is reciprocated by the other party. The laws of sick-maintenance had an unsaid reciprocal principle written into them. When injury was carried out, the perpetrator of the injury and his kin were obligated to provide sick-maintenance for the injured party. This not only provided nursing for the injured party; it provided a way in which perpetrators could redeem themselves and atone for what they had done. This reaffirmed social and economic ties which may have been damaged due to the injury which was inflicted. Also, there was a strong dependency on, and a connection to

one's kin in relation to the practice of sick-maintenance; in fact this practice could not have taken place without the support of one's family and kin. Also, if a man could not pay his fine, his kin had to pay for him; in this case, the pressure applied by the kin was probably enough to keep the man in line.

When we look at the medico-legal laws, we can see that this system was unequal, selective and based on one's rank. We can clearly see how one's rank and status affected medical treatment and the allotment of fines and compensation; these texts clearly accentuate the importance of hierarchy in medieval Irish society. Haviland (2005) confirms this when he points out that restrictions and obligations which members of lower-ranked strata face are usually more oppressive, and they must work harder for less reward. He tells us that, 'social stratification amounts to institutionalised inequality'. He also points out that, in stratified societies, people do not share equally in basic resources which support survival, influence and prestige; they have fewer privileges and less power than those in higher-ranked societies (Haviland et al 2005: 572). This is reflected in the medico-legal laws when we see compensation amounts not only depending on the severity of one's injuries, or their location on the body; they also depended on one's *lóg n-enech* 'price of one's face' or 'honour-price'. The laws of sick-maintenance often left people of lower status having to pay high compensation amounts to a person of higher status.

Where injury was not inflicted and sick-maintenance was not required, there was still a price to pay for the *liaig's* expertise. In these cases people who could afford medical treatment were the only ones who could receive it. Others, who could not afford it, may have turned to the saints for help. The sources provide no evidence of this; however, we do know that the saints did not charge

for their service of healing. There are many elements related to status in these texts; however, this does not mean that we should overlook the rich body of medical material that they contain. Wendy Davies (1989) does not share this view; she sees these texts as 'legal tracts about legal matters, in which people sought legal rather than physical remedies' (Davies 1989: 43). It is correct to say that they are underlined by issues related to status; however, they do provide a large amount of detailed information concerning medicine and medical practice.

Treatments and food as medicine were prescribed by the *liaig*; for example, the text and glosses of entries 27 and 28 of BDCh describe the use of a *buas* 'Tent' for a wound, and the use of a pillow in treatment for arterial bleeding. Anthropological studies have shown us that food-stuffs have been used as medicine for centuries; in fact many drugs and properties of medicine today have found their origins in practices of the past. In BC and BDCh we see the use of food as medicine; we also see the role it takes in nutrition during recuperation. The *liaig* was responsible for this treatment; he not only prescribed particular foods for healing, he also prohibited some. As outlined earlier in this chapter, Scott (1986), Root-Bernstein (1997), and Elliot and De Paoli (1998) give us an insight into the medicinal properties of garlic, honey, celery, and the herb 'rue'.

The above-mentioned prescriptions and prohibitions are not specific to medieval Ireland, we can find many references in different literature of the use and avoidance of particular foods; some have concrete reason, others do not seem to have any apparent purpose. Good points out that the practice of humoral medicine incorporates the use and prohibition of particular foods in

treatment. All illnesses are classed as 'hot' or 'cold'; depending on their classification, they are then subsequently treated with a range of foods which are either cooling or heating to quell the illness or injury (Good 1994). I have discussed humoral medicine in a little more detail in my chapter 'Anthropological Literature Review'.

Simoons (1967) points out that many questions cannot be fully answered, and the functional relations of the food-way to other elements of society and culture cannot always be determined. He tells us that, in one case, avoidance may be associated with mere indifference; in another, it may involve strong prejudice and the imposition of severe sanctions, even death for violations. He tells us that food-ways behave like cultural traits, they have origins and they may be diffused and develop independently in different places; they may be rooted in a religious origin, or they may be derived from a physiological point of view (Simoons 1967: 5).

We see that the *liaig* prohibited horseflesh; in entry 25 of BC, we find reference to a stomach upset caused by eating horseflesh. The references in BC are more akin to a physiological reason for this prohibition. Simoons clarifies this when he points out that there was a similar purpose for avoidance of horsemeat amongst the untouchable Hindu caste in India; this I have outlined in my chapter 'Anthropological Literature Review'.

Simoons tells us that there was little known about the origins of the prejudice against horsemeat. He tells us that in some cases, it probably sprang from the reaction of a world religion such as Christianity to the sacrifice and eating of horses in pagan religious rites. In others cases, it may have derived

from the animal's high status, and its supposedly holy qualities and association with the deities (Simoons 1967: 86).

Nevertheless, BC seems more concerned with prohibiting it for medical reasons than for religious ones. Nonetheless, there was a residue from the religious aspect also; this may have dwindled after the initial conversion to Christianity. It seems that the practice never died out totally despite the influence of the church; we have literary evidence of this practice surviving to a later period.

Throughout time, certain creatures and states of being were seen as unclean or polluting. Mary Douglas has focused on this element in Leviticus of the Old Testament; this area I address in my chapter 'Anthropological Literature Review'. She has concluded from the information found that prohibitions of certain things are connected to religion and a state of holiness; these kinds of prohibitions are related to pollution taboos.

The *liaig* played a vital and responsible role in the administration and prohibition of foods during recovery; there were penalties for those who did not carry out his instructions with precision. Indeed, the *liaig* himself was subject to a penalty if he did not carry out his duties correctly in relation to instructions (BC: 45). The *liaig* was obviously well versed in the properties that these particular food-stuffs contained; his prohibition of some clearly points to their strength and potency and the damage they may have inflicted if prescribed wrongly.

These texts clearly portray an obvious use of food as medicine by the *liaig* as part of cure. However, Davies (1989) is somewhat sceptical about this form of treatment; she seems to view and value the *liaig* more for his expertise

as a nutritionist than as a medical practitioner. Davies seems to have overlooked the vast detail of these two texts in relation to medical treatment. In general, she acknowledges the recommendations found in these texts; nevertheless, her tone can be scathing at times, and not very convincing with regard to the value or importance of remedies and medical recommendations that the *liaig* prescribes.

In conclusion we can say that these texts provide a wealth of information regarding the medical system and medical practice; however, they also provide an insight into society at the time. For example, entry 61 of BC gives us a visual picture of an average homestead; this entry reflects a picture of a bustling lively environment, with sheep, pigs and dogs congregating in the close environment. It seems domestic chores were carried out while people came and went, and games were played while ordinary affairs were announced; this all points to a thriving industrious environment with much organisation. These two texts highlight the connection between both the economic and kinship system; they point to the importance of good relations being kept amongst members in the community, and indeed kin; this was vital for economic prosperity. One's kin group also played an important role in the practical aspects of sick-maintenance; it was crucial that the injured person had the support of close family to care and look after them during illness; also, the injured party had to be replaced and temporarily relieved of their duties while they were sick.

Chapter 8   **CONCLUSION**

In the beginning of this thesis, I set out to address the topic of illness and disease in medieval Ireland, the medical system it found itself in, and the connections this system had with other institutions in society at the time. I focused my research on three different historical sources; hagiographical material, a selection of annals, and two medico-legal law texts. It is important to point out that my choice of archival sources for this thesis was dictated by both time and space constraints; a focus was required as it was impossible to include every source-type for this period. These three source-types are semi-official documents; they have a tendency to edge towards cohesion and solidarity in society. This meant that the nature of my research did not extend to include other voices in society which reflected different opinions (e.g. literature and archaeological evidence) about my subject matter. One could say that the lack of dissenting voices was conditioned by the data sources; they had a tendency to offer a coherent and logical vision of society. This also meant that there was a consensus amongst the sources in relation to the way certain institutions were presented (Religious, legal, medical, political etc.).

The three source-types that I did choose were different from one another, yet they shared important cultural traits; they were all compiled by clerics. The hagiographical material recounts the lives of selected saints in medieval Ireland; the annals give chronological 'facts'; the laws outline rules governing behaviour between categories of people in certain contexts. All three sources reflect a common world-view. Strong elements of this view are reflected in particular in the hagiographical material and at particular points in the annals. This essentially meant that the medical system for this period had a

strong religious component; this aspect is reflected in the treatment of illness and in the health care provided.

Individually, these three sources contribute to our knowledge of the medical system and provide a window into society of the time; however, when I combined the information found in these sources, a more complete picture of the medical system emerged for this period. This information also reflected a comprehensive picture of society as a whole. Anthropological theories contributed largely to this investigation; they provided a theoretical framework which aided in understanding individual aspects of this system.

On examining these sources, it was important to factor in elements which were occurring in other institutions and in wider society during this period of time; these had a direct impact on the medical system. A recognisable element in any society is that it is constantly evolving through time; this is particularly applicable when addressing the medical system in medieval Ireland.

These three sources came from different perspectives, each source contributing to a different aspect of illness/disease and the medical system. This is not to say that all three sources did not contain features of the other. For example, the hagiographical material put forward a strong religious perspective on health and healing; the annals lean towards naturalistic aspects of disease; and the medico-legal texts offer detailed information related to medical treatment and cure. We could say that the medico-legal texts are naturalistic in content also. Essentially, we have two perspectives on health and healing and the medical system; (1) a religious perspective rooted in Christian doctrine ('Christian (religious) explanatory model'); and (2) a naturalistic perspective ('Naturalistic model'). The latter model was combined of elements which

contributed to illness/disease causation in the natural world; it also contains a body of information which was compiled specifically to assist in cure and to address the legalities of sickness and injury.

'Christian (religious) explanatory model'

As I examined my first source, it became evident that the hagiographical material offered an explanatory model for illness and disease; this model I have labelled the 'Christian (religious) explanatory model'. It is the anthropologist, Arthur Kleinman (1988) who offers a deep insight into different types of explanatory models. He points out that cross-culturally, different explanatory models are offered to explain an array of illness and adversity. For example, witchcraft may have been the explanation given for the cause of disease in one culture; however, it could have been attributed to ancestors in another, there are numerous possibilities. The 'Christian (religious) explanatory model' expressed and talked about illness in terms of Christian doctrine; it emphasised the causes of illness and misfortune. This is also conveyed in entries found in the annals concerning the saints. In this model, we see illness being attributed to Godly punishments, demons and breach of Christian rules. Subsequent cures of the aforementioned were also religious in nature; they consisted of blessings, prayers, use of material substances and objects, some were derived from the saints themselves, and some quite simply had been in physical contact with the saint.

Kleinman confirms the religious aspect of explanatory models when he tells us that, for the most part, illness and disease are inseparable from the domain of religious beliefs and practices. The saints were a fundamental

ingredient in this 'Christian (religious) explanatory model'; they were the ambassadors of God and Christianity. Illness and disease were seen as a result of sinning; they were seen as a punishment from God. In the hagiographical material, the saints acted as supernatural beings, they were agents of God and reinforced this particular model. It also becomes apparent that the saints had a hand in strengthening the system of social control in medieval Ireland.

Ritual and performance

The manner in which cure of illnesses was carried out reinforced this model also; it highlighted the importance of religious ritual and symbolism in this process. Various anthropological theories lent support to, and offered an insight into this healing process; they clarified and accounted for the actions carried out in healing. Bowie (2000) enlightens us to the importance of ritual in healing; she tells us that these rituals may be used to maintain the life forces and fertility of the earth, and to ensure right relationships with the unseen world, whether of spirits, ancestors, deities or other supernatural forces. When I viewed healing miracles through this lens, I could recognise that their primary function was not just to effect cure; they also worked to guarantee the replication of the belief system to the next generation. They had a very important role in ensuring that a relationship was maintained with God and his saints.

Also, Bowie in addressing the performative element of ritual provided a helpful insight into why some miracles were carried out in a particular way. In some cases, rituals of healing involved both audience and actors; the saint performed a healing with the person in front of a number of people. In other cases, it was not an act of healing; it was a form of retribution being carried out.

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There is a noteworthy example of retribution by the saints to be found in the annals. For example, in AFM at 539 AD, we see how St Cíarán carried out an act of retribution on Abacub at the fair of Tailltin; this location was the perfect place to ensure an audience of people for this act. In general, any type of performance by the saints in the form of healing or otherwise was a perfect way for the saints to showcase their ability and power. This worked to strengthen and reinforce belief in God and Christianity; it aided with the aforementioned replication of values.

Expressive-instrumental aspects in ritual

There are many symbolic actions to be found in the healing processes which took place in the 'Christian (religious) explanatory model'. Klass's (1995) interpretation of symbolic aspects of ritual has provided a meaningful framework within which healing miracles can be understood in the saints' lives. He points to the expressive-instrumental aspects associated with ritual. As noted in my chapter 'Anthropological Literature Review', all parts of human culture contain these aspects. These terms convey different aspects of society, portray different actions carried out, and are specific to the frame of reference from which they originate. For example, in the saints' lives, and in other specific episodes in the annals, the ill person/people, on recognising a health-related problem, conveyed a wish for a remedy/cure; they subsequently took action by approaching a saint in the belief that this particular problem or suffering could be cured. These rituals contained both expressive and instrumental aspects; they were specific to the healings carried out in the saints' lives. There are many examples of this kind of ritual and symbolic action to be

found in the saint's lives. One noteworthy example which I have already discussed in my chapter 'Hagiography' is one which is related to in the life of St Abbán at entry 33.

Anthropological theories convey that rituals were a socially approved way of dealing with something in medieval Irish society; they brought about social cohesion amongst the people. People joined together in unison and support to worship God and the saints; this alleviated anxiety, and reinforced the practice of Christianity. These theories put the actual process of healing into context; they provide an insight into why this particular approach was successful. Without such theories and explanations, one would doubt the function of these rituals and question their purpose.

Danger, pollution and contagion

Aspects of danger, pollution and contagion beliefs are highlighted in particular healing acts also. It is Mary Douglas (1966) who sheds light on this aspect of healing. In some healing acts we see the use of substances and objects as part of cure; Douglas points out that such items act as potent symbols. Her theories enable us to see the significance of the use of such mediums in healing. In the lives of St. Brigit and St. Ruadan as outlined in my chapter 'Hagiography', we can recognise how contagious acts were an inherent part of healing.

In the life of St. Brigit, her own blood acted as the healing agent. Blood is highly symbolic; there are many interpretations of its meaning. Both Biale (2007) and Milgrom (1991) offer a comprehensive insight into the meaning of blood; they display how blood has life-giving properties associated with it; that

it holds symbolism in terms of Christ's blood, and it also functions as a ritual detergent. Through Douglas's theory of contagion, we can recognise how St. Brigit's blood contains her power; her blood is powerful due to her proximity to Christ; this is why her blood was used in curing. Essentially, we could say that the power in Brigit's blood stood for Christ's power.

Illness and disease in medieval Irish society represented disorder; it upset the ordered classification of things. To re-establish order in society, illness and disease had to be brought under control to some measure. The saints played a pivotal role in this, they healed the sick and diseased; they eliminated 'inappropriate' or incongruous elements which helped to reinstate some order. Nevertheless, sometimes particular illnesses did not fit into any particular category or classification; they were anomalous. 'Leprosy' for example, was viewed as dangerous; it was seen to be contagious both physically and morally. Douglas's interpretation of holiness in the Old Testament also supports the idea that imperfection was unacceptable; physical perfection was seen to equal wholeness. The saints in these instances used their supernatural power of healing to achieve this type of wholeness. In my chapter 'Hagiography', there are examples supporting theories related to contagion and 'leprosy'; there are also other examples related to holiness and wholeness which substantiate her other theories. Essentially, one could say that all illness was representative of disorder if viewed through this lens.

According to Douglas, as we perceive things, we organise them into patterns. She points out that we select these elements on the basis of interest; this pattern-making tendency she calls *schema.* We construct a world of recognisable objects; however, in perceiving we take some cues and reject

others. Goffman (1990) wrote extensively on the area of stigma; features of his theory are similar to Douglas's theory related to anomaly. Goffman's interpretation is in terms of stigma. He points to society being the one establishing the means of categorising persons, and what is ordinary and natural for members of each of these categories. However, he explains that, on occasion, a person may present himself as different to others in this category; this person is viewed as bad, weak or dangerous. Nevertheless, he states that not all undesirable attributes are at issue; it is only those which are incongruous with our stereotype. Both Goffman's and Douglas's theories have elements in common; Douglas's theory relates to all anomalous things, whereas Goffman's is confined to incongruous elements related to individuals. Both theories are complementary and work well in highlighting this aspect of suffering amongst people in medieval Irish society. Nonetheless, Goffman offers additional interpretations on stigma which holds much relevance to the study of illness in medieval Irish society.

Stigma

Goffman offers a categorisation of stigma based on three components. This categorisation enabled me to classify particular illnesses/diseases according to their stigmatising qualities. Stigma was recognised in terms of physical appearance, a blemish of individual character, and tribal stigma; not all illness conveyed these three elements of stigma. 'Leprosy' is probably the most noteworthy example here; it possessed all three characteristics. This area I have discussed in more detail in my chapter 'Anthropological Literature Review' and in my chapter 'Hagiography'.

Goffman poses the question: "How does the stigmatised person respond to his situation?" He tells us that a person may attempt to correct his failing through different means; some through medical procedures, and others through devoting effort to the mastery of areas deemed closed or shut off from them. In medieval Irish society, the blind person who became a *fili* 'poet' is an example of the stigmatised transforming their disability into a source of power. By doing so, the blind person ceased to be seen only for his stigma, he was also seen for his profession. Nevertheless, this could be viewed as a double-edged sword so to speak. He may have taken back the power which his stigma prevented him having; however, by doing so, he became representative of a stigmatised category. Likewise, 'Leprosy' could also be turned into a source of power; it could be viewed as a gift from God and a sign that he/she was the chosen one.

'Naturalistic model'

This model combines both the annals and the two medico-legal texts BC and BDCh; these source-types contain naturalistic elements related to cause and cure of illness/disease. These two source-types have an underlying commonality; however they do come from different perspectives. For the purpose of clarity, I am going to sum up on both of these source-types individually; I will address the individual findings within them, and point to their contribution to the study of illness/disease and medical system.

The first source-type in this model is a selection of annals. The body of information found in the annals highlighted symptomatic aspects of illness and disease; these were mainly anchored in naturalistic occurrences. The annals report poor weather conditions such as heavy snowfall, drought, and they

outline the failure of various crops and the famine that this brought. Mortality of cattle and other animals are documented; this indicated a decline in a source of food supply. All of the above point to a failure of the economy to provide; people were left both starving and undernourished. These were perfect conditions for the development of disease and plague. The annals also provide evidence of battle and warfare which brought an array of injuries; the two medico-legal texts reflect these kinds of injuries.

Emphasis on religious cause of disease was not a preoccupation of the annalists; however, it is a recognisable element at times. Incidences of this aetiology when it does occur are generally related to actions taken by the saints. This cause of illness in the annals can be looked upon as coincidental; it does not seem to have been given much attention by the annalists themselves, they simply note the events.

From a medical perspective, the annals record and convey a wide variety of symptom terms. They probably provide the most comprehensive listing of disease and plague for this period; however, this source does not provide evidence of cure or treatment. Nonetheless, the annals document no less than six terms for 'leprosy'; these are *sámthrosc, leprosie, clamh, clamtrusca, bolgach, lobhraibh.* Kleinman (1988) points to this aspect of illness, he provides an explanation for the semiotics of diagnosis; he displays how the use of different symptom terms points to different cultural meanings of illness in different places. This occurrence in medieval Irish society may have reflected localised nomenclature for disease; this could have been based on specific symptoms of the disease. However, it could also have been proof of other individual ailments.

The annals document other ailments such as *ficu* 'haemorrhoids', and *bidhg* 'fit'. These ailments cannot be classed as minor; we are told in the annals that people died of these complaints. It was interesting to note the clear set of terms being applied to these ailments; this indicates a comprehensive medical knowledge. The annals also make interesting discernments amongst similar terms, for example, the words denoting the ailments *bainne aillsi* 'ulcer' and *aillse* 'gangrene'.

The annals provide a detailed window into society of this time. They give a clear picture of the events which took place; these shaped both society and the medical system. Various battles and attacks by outsiders are documented; all of which put pressure on the medical system. We could say that the annals provide evidence of context, i.e. they track changes in the various institutions; the political and the religious systems are highlighted in particular. Changes in the political structure are documented through this vast period of time; these changes contributed largely to changes in legal practice; this in turn affected the documentation of medico-legal laws. Religious institutions and the activities of the saints are documented also; these are outlined in relation to some cases of illness. This source is primarily concerned with listing the noteworthy events in society; however, it is a valuable source for giving an overview of illness and the medical system. Compared to the hagiographical material, the annals are richer in anatomical knowledge.

Old Irish terms and phrases used in the annals to denote illness and disease provide us with a rich understanding and meaning of these diseases. They are highly descriptive, and offer a holistic meaning of these sufferings.

The second source-type of the 'Naturalistic model' which I have included as part of my research, are the two medico-legal law texts BC and BDCh. They provide detailed information in relation to medical treatment, cure, the *liaig*, and the legal framework for health and healing. The naturalistic aspects of this source-type are quite different to that found in the annals. These texts had been specifically compiled and tailored to assist in the treatment of injuries which had taken place in the natural world; they included the legalities and formal sanctions which governed the medical system. They were firmly rooted in everyday life, and provided a commonsensical approach to recuperation and compensation; they also reflected, and equally upheld hierarchy in society.

We must remember that law governed every aspect of daily life and strove to provide a model of normal and acceptable behaviour; this meant that it was necessary to have a set of laws providing provision for the injured, and for dealing with fines for illegal injury.

Cures and medical recommendations are provided in this source-type also; material medical substances such as celery, garlic, honey and herbs are prescribed by the *liaig*. He seems to have been quite specific about what foods were to be given, and what should be prohibited for the sick; this would indicate usage for medicinal purposes. Some have argued that this was from a purely nutritional point of view. This was indeed an important element where recuperation was concerned; however, it was a separate recommendation laid out by the *liaig*. In these cases, the *liaig* was held accountable; he was the sole person responsible for treatment and cure. Unlike the saints in the

hagiographical material, the *liaig* could not invoke the help of anybody with higher or supernatural authority.

The medico-legal laws do provide information in relation to various wounds, fractures and injuries, and in one instance we find mention of *galar fuail* 'urinary disease'; however, they do not provide a listing of other illnesses and diseases. The emphasis of BC and BDCh individually differs to that of the hagiographical material and the annals; they present information relating to medical practice, procedure, rank and status, treatment and cure. The information provided within them would point towards an in-depth medical training and awareness of the body. The *liaig's* evaluation for compensation gives an indication of the level of medical knowledge and awareness which was present during this period.

BC in particular displays how certain wounds and injuries were allocated compensation; this compensation was based on the particular rank and status of the person and the severity of the wounds or injuries. This meant that the *liaig* had to possess a composite knowledge of injury and disease; after all, he never knew what was going to present itself to him. BDCh provides a list of the vulnerable parts of the body including an array of fractures which could occur; this displays a broad scope of knowledge relating to anatomy and physiology of the body. Entry 17 of BDCh sums up the payment due to the *liaig* for his expertise in treating twenty major wounds; this list clearly indicates a diverse knowledge.

These texts also display the importance of palliative care in recuperation. The *liaig* in treating the ill and wounded saw the importance of the patient having an environment conducive to recovery also. Peace and tranquillity were

foremost in recovery; the *liaig* recognised that the patient needed rest and harmony in their physical environment for recovery. The *liaig* advocated good hygiene and sanitary practices; this displays an awareness of the possibility of cross-infection and the contagious element of disease and illness.

The anthropologist Sally Falk-Moore (1978) has pointed to the connection between legal systems and social institutions; she sees a legal system as being part of the wider social milieu. These two medico-legal law texts clearly display connections between different institutions in society; there are strong links between both the economic and kinship systems. Hendry (1999) sees the importance of the reciprocal principle bringing about a neutralisation of the infringement of rules and norms in society; the practice of sick-maintenance did so indirectly. Family and kin sometimes distant were initially obligated to care for the injured and sick; these acts strengthened existing bonds and social ties. Nevertheless, this practice was to be replaced by a fee to cover the costs. When an offence was carried out against economic partners it was damaging; however, through the practice of sick-maintenance, economic relations were restored; the crime was atoned for and normal social relations could be resumed.

According to Pospisil (1972), law and society is fluid by nature, it does not remain static for long. He points out that law is part of 'living law'; it is created and carried out by members of a particular society; it is ever-changing because of human action. From this point of view, he views law as a dynamic phenomenon, not as a slow set of changing rules whose main role is to maintain the status quo. Pospisil in making this statement, not only draws our attention to this aspect of general law in medieval Ireland; he also highlights how the medical laws would have evolved through time also. From literature written

about the laws by various scholars, and within the texts themselves, there is indeed evidence to suggest an evolution in the practices of sick-maintenance. Ó Cróinín points out that the original practice of sick-maintenance was replaced; a uniform payment eventually came to substitute all aspects of the patient's recovery.

One of the contributing factors to this change, as pointed to earlier, was the evolution of the political system. When the older tribal order broke down to give way to the newer dynastic model, many practices were lost and replaced. The dynastic model of politics brought with it a set of new practices and laws; these clearly altered the existing model of sick-maintenance; these elements I have discussed in my chapters 'Methodology' and 'Early Irish Society'.

Evidence of Illness and Disease

These two models provided me with evidence for illness/disease and the medical system during the medieval period. There is indeed a commonality between the individual source-types that make up these models; they were all compiled by clerics. Nevertheless, there are additional elements common to these source-types. We know that the annals and the medico-legal texts come from a naturalistic perspective; however, the religious components found in the hagiographical material are also present in the annals. They may not be found to the same degree as in the hagiographical material; but nonetheless, they are still present.

The most pertinent body of information in these three source-types relates to illness/disease and pestilence. As part of my evaluation, I assessed similar, different and complementary information in relation to illness and

health in these source-types; from here I compiled a list of prominent illnesses and suffering for this period.

This list is based mainly on my findings in the hagiographical material and the annals, it includes: *clamh, sámthrosc, leprosie, (lepra, leper, leprosus), clamtrusca, bolgach, lobhraibh,* 'leprosy'; *scamach* 'consumption', 'influenzal pneumonia'; *amlabar* 'dumb'; *bacach* 'lame'; *bodhar* 'deaf'; *dall* 'blind'; *.i. ailsi* 'tumour'; *aillsi* 'ulcer'; *aillse* 'gangrene'; *easbadha* 'scrofula'; *cuthach* 'madness'; *lirach* 'cholera'; *ind riuth fola, riuth fola in tota* 'Blood-flux', 'Dysentery'; *moirtin marbh* 'paralysis'; *paralisi longa* 'prolonged paralysis'; *bás obann* 'sudden death'; *ifreann* 'hell'; *galar cos* 'gout'; *eslainte theinntidhe* 'inflammatory disease'; *buidhe conaill, crom conaill, boy connell* 'yellow plague', 'relapsing fever'; *bléfed* 'bubonic plague'; *bolgach, bolgadh, dolor gentilum* 'small-pox', 'pox'; *teidm treagait, cnuic agus treagait, threagaig* 'colic', 'lumps and gripping'; *extensor dolore* 'prolonged illness', 'prolonged suffering'; *ficu* 'haemorrhoids'; *.i. bidhg* 'fit'; *mortalitatis puerorum/paruulorum* 'mortality of the children'; *beidgdibudh mor* 'St. Vitus's Dance'; *galar tri-n-oidche, (do) galar anaithnidi* 'three nights suffering', 'unknown disease'; *galar fuail* 'urinary disease'.

'Leprosy' as listed above is used for various Old Irish and Latin terms. These terms are derived from six books of annals and a number of saints' lives. There are only two Old Irish terms for 'leprosy' common to both these sources; these are *clamh* and *lobhar.* The additional terms are found amongst the various annals. After examining the various terms closely, using DIL, the Latin dictionary, and taking various scholars interpretations into account, I have drawn the conclusion that these terms stood for an array of skin diseases other

than 'real leprosy'. I feel that these terms signified different symptoms associated with other skin disorders; however, I am unsure which skin disorders they may have represented. Nevertheless, I make an exception for the term *bolgach*; I believe that this term specifically signifies 'small-pox'. I base my interpretation on the definition provided by DIL and also on Mac Arthur's (1949) explanation.

Kleinman emphasises the most important aspect of the use of different terms; he tells us this points to cultural meaning of illness and disease. He tells us:

"It is a testament to the subtlety of culture that we share such a wide array of understandings of surface meanings of symptom terms" (Kleinman 1988: 15).

Kleinman's theories give credence to the occurrence of different terms in medieval society; he points to the fact that there is a shared understanding in cultures of what a particular illness is. Essentially, this would point to localised interpretations and nomenclature of illness and disease in medieval Irish society; there is a possibility that these local interpretations were based on the different symptoms associated with the disease. Unfortunately, we have not been left with additional information regarding the manifestation of the individual diseases that these terms denote; this would indeed point to a lost corpus of cultural knowledge for this period of time.

Entries concerning the occurrence of other diseases and illnesses can be validated between these sources also; nevertheless, different interpretations are

given for some terms. Apart from *clamh* 'leprosy', the terms *scamach* and *.i. aillsi/aillse* are common to both sources. In *Bethada Naem nÉrenn*, Plummer translates *scamach* as 'consumption'; however, in Mac Airt and Mac Niocaill's 1983 version of AU, there is a footnote which tells us that Mac Arthur identified *scamach* as 'influenzal pneumonia'. The terms *aillse* is found in these two source types; however, it is given different meanings. In AFM 539 AD, O'Donovan translates *aillse* as 'gangrene'; however, in the life of St. Coemgen (I), Plummer translates *aillse* as 'tumour'. This may have been due to (1) the different translators of these texts, or (2) it could have been as a result of different symptoms connected with the same disease; each term may connote a different symptom.

Sanctions and Order

Haviland (2005), Hendry (1999), and Roberts (1979) point out that every society attempts to monitor its people and have some form of order; this may be achieved through particular beliefs and values, or it may be done through open coercion. The sources which I have discussed, in particular, the saints' lives and the medico-legal texts, reflect the different ways in which order was enforced in society. There is a dual set of sanctions to be found in this material. For example, the 'Christian (religious) explanatory model' points to a form of cultural control where the saints were instrumental. The saints were seen to have a supernatural line to God; they were deemed capable, not only of healing illness, but also inflicting it. This acted as a deterrent in society and helped keep order.

Anthropology has clearly pointed to, and helped in our understanding of, different types of sanctions. For example, Radcliffe-Brown (1952), Roberts (1979), and Haviland et al (2005) explain that religious sanctions are internal controls (they are also known as cultural controls) which operate through personal beliefs and values. These operate as deterrents; people avoid certain types of behaviour through fear of supernatural punishment, magical retaliation and hell. These can also be termed religious sanctions.

BC and BDCh provide evidence of formal laws which were present in medieval society. These two texts are specific to medical practice; however, they are an indication that a system of formal law was present. Hendry (1999) reflects on Radcliffe-Brown's (1952) interpretation of sanctions; this is helpful for categorising the system of formal legal sanctions in medieval Ireland. There are both positive and negative sanctions; however, it is evident that the medico-legal laws were composed of negative sanctions. These consisted of a range of different fines which were commensurate with one's injuries and rank; these acted as a deterrent in society. We must remember that the higher the honour-price of the person, the higher the amount of compensation to be paid. The selective application of cure was aimed at helping reinforce the status quo; it also reinforced the clear hierarchical and non-egalitarian nature of the society. All injuries were treated as civil offences, the liability which men incurred by wrong-doing was strictly a damage liability; it was not a punishment or penal liability.

These sources reflect different forms of sanctions in society; they acted as separate entities, yet both achieved the same result. We could say that in

medieval Ireland, cultural sanctions existed and manifested themselves through Christianity, and social sanctions created order through the various laws.

Cure and Prophylactic Treatment.

There were two clearly-defined forms of cure to be found in medieval Irish society. One was found in the 'Christian (religious) model', the second was found in the 'Naturalistic model'. In the 'Christian (religious) explanatory model', cure was provided by the saints. We see this in the form of blessings being administered through prayers, holy relics being used, anointings, and the sign of the cross being made on the person; these are clearly rooted in Christianity. Apart from these kinds of symbolic healings, there is an indication of cures being carried through the use of food and herbs; these we find in the lives of St. Coemgen (1), and Conchubranus's life of St. Monenna (1). In the life of St. Monenna, we are told how she made a salve out of garlic to relieve her sore eyes; clearly, the garlic worked to relieve her eyes in some way.

Anthropological studies have pointed to the use and avoidance of particular foodstuffs in medicine for centuries; in fact this practice is foremost in humoral medicine. Simoons (1967) tells us that in some cases there is no apparent reason for prohibitions; however, he does point out that food-ways act as cultural traits. He tells us that these food-ways have origins; they may be rooted in religious origin, or they may be derived from a psychological point of view. Basically, proscription and prescription of food occurred as a result of observations and experience of people.

In the 'Naturalistic model', we find solid evidence of treatment and cure of illness and disease; the law texts provide this body of information. They

provide solid evidence of the use of food as medicine; they outline specific prohibitions of the aforesaid also. Prescriptions of garlic, celery, honey, and a range of herbs were the most prominent choice of the *liaig*. There is evidence to suggest that 'garden herbs' were used as part of cure also; however, it is not clear whether these herbs were referring to ordinary garden vegetables, or specific herbs for curing. Nevertheless, there is one particular entry to be found in BDCh at entry (9) referring to the use of 'three foreign herbs'. This however was specific to the king; this suggests selective medical treatment, one which was based on status. Binchy does not give a translation for the first two herbs; however, the third he indicates to be 'rue'. A gloss accompanying this entry tells us that these herbs were used for 'draining against pain'; nevertheless, as stated earlier in this thesis, these glosses are not trustworthy where dating or accuracy are concerned. Reference is also made to the use of rue in a poultice. BDCh indicates the use of a *buas* 'tent' as part of a cure for a wound; reference is also made to the use of a pillow to stem arterial bleeding. Good sanitary practices were advocated, and a quiet peaceful environment was seen as conducive to recovery.

It is important to point out that people sought cure from somewhere; they may have approached the saints for cure, or the *liaig* for medical treatment; they also may have combined both cures. We do not know for certain what form of treatment or cure people chose; nevertheless, we do know that they had a choice in the matter.

The Medical System-A Reflection of society

The three sources which I have examined not only provide a comprehensive picture of illness and the medical system in medieval Ireland; they also reflect and present a picture of society during this period. Kleinman affirms this when he tells us that medicine offers a window into the entire order of society, morally or otherwise; my findings in these sources support this aspect of the medical system. We must remember that all institutions are mutually supportive and connected; through each one we can find a reflection of, or information about another.

The hagiographical material strongly reflects the religious institution in society. It displays how Christianity was a powerful force, not only in relation to illness and disease, but also in regulating society. These lives also reflect other aspects of society; for example, the practice of polygamy, older Pre-Christian beliefs relating to fairies, and the importance of aesthetic beauty in society.

Nevertheless, the annals, probably more than any of the other sources, offer us a window in to medieval society of the time; they act as a giant history book. They provide detail of the many occurrences which took place and shaped society. These include details related to the various invasions, Viking and other, which had an impact on the medical system. It is not just the entries preceding those in relation to disease which are informative, e.g. weather, warfare, famine; it is the appearance of elements related to the political and religious institutions which offer an insight into the broader framework and structure of society. There are many entries related to warfare and battle which depict a barbaric and violent society. The annals provide evidence of the various foodstuffs; they point out if there was an abundance or shortage of a particular crop; diet has a

direct connection to health. The various annals stem from different geographical locations and thus provide regional variations in occurrences of illness and disease; unfortunately, it was far beyond the scope of this thesis to take a closer look at this aspect.

The law texts strongly reflect society for the 8th century. As we have seen, most entries are underlined by reference to one's rank and status, this conveys and confirms the stratified nature of society; it points to the obvious importance of hierarchy. This aspect is clearly reflected in medical practice; it was selective and compensation was based on rank. The king, as we have seen, was prioritised and given special medical treatment due to his rank; this also points to the importance of the institution of kingship in society.

The importance of both the kinship and economic systems are reflected through these texts also. We see how the practice of sick-maintenance was essential for economic activity to continue; it also highlighted the importance of close kin relations. Sick-maintenance provided the person who committed the injury with an opportunity to atone for their misdemeanour; this type of redress paved the way for good future relations; this was important from an economic point of view. One's kin played a very important role in sick-maintenance; they provided support for the sick person during their period of recuperation. This contribution of the kin to sick-maintenance/compensation indicates a collective responsibility for individual crimes similar to the feud system. In contemporary society, this function is played by either the state or professional unions, paying compensation for intentional or unintentional mistakes of their members.

These law-texts provide clear evidence of the type of currency used in society during this period; fines and compensation were given in terms of the

milch cow (the basic unit) down to the *dartaid* (the least valuable of the cattle), sheep, fleeces, scruples (ounces of silver), *sets* (honour-price below the level of king) and *cumal* ('female slave'-unit of value). Use of these currencies depended on the rank of the injured party and the *liaig'*s fee for treating the particular injury. Nonetheless, these texts provide evidence of the various currencies used.

To sum up, we could say that the medical system in medieval Ireland was combined of a 'Christian (religious) explanatory model' and a 'Naturalistic model'. These models provided a system whereby illness and disease could be dealt with, and understood in terms of both a system of belief, and a corpus of empirical knowledge. Cause, symptoms, and cure/treatment of illness and disease could be seen through these frames of reference. My three sources provide evidence of this context; specific sources being stronger in their focus than others. This medical system as a whole offered something to everybody where health-care was concerned; nevertheless, we could say that it was regulated to a degree. The Christian (religious) aspect was governed by the saints who were the healers and ambassadors of God; they had the power to heal those only who they deemed fit or worthy. The *liaig* was a healer also; he was part of the formal aspect of healthcare. However, his expertise outside of sick-maintenance was only available to those who could afford his fee; this meant that this was not an option for everybody.

People accepted and understood naturalistic elements in relation to disease causation; however, they simultaneously accepted a Christian (religious) aetiology. For many who were deeply religious, approaching a saint for cure was seen as the most efficacious route; it was seen as the most obvious choice.

Medical treatment as part of sick-maintenance made no reference to the saints as healers or for their role in healing. It seems that the formal legal aspect of the medical system neither supported nor condemned the religious model of curing. There may have been a difference between these two methods of curing; however, there is no evidence to suggest that it was problematic; they seemed to work side by side. A prime example of this is illustrated in my chapter 'Hagiography' in the Life of St. Ruadan. Here the saint imparts knowledge to a man in order for him to become a *liaig*. This may have been a supernatural act, with this man being set up to act as an instrument for St. Ruadan; nevertheless, this act conveyed respect and support for leechcraft, which was a different domain of healing.

By placing this entire study in an anthropological framework, it has enabled me to explore and uncover aspects of healing in medieval Ireland which would have proved difficult otherwise. This study contributes to the study of anthropology in a variety of ways; firstly, it provides evidence of a complex medical system for this period of time. It portrays how a medical system sat into a society which was (a) dominated by Christianity and (b) preoccupied by status. It provides a study of a medical system which was composed of different parts, yet it was unique in its ability to act as one system. All three sources individually outline a range of illnesses, injuries and plagues for this period. Combined they provide evidence of cause and cure for illness, they demonstrate the existence of healers, and finally, they all reflect different aspects of society. We could say that these three sources combine to give a broad overview of

illness/disease and the medical system in medieval Ireland; in doing so, they also reflect various aspects of society.

This medical system was unique to medieval Ireland; however, anthropology has enabled it to be placed in a larger cultural context. By comparing this system to various other medical systems cross-culturally, it has pointed out that aspects of this system were quite common amongst other medical systems; this helped in categorising the Irish medieval medical system alongside other systems. Medieval Irish society was a stratified society; this is clearly reflected through the medical system. As such, this system contributes to the wider field of anthropological studies; it offers an example of a competent medical system which was hierarchical, yet proficient medically for all to avail of through one form or another. This medical system offers a window into society of the time; it conveys how as a system, it was connected and linked to all other institutions of the time. It provides evidence for the entire order of society.

I would just like to make a final point in concluding this thesis; it is a point which I touched on in the opening paragraph. These three source-types did not reflect dissenting voices; by their nature, these sources worked to present a cohesive picture of society. This study was not intended to give a structural functionalist portrayal of society. Society was not dominated by a single vision; the three different source-types provide three different visions related to disease and illness. The two models which I have put forward in relation to these three visions are meant to convey how the human body operated with machine-like qualities independently of the supernatural domain.

Glossary of Terms

A fluxu sanguinis mortuusest......... 'Bloody-Flux'; 'Dysentery'.
A sanguinis mortuus.................... 'Bloody-Flux'; 'Dysentery'.
Áes dána.............................. 'Craftsmen'.
Aillse.................................. OI 'Gangrene'; *.i. aillsi* 'tumour'; *bainne aillsi* 'ulcer'; mod Ir 'cancer'.
Áith.................................. 'Large Kiln Houses'.
Amlabar.............................. 'Dumb'.
Anfabrachta........................... W, Stokes, 'Consumptive'.
At Boill.............................. 'Tumour'.
Bacach.............................. 'Lame'.
Bánbíd.............................. 'White-Foods'.
Ban-Cumachtach Sithe.............. 'Fairy-Witch'.
Bas obann............................ 'Sudden death'.
Bechbretha.......................... Law tract on Bee-Judgements.
Beidgdibudh mor coro la............. 'St. Vitus's Dance'.
Bill.................................. 'Leper'.
Bléfed.............................. 'Bubonic plague'.
Bó inláeg............................ 'Half-cow'.
Bodhar.............................. 'Deaf'.
Bolgach/Bolgadh/Dolor Gentilum... 'Leprosy'; 'Small-Pox'.
Borrlus.............................. 'Leek'.
Brehon.............................. 'Judge'.
Bretha Crólige (BC).... This 8th century Medico-Legal text, also referred to as 'the judgements of blood-lying' deals with the obligation of a person who has inflicted illegal injury on another person to provide sick-maintenance/nursing (*othrus*).
Bretha Déin Checht.... This 8th century Medico-Legal tract is also known as the 'Judgements of *Dían Checht*'. This tract deals with the fines for illegal injury and the share due to the physician for his skill in aiding recovery.
Buas ininnraig........................ 'Tent'.
Buidi Conaill .... 'Yellow Plague, relapsing fever, Boy Conell, Boy Kennell'.
Cáin law.............................. Brehon law that applied to all of Ireland.
Cainenn.............................. a vegetable, some member of the onion family.
Carna(i) eich......................... 'Horsemeat'.
Céli Dé (Culdees).................... 'Clients or vassals of God'.
Cenél.............................. 'Kindred'.
Clamh.............................. 'Leprosy'.
Clamtrusca.......................... 'Leprosy'.
Clan.................................. 'Family'.
Clár aighthe......................... 'Flat-faced'.
Cnuic ocus treagait.................. 'Lumps and Gripping'.
Colpthach........................... 'Two-year old heifer'.
Comuaim............................ 'act of sowing together: joint, seam, junction'.
Corcae.............................. 'Oats'.
Corpdíre............................ 'Body-Fine'.
Crem/Crem allda.................... 'Wild Garlic'.
Críth Gablach........................ 8th century tract on the law of person's.
Crólige báis......................... lit. 'blood-lying of death'.

Crom Conaill...................................	'Yellow Plague'.
Cron-Chonaill.................................	'Yellow Plague'.
Cumachtach...................................	'Powerful, mighty, invested with (magical) powers'.
Cumachtaig Maithe..........................	'Wizards'.
Cumal..	Unit of currency, translated 'female slave'.
Cuthach.......................................	'Madness'.
Dairt...	'Yearling heifer'.
Dall..	'Blind'.
Dartaid..	'Yearling bullock'.
Dásachtach/dásacht.........................	'Mad'/'Demon'.
De Ficu..	'Haemorrhoids'.
Decc do threagaig...........................	'Colic'
Dechmad	BC 41 refers to a ten-day period before the physician's prognosis is made.
Derosc...	Physician's verdict at the end of the period of nursing.
Do bhidhg/deg do bhrdhg..................	'A Fit'.
Dóer...	'Unfree'.
Dorinne Cruitnecht..........................	'Wheat'.
Drécht gíalnaí...............................	'Corvée rampart'.
Easbadha......................................	'Scrofula'.
Eisce...	'assault'.
Éornae...	'Barley'.
Éraic...	'Body-Fine'.
Eslainte theinntidhe........................	'Inflammatory Disease'.
Extensor dolore pausauit...................	'Prolonged illness/Prolonged suffering'.
Fénechas......................................	'Native Law- law of the *Féine* or *Féne,* or free land-tillers'.
Fin...	'Wine'.
Fine..	'Joint-family' (Kinship group).
Fingal...	'Killing a kinsman'.
Fintiu..	Kin land.
Fiolun Fionn..................................	'anthrax'.
Fírcainenn.....................................	'Fresh onions, with their folliage'.
Folog n-othrusa (or shortened to *othrus*....	'Sick-Maintenance'.
Foltchép.......................................	'Some kind of onion, Chive or leek'. It derives from Ir *folt* 'hair of the head', and lat. *Cepa* 'Onion'.
Galar cos fair/galar i ccois/an galar........	'Gout'.
Galar Fuail...................................	'Disease of the Urine'.
Galar na Leptae..............................	'Bed distemper'.
Galar Póill....................................	'Paul's sickness'; 'Falling sickness'.
Galar..	'Disease'.
Galur tri n-oidche/do galar anaithnidi......	'Three-nights suffering'.
Gobae..	'Blacksmith'.
Gruth..	'Curds'.
Iasc..	'Fish'.
Ifrenn..	'Hell'.
Imus..	'Celery'.
Ind riuth fola.................................	'Blood-Flux'; 'Dysentery'.

Ir *lín,* lat. *Linum*………………………………………… 'Flax'.
Ir *Screpul/*lat. *Scripulus*……………………………… 'Scruple'.
Ir *Seib,* lat. *Faba*…………………………………… 'Bean'.
Ir *Ungae/*lat. *Unica*………………………………… 'Ounce'.
Leprosus……………………………………………… 'Leprosy'
Les………………………………………………………... Enclosed area of a *ráith.*
Liaig……………………………………………….…… 'leech/physician/doctor'.
Lionn……………………………………………..…….. 'Ale'.
Lirach…………………………………………………… 'Cholera'.
Lobar……………………………………..…………… 'Leprosy'.
Lóg n-enech………………………………………………… lit. 'the price of his face' (Honour-
Price). A person's status was measured
by his honour-price.
Lubgort……………………………………………….… Vegetable Garden.
Lulgach or *bó milicht*……………………………… 'Milch cow'- common form of currency.
Meacan, Cerrbacán…………………………….......... Some tap-rooted vegetables.
Mil…………………………………………………… 'Honey'.
Moirtin Marbh………………………………………... 'Paralyses'.
Mortalitatus Puerorum/Mortalitas Paruulorum…..... 'Mortality of the Children'.
Muintir…………………………………………….…... 'Community'.
Nemed………………………………………...………… 'Privileged'.
Nenntocc………………………………………………… 'Nettles'.
Nómad…………………………………………………… Nine day period before the physician's
prognosis is made.
Ócaire, Bó-aire febsa………………………………... Normal substantial farmers.
Ola………………………………………………...…… 'Oil'.
Ollam…………………………………………………... 'expert, master, chief'.
Paralisi longa………………………………………… 'Prolonged paralysis'.
Paruchiae………………………………………………. Great monastic federations.
Raith…………………………………………………… 'Ringfort'.
Ráth…………………………………………………… A circular rampart of earth or stone.
Riuth fola in tota……………………………………… 'Bloody-Flux'; 'Dysentery'.
Riuth in tota………………………………………….... 'Bloody-Flux'; 'Dysentery'.
Sáer…………………………………………………… 'Wright'.
Samaisc……………………………………………….... 'Three-year old dry heifer'.
Sámbíd………………………………………….……... 'Summer Foods'.
Samhadh………………………………………………… 'Sorrel'.
Sámthrusc.. 'Leprosy'
Scamach………………………………………………… 'Consumption', 'Influenzal Pneumonia'.
Secal…………………………………………………… 'Rye'.
Sét………………………………………………..…….. Honour- price of ranks below the level
of king is generally given in terms of the
sét, it is also frequently used in fines.
Síl…………………………………………………….... 'Off-spring'.
Sithe…………………………………………………….. 'Fairy'.
Slinnen muice………………………………………… 'Gammon of bacon'.
Snádud Co Foras tuaithe…………………………… [the victim's] accompaniment to the *f.t.*
Sóer…………………………………………….……... 'Free'.
Tarsunn………………………………………………… 'Condiment'.
Teidim………………………………………………… 'Disease, Sickness, Pestilence'.

Teidm treagait……………………... 'Bloody-Flux'; 'Dysentery'.
Teidm……..…………………….… 'Sickness'.
Treagaid fithn……………………... 'Colic, Lumps and Gripping, magical'.
Tregat…………………………..…. 'Pain, suffering, colic, pang'.
Túath…………………………….... translates to mean 'tribe'. Some see it as a 'territorial unit' and others see it as a 'political unit'.
Uentris Profluuio………………….. 'Bloody-Flux'; 'Dysentery'.
Uí………………………………….. (Latin nepotes) lit 'grandsons', e.g. *Uí Néill.*
Uraicecht Becc…………………….. 8th Century legal tract dealing with status/rank of persons.
Urcailte Bretheman……………….. Middle Irish text dealing with the duties of a judge.
Urradus law…………………….... Special local law or custom, applying only to the province or district where it was in force.
Vicia Faba………………………. 'Broad bean'.
Vitae/Bethada............................... 'Lives'.

Bibliography

Section A: 'Primary Sources'

<u>Hagiography</u>

Herity, Michael (1988) 1 *Vita Prima Sanctae Brigitae* J.R.S.A.I., Vol 118

Ó hAodha, Donncha (1978) *Bethu Brigte.* Dublin Institute for Advanced
       Studies.

Plummer, Charles (1922) *Bethada Náem nÉrenn* 'Lives of the Irish Saints'. 2
       Vols. Oxford, Clarendon Press.

Senchas Ard Mhaca (1979-80) Campbell, Father Patrick J*., The Life of Saint
       Monenna by Conchubranus.* Ulster Society for Medieval Latin Studies.
       Vol. 9 no.2, Vol. 10. no.1.

Sharpe, Richard (1995) *Adomnán of Iona-Life of St. Columba.* Penguin Classics.

Stokes, W. (1995) *Lives of Saints from the Book of Lismore.* Facsimile reprint
       from *Anecodota Oxoniensia* (1890). Llanerch pyblishers.

<u>The Annals</u>

Hennessy, William M. (1966) *Chronicon Scotorum.* From the earliest times to
       A.D. 1135 with a supplement, containing the events from 1141 to 1150;
       edited with a translation by William M. Hennessy, M.R.I.A. London
       [Longmans, Green, Reader, and Dyer].

Hennessy, William.(1887) *The Annals of Ulster.* A chronicle of Irish affairs
       from A.D. 431, to A.D. 1540. Edited with a translation and notes by
       William M. Hennessy, M.R.I.A., Vol. 1.

Mac Airt, Seán and Mac Niocaill, Gearóid (1983) *The Annals of Ulster* (to A.D.
       1131) part 1. Dublin Institute for Advanced Studies.

Mac Airt, Seán (1951) *The Annals of Inisfallen.* Edited with translation and
       indexes by Seán Mac Airt, M.A. Dublin. The Dublin institute for
       advanced studies.

Murphy, Denis (1896) reprint (1993) *The Annals of Clonmacnoise,* being
       Annals of Ireland from The Earliest Period To A.D. 1408. Translated
       into English A.D 1627 by Conell Mageoghagan. LLanerch Publishers.

O'Donovan, John (1856) *Annals of the Kingdom by the Four Masters,* from the
       earliest period to the year 1616. Edited from the Manuscript in the
       library of the Royal Irish Academy and of Trinity College, Dublin with a
       translation, and copious notes, by John O'Donovan, LL.D., M.R.I.A.
       Second edition. Vols 1-4.

Stokes, Whitley: *Annals of Tigernach,* Volume 1, A facsimile reprint translated
       by Whitley Stokes.

<u>The Laws</u>

Binchy D.A. (1966) *Bretha Déin Chécht* in *Ériu* 20, pp 1-66.
    (1938) *Bretha Crólige* in *Ériu* 12, pp 1-77.

Section B: 'Secondary Sources'

Anderson, E. N. (1997) 'Traditional Medical Values of Food' in *Food and
       Culture-A Reader.* Carol Counihan, Penny Van Esterik. Routledge, New
       York and London.

Barnes, Ethne (2005) *Diseases and Human Evolution.* Albuquerque.University
       of New Mexico Press.

Beattie, John (1960) *Bunyoro: An African Kingdom.* New York: Holt, Rinehart and Winston.

Beattie, John (1964) *Other Cultures: Aims, Methods and Achievements.* New York: Free Press.

Best, R.I., and Thurneysen, R: (eds) *Senchas Már. Facsimile of the oldest Fragments from MS. H.2.15 in the library of Trinity College.* Dublin.

Biale, David (2007) *Blood and Belief: The Circulation of a Symbol between Jews and Christians.* University of California Press: Berkeley. Los Angeles. London.

Bibeau, Gilles (1981) 'The circular semantic network in Ngbandi disease nosology' in *Social science and medicine. Part B: Medical Anthropology.* Vol 15 Issue 3, July, pp295-307.

Binchy, D. A. (1943) 'The Linguistic and Historical Value of the Irish Law Texts' *Proceedings of the British Academy* 29, pp 195-227, repr. In *Celtic Law Papers.*

Binchy, D. A. (1954) 'Secular Institutions' in *Early Irish Society* ed. Myles Dillon, pp 52-65.

Binchy, D.A. (1941) *Críth Gablach,* Medieval and Modern Irish Series, Vol II.

Bowie, Fiona (2000) *The Anthropology of Religion: An introduction.* Blackwell Publishers Inc, Mass, USA.

Breatnach, Liam (2005) *A Companion to the Corpus Iuris Hibernici.* School of Celtic Studies, Dublin Institute for Advanced Studies.

Brody, Saul Nathaniel (1974) *The Disease of the Soul, Leprosy in Medieval Literature.* Cornell University Press. Ithaca and London.

Byrne, F. J (1971) *Tribes and Tribalism in Early Ireland. Ériu* 22.

Byrne, F. J (1973), paperback ed. (1987). *Irish Kings and High Kings.* London.

Byrne, F. J (2005) 'The Viking Age and Church and Politics, c. 750-c.1100'. In *A New History of Ireland.* (1) *Prehistoric and Early Ireland.* Dáibhí Ó Cróinín: Oxford University Press.

Byrne, F.J. (1967) 'Seventh-century Documents', *Irish Ecclesiastical Record* 108, 164-82.

Carey, John; Herbert, Máire, and Ó Riain, Padraig (2001) *Studies in Irish Hagiography: Saints and Scholars.* Four Courts Press.

Catholic Encyclopedia (1913), Public-domain.

Charles-Edwards, T. M. (2005) 'Early Irish Law'. In *A New History of Ireland.* (1) *Prehistoric and Early Ireland.* Dáibhí Ó Cróinín: Oxford University Press.

Charles-Edwards, T., and Kelly, F. (1983) *Bechbretha: an Old Irish Law-tract on Bee-Keeping.* Early Irish Law Series Vol. 1 (Dublin).

Chick, Garry (1998) 'Leisure and culture: Issues for an anthropology of leisure' in *Leisure Sciences,* 20: 2, 111-133.

Clark, Stuart (1997) *Thinking with Demons: the idea of Witchcraft in early modern Europe.*

Cohn, Bernard S. (1987) *An anthropologist among the Historians and Other Essays.* Oxford University Press.

Collins, John J. (1978) *Primitive Religion.* Totowa, N.J.: Littlefield, Adams and Co.

Condren, Mary (2002) *The Serpent and the Goddess: Women, Religion and Power in Celtic Ireland.* New Island Books.

Counihan, Carol; Van Esterik, Penny (1997) *Food and Culture-A Reader.* Routledge, New York and London.

Davies, W. (1989) 'The Place of Healing in Early Irish Society'. In *Sages, Saints and Storytellers. Celtic Studies in Honour of Professor James Carney.* Donnchadh Ó Corráin, Liam Breatnach, Kim McCone eds. *An Sagart,* Maynooth.

De Breffny, Brian & Mott, Georde (1976) *The Churches and Abbeys of Ireland.* Thames and Hudson. London.

De Paor, Máire and Liam (1958) *Early Christian Ireland.* New York. Frederick A. Praeger.

DIL =*Dictionary of the Irish Language* (1913-1976). Based mainly on Old and Middle Irish Materials. Royal Irish Academy, Dublin Institute for Advanced Studies.

Doherty, Charles (1980) 'Exchange and change in Early Medieval Ireland' in *J.R.S.A.I.*

Douglas, Mary (1966) *Purity and Danger*: *An analysis of Concepts of Pollution and Taboo.* Routledge and Kegan Paul, London.

Edwards, Nancy (2005) 'The Archaeology of Early Medieval Ireland, c.400-1169: Settlement and Economy'. In *A New History of Ireland.* (1) *Prehistoric and Early Ireland.* Dáibhí Ó Cróinín: Oxford University Press.

Emson, Harry Edmund (1987) 'Health, disease and illness: matters for definition' in *Canadian Medical Association Journal.* Vol. 136, April 15, pp 811-813.

Eriksen, Thomas Hylland (1995) *Small Places, Large Issues.* London and Chicago. Pluto Press.

Falk Moore, Sally (1978) *Law as a Process: an anthropological approach.* London: Routledge & Kegan Paul.

Evans-Pritchard (1956) *Nuer Religion,* Oxford Clarendon Press.

Foster, R. F. (1989) *The Oxford History of Ireland.* Oxford University Press.

Frazer, J.G. (1913) *The Golden Bough: a study in magic and religion.* Macmillan and Co, limited, London.

Gensen, Bernard (1988) *Herbal Handbook.* Published by Bernard Gensen enterprises.

Glick, Leonard B. (1967) *Medicine as an Ethnographic Category: The Gimi of the New Guinea Highland,* Ethnology, Volume vi.

Goffman, Erving (1990) *Stigma: notes on the management of spoiled identity.* Penguin Books.

Good, Byron J. (1994) *Medicine, Rationality, and experience: An anthropological perspective.* Cambridge University Press.

Harris, Marvin (1993) *Culture, people, Nature: An Introduction to general Anthropology.* University of Florida, Harper Collins.

Haviland; Prins; Walrath; McBride (2005) *Anthropology-The Human Challenge.* Wadsworth, Eleventh Edition.

Hendry, Joy (1999) *An Introduction to Social Anthropology-Other Peoples Worlds.* Mac Millan Press Ltd.

Howey, M. Oldfield (1923) *The horse in Magic and Myth.* London: W. Rider and Son.

Hughes, Kathleen (1966) *The Church in Early Irish Society* (London).

Hughes, Kathleen (1968) 'Introduction' in *A History of Medieval Ireland*, Otway-Ruthven: London. Ernest Benn Limited. New York. Barnes & Noble. Inc.

Hughes, Kathleen (1972) *Early Christian Ireland: Introduction to the sources.* Hodder and Stoughton limited, London.

Hughes, Kathleen (1987) *Church and Society in Ireland A.D. 400-1200* ed by David Dumville. Variorum reprints. London.

Hughes, Kathleen (2005) 'The Church in Early Irish Society, 400-800'. In *A New History of Ireland*. (1) *Prehistoric and Early Ireland.* Dáibhí Ó Cróinín: Oxford University Press.

Johnson, Thomas M. and Sargent, Carolyn F. (1990) *Medical Anthropology, Contemporary Theory and Method.* Praeger Publishers, New York.

Joyce, P.W. (1913) *A Social History of Ancient Ireland.* Vols 1 & 2. Talbot Press.

Kapferer, Bruce (1983) *A Celebration of Demons. Exorcism and the Aesthetics of Healing in Sri Lanka.* Indiana University Press. Bloomington.

Kelleher, J. (1963) 'Early Irish History and Pseudo-history', *Studia Hibernica* 3, 113-27.

Kelly, Fergus (1998) *A Guide to Early Irish Law.* Dublin Institute for Advanced Studies.

Kenney, J.F. (1929) *The sources for the early History of Ireland* . Ecclesiastical.

Kenny, Michael (2005) 'Coins and Coinage in Pre-Norman Ireland'. In *A New History of Ireland*. (1) *Prehistoric and Early Ireland.* Dáibhí Ó Cróinín: Oxford University Press.

Klass, Morton (1995) *Ordered Universes.* Westview Press Inc.

Kleinman, Arthur (1995) *Writing at the Margin: Discourse between Anthropology and Medicine.* University of California Press.

Kleinman, Arthur (1988) *The Illness Narratives, Suffering, Healing & The Human Condition.* Basic Books.

Lehmann, Arthur C. & Myers, James E. (1993) *Magic, Witchcraft, and Religion- An Anthropological Study of the Supernatural.* Third Edition. Mayfield Publishing Company, California.

Lewellen, Ted C. (1983) *Political Anthropology. An Introduction.* 2nd ed. Bergin and Garvey Publishers.

Lewis and Short (1984) *A Latin Dictionary,* Oxford, at the Clarendon Press.

Lydon, James (1998) *The Making of Ireland from Ancient Times to the Present.* First published by Routledge, Fetter Lane, London.

Mac Arthur, William (1949) 'The identification of some Pestilences recorded in the Irish annals'. *Irish Historical Studies*, Vol. VI. No. 23.

Mac Arthur, William (1950-1951) 'The Pestilence called Scamach'. *Irish Historical Studies,* Vol VII.

Mac Cana, P. (1971) 'Conservation and Innovation in Early Celtic Literature'. *Études Celtiques* 13, 61-118.

Mc Cone, Kim, (1990) *Pagan Past and Christian Present in Early Irish Literature.* Maynooth Monographs.

Mac Neill (1913) 'The authorship and structure of the annals of Tigernach', *Ériu* VII, pp 30-115.

Mac Neill, Eoin (1935) *Early Irish Laws and Institutions* . Dublin.

Mac Neill, Eoin (Dublin 1921), repr 1981 *Celtic Ireland* with introduction and notes by Donnchadh Ó Corráin.

Mac Niocaill, G. (1975) *The Medieval Irish Annals.* Medieval Irish History Series No. 3. Published for the Dublin Historical Association.

Malinowski, B. (1951) [1926] *Crime and custom in savage society.* London: Routledge.

Meyer, K, (1909) *Tecosca Cormac* 'The instructions of King Cormac Mac Airt, ed. RIA Todd Lecture Series 15.

Milgrom, Jacob (1991) *Leviticus 1-16*: 'a new translation with introduction and commentary'.

O'Briain, F (1945) 'Miracles in the Lives of the Irish Saints', *Irish Ecclesiastical Record 66.* pp331-42.

O'Briain, F (1947) 'The Hagiography of Leinster' in *Féil-Sgríbhinn Eóin Mhic Néill*, ed by John Ryan. Four Courts Press.

Ó Corráin, D. (1989) 'Pre-historic and Early Christian Ireland'. In *The Oxford History of Ireland.* R. F. Foster 1-44, Oxford University Press.

Ó Corráin, Donnchadh (1972) *Ireland before the Normans.* Dublin: Gill and Macmillan; London: Macmillan.

Ó Corráin, Donnchadh (2005) 'Ireland c.800: Aspects of Society'. In *A New History of Ireland.* (1) *Prehistoric and Early Ireland.* Dáibhí Ó Cróinín: Oxford University Press.

Ó Cróinín, Dáibhí (1995) *Early Medieval Ireland 400-1200.* Longman publishing, New York.

Ó Cuív, Brian (1961) *Seven Centuries of Irish Learning 1000-1700.* Published for Radio Éireann by the stationery office.

O'Curry, Eugene (1861) *Ancient Irish History.* Vol. 1 & 2. Lectures on the manuscript materials of ancient Irish history. Published by Burt Franklin, New York. Originally published in Dublin.

Ó Síocháin, Séamas (1987) *Politics and Kinship in Pre-Norman Ireland.* A thesis presented to the faculty of the Graduate School of Cornell University.

O'Rahilly, C. (1976) *Tàin Bò Cùailnge: Recension 1.* Dublin.

O'Riain, Padraig. (1982) 'Toward a Methodology in Early Irish Hagiography'. *Peritia* vol. 1, pp 146-59.

Ohnuki-Tierney, Emiko (1974) *The Ainu of the Northwest Coast of Southern Sakhalin.* University of Wisconsin. Holt, Rhinehart and Winston, INC.

Parsons, Talcott (1964) *The Social System.* With a new preface by Bryan J. Turner. Routledge.

Patterson, Nerys (1991) *Kinship and Rank in Early Ireland.* Garland Publishing, New York and London.

Pattison, Mansell E. (1993) 'Psychosocial Interpretations of Exorcism' in *Magic, Witchcraft, and Religion, An Anthropological Study of the Supernatural.* Arthur C. Lehmann and James E. Myers: Mayfield Publishing Company.

Pochin-Mould, Daphne (1964) *The Irish Saints*, short biographies of the principal Irish saints from the time of St. Patrick to that of Lawrence O'Toole. Dublin Clonmore and Reynolds Ltd. Burnes and Oates Ltd.

Pospisil, Leopold (1972) *The Ethnology of Law.* Module (12), Yale University.

Radcliffe Brown, A.R. (1952) *Structure and Function in Primitive Society.* New York: Free Press.

Richter, Michael (1988) *Medieval Ireland: The Enduring Tradition.* Revised edition, Gill and MacMillan Ltd.

Roberts, Simon (1979) *Law as process*: *an introduction to legal anthropology.* Pelican Books.

Root-Bernstein, Robert and Michèle (1997) *Honey, Mud, Maggots, and other Medical Marvels- The Science Behind Folk Remedies and Old Wives Tales.* Houghton Mifflin Company, Boston, New York.

Rose Elliot and Carlo De Paoli (1998) *Kitchen Pharmacy: A Book of Healing Remedies for Everyone.* Orion Books.

Sawyer, P.H. (1971) *The age of the Vikings.* London. 2nd ed.

Scott, Michael (1986) *An Irish Herbal.* Anna Livia Press, Dublin.

Sharpe, Richard (1982) 'Vitae S. Brigia: The oldest texts'. *Peritia* 1 (1982) pp 81-106.

Sharpe, Richard (1991) *Medieval Irish Saints Lives: An Introduction to Vitae Sanctorum Hiberniae* (Oxford).

Shaw, S.J. Francis (1961) 'Irish Medical Men and Philosophers'. In *Seven Centuries of Irish Learning 1000-1700.* Published for Radio Éireann by the stationery office.

Sherman, Irwin W. (2006) *The Power of Plagues.* ASM Press, Washington D.C.

Simoons, Frederick J. (1967) *Eat not this Flesh- Food Avoidances in the Old World.* The University of Wisconsin Press, Madison, Milwaukee, and London.

Spiro, Melford E. (1974) *Burmese Supernaturalism.* For the Institute of Human Issues. Philadelphia.

Stokes, W. (1891) *Scél na Fír Flatha,* 'The Irish Ordeals, Cormac's adventure in the land of promise and the decision as to Cormac's sword, found in Thurneysen.

The Holy Bible (1966) *Old and New Testaments Catholic Edition.* Revised standard version, prepared by the Catholic Biblical Association of Great Britain, with a foreword by his Eminence John Cardinal Heenan, Archbishop of Westminister. The Catholic Truth Society, published by Thomas Nelson & Sons Ltd.

Thurneysen, Rudolf; Pokorny, Julius (1930) *Zeitschrift Fur Celtische Philologie* (ZCP XV). Max Niemeyer verlag. Halle (Salle).

Titley, Alan (2000) *A Pocket Book of Gaelic Culture.* O'Brien Press Ltd. Dublin.

Turner, Victor (1969) *The Ritual Process.* Chicago: Aldine.

Ullmann, Manfred (1978) *Islamic Surveys* Islamic Medicine. Edinburgh University Press.

Wallace, Patrick F. (2005) 'The Archaeology of Ireland's Viking-Age Towns'. In *A New History of Ireland.* (1) *Prehistoric and Early Ireland.* Dáibhí Ó Cróinín: Oxford University Press.

Watkins, Calvert (1976) 'Sick-Maintenance in Indo-European'. *Ériu 27* Dublin Royal Irish Academy.

Weatherall, Ledingham, Warrell (1987) *The Oxford Textbook of Medicine.* Second edition. Oxford University Press.

White, Carolyn (1976) *A History of Irish Fairies.* Mercier Paperback, Dublin and Cork.

Wulff, Winifred.: *Rosa Anglica* 'Irish Texts Society' ,Vol xxv (1929).