

A recent discovery was made on two individuals from Portmahomack. One adult male (SK108), aged 36-45 years-at-death had discreet stellate scarring on the left frontal bone of the skull (figs.1 and 2), associated with *Caries sicca*, which is a diagnostic lesion for treponemal disease, possibly venereal syphilis. Other pathological lesions include striated compact new bone on the lateral (outer) mid-shaft of the right tibia and on both sides of left tibia shaft. Periosteal new bone was also present on both fibulae.



Figs.1 and 2 (insert): Stellate scarring on left frontal bone (photograph: authors own).

A second possible case of treponemal disease was discovered on a child skeleton (SK110), aged 10.6-14.5 years-at-death. New examinations found a small lytic lesion on the right frontal bone of the skull (figs.3 and 4). Previous examinations¹ found fine, porous new bone deposits on the distal (lower) end of the right femur. However, no pathological markers associated with congenital syphilis were found, such as a saddle nose or notched incisors, although the cranial and femoral pathologies do suggest some form of non-specific infection.



Figs.3 and 4 (insert): Lytic lesion on right frontal bone (photograph: authors own).

In 1976, Steinbock² devised a distribution of areas on the skeleton affected by syphilis. These are mainly the cranium, tibia (and often fibula), hands and feet and to a lesser extent, the distal femora. The distribution of pathological markers on both SK108 and SK110 follow this pattern.

These are the only two possible cases of treponemal disease found at Portmahomack and both burials are allocated to Period 4 (AD 1100-1600). This period coincides with the emergence of syphilis in Scotland around the 15th to 16th century AD. In medieval Scotland, syphilis was referred to as the '*grandgore*' (derived from French meaning large sore) and the recording of its rapid spread in the 'Accounts of the Lord High Treasurer' in the 15th century AD led to the 'Ane Grandgore Act' of AD 1497.³ Under this Act, 'incurables' were ordered to be taken from the sands of Leith by boat to the island of Inchkeith, off the Firth of Forth, until such time as they may be cured by God.⁴ By the late 15th century AD, syphilis had spread across Scotland to places such as Glasgow and Stirling.⁵ Evidence suggesting two of Mary Queen of Scots' husbands had syphilis attests to the widespread prevalence of the disease throughout 16th century Scotland and to the ability for this disease to affect people from all social strata. Mary described her second husband, Darnley, as being a 'pockish man', whose breath was most foul.⁶ Her third husband Brothwell, eventually died in Denmark in April AD 1578, after suffering from a mental illness which lasted around 5 years and suggests general paralysis of the insane;⁷ a disorder affecting the brain and central nervous system, caused by syphilis.

How an individual from medieval Portmahomack, a presumably isolated community during this period, contracted syphilis will remain a mystery. There is scant evidence to suggest syphilis was prevalent in far northeast Scotland in the medieval period, although contact through trade and exchange may have put certain people at risk. Further evidence, such as strontium and oxygen isotope analysis, may shed light on the provenance of SK108. Was this man an outsider, bringing this disease to this small parish church community?

Bibliography

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¹ King 2000

² Steinbock 1976

³ Morton 1962

⁴ Jillings 2010

⁵ Ibid.

⁶ Morton 1962

⁷ Ibid.