Chapter 4

Heads, Shoulders, Knees and Toes: Injury and Death in Anglo-Scottish Combat, c. 1296–c. 1403

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Fourteenth-century Scotland was dominated by war. Although far from constant across the whole kingdom, conflict nonetheless became largely endemic during the Anglo-Scottish wars (1296–1403). The Scottish Wars of Independence have, therefore, provided fertile ground for discussion of medieval Scottish warfare that continues to have both academic and popular appeal. For all that has been written about this period, little, however, has been produced regarding the realities of war, the impact that it had on the individual soldier, or the wounds suffered by those who engaged in these conflicts. Similarly, little has been considered in relation to the possibility of wounded warriors recovering from their injuries, and the wider theme of lethality in Anglo-Scottish warfare more generally. This lacuna is based in part on a lack of archaeological evidence; only one (late) medieval Anglo-Scottish battlefield has been examined in any detail (Flodden, 1513).

Scottish written sources are also largely devoid of the kind of evidence provided in comparative English administrative evidence. Some archaeological and historical analysis has been possible in Scotland in relation to medieval hospitals. See: Sharp Practice 2: The Second Report on Researches into the Medieval Hospital at Soutra, Lothian Region, Scotland, ed. Brian Moffat and Joy Fulton (Edinburgh: Soutra Hospital Archaeoethnopharmacological Research Project, 1988); John Durkan, “Care of the Poor: Pre-Reformation Hospitals,” Innes Review 10.2 (1959): 268–280; David Hamilton, The Healers: A History of Medicine in Scotland (Edinburgh: Pelican, 1981), 19–21.

1 For a recent consideration of such themes, see: Alastair J. Macdonald, “Courage, Fear and the Experience of the Later Medieval Scottish Soldier,” Scottish Historical Review 92.2 (2013): 179–206.

2 Tony Pollard and Neil Oliver, Two Men in a Trench: Battlefield Archaeology – The Key to Unlocking the Past (London, 2002), 118–82. Recent archaeological work at Stirling Castle has uncovered a number of bodies, dated to around the time of the Wars of Independence, which display apparent weapon injuries. More detailed analysis of this evidence is yet to be published. See: Jo Buckberry, Janet Montgomery, and Julia Lee-Thorp, “Death During the Scottish Wars of Independence: An Osteological and Isotopic Analysis of Medieval Individuals from Stirling Castle, Scotland,” American Journal of Physical Anthropology 153.558 (2014): 86.

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crown physicians and of hospital patients, as well as records of pensions paid to both doctors and those injured on the battlefield. Even here, studies of such records have focused predominantly on individual doctors’ careers and the development of contemporary medicine. Less work has been undertaken on the relationship between fourteenth-century Anglo-Scottish warfare and the subsequent treatment of its casualties.

While a general lack of bureaucratic evidence for medieval Scotland is an issue, there are other sources that can fill the void in the historiographical narrative. Literary sources in particular provide at times quite extraordinarily detailed descriptions of battlefield injury, but these chronicles have until now received little attention. This may be due in part to the status of the texts themselves. John Barbour’s Bruce, for example, written between around 1372 and 1390, is more romance than chronicle and was written to entertain a courtly audience rather than accurately record events. While recognizing the deficiencies and problems inherent in such sources, they remain, however, invaluable contemporary accounts of the more practical elements of medieval warfare. It is, therefore, contemporary Scottish and English narrative sources that form the basis of this investigation into the types of injuries sustained by fourteenth-century warriors. Through such evidence, it is apparent that missile-weapon injuries were a common occurrence, although these were likely survivable in a majority of cases. Wounds inflicted by bladed weapons, as well as by spears and lances, appear to have been less common, but resulted in

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4 Charles H. Talbot, Medicine in Medieval England (London: Oldbourne, 1967); Stanley Rubin, Medieval English Medicine (New York: Wellcome Historical Medical Library, 1974); Edward J. Kealey, Medieval Medicus: A Social History of Anglo-Norman Medicine (Baltimore: Johns Hopkins University Press, 1981); Faye M. Getz, Healing and Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus (Madison: University of Wisconsin Press 1991); Carole Rawcliffe, Medicine & Society in Later Medieval England (Stroud: Sutton, 1997).

5 See: Macdonald, “Courage,” 199–202. For consideration of a different theatre of war and the treatment of wartime casualties, see: Piers D. Mitchell, Medicine in the Crusades: Warfare, Wounds, and the Medieval Surgeon (Cambridge: Cambridge University Press, 2004), chapters 3 and 5.

6 John Barbour, The Bruce, ed. A.A.M. Duncan (Edinburgh: Canongate, 1997), 2–8. Hereafter, Bruce [Duncan]. For discussion of Barbour and his audience, see: L.A. Ebin, “John Barbour’s Bruce: Poetry, History, and Propaganda,” Studies in Scottish Literature 9 (1972): 218–47; Sonja Cameron, “Keeping the Customer Satisfied: Barbour’s Bruce and a Phantom Division at Bannockburn,” in The Polar Twins, ed. Edward J. Cowan and Douglas Gifford (Edinburgh: John Donald, 1999), 61–74, at 70–1.

7 Kelly DeVries, “The Use of Chronicles in Recreating Medieval Military History,” in Journal of Medieval Military History 2 (2004): 1–15.
greater numbers of fatalities. In spite of examples of battlefield casualties, however, it is also clear that medical treatment was available to such men. The evidence of medical practice and practitioners suggests that Scottish doctors were employed on the battlefield, and some lords even provided doctors to aid the recovery of their own troops.

In the sources themselves, it is clear that the perspective offered by medieval chroniclers on contemporary combat is problematic. Chronicles often provide detailed descriptions of warfare, but these were usually written by men who were not themselves warriors or even eye-witnesses to the events described. Some works were written to please a specific audience, leading to flattering depictions of patrons and their families. A major element of such narratives of war is the specific depiction of the chivalric hero that focuses on heroic deeds, and it is unsurprising that in this literary environment heroic deaths were also recorded in detail. These accounts of warrior deaths, invariably including the injuries that led to them, have not, however, been the focus of much historical analysis, although they are the focus of a great deal of this volume. In part, this is a result of historians’ fears of chronicle exaggeration. As Kelly DeVries suggests, “warfare ... is a dramatic event. In order to reflect that, the chroniclers often write dramatically.” Chroniclers are also accused of focusing solely on the elite to the detriment of the “common man” and of exaggerating losses amongst the opposition while moderating the losses of their own side. Such “dramatization” does not, however, mean that chronicle accounts of combat and resultant injuries should be discounted. Indeed, chronicle descriptions are often resonant of the cut and thrust of battle and include the sort of detail that would have appealed to warriors themselves. They provide a realistic alternative to the more flowery depictions of conflict in contemporary romance, many of which are seriously unrealistic, and they do not recoil from sanguinary accounts of the realities of medieval warfare.

Literary accounts also stress the physicality of warfare, for even if a soldier was not himself wounded in battle, he would have felt the exertion of his efforts. An account of the physical exhaustion of battle is provided by the Scottish chronicler, John of Fordun, who, in describing the battle of Roslin (1302), writes that:

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8 Chris Given-Wilson, *Chronicles: The Writing of History in Medieval England* (London: A&C Black, 2004), 99–111.
9 DeVries, “Use of Chronicles,” 10.
10 Mitchell, *Medicine in the Crusades*, 108, 139.
utriusque exercitus post dira lancearum vulnera, sæva flagella, et clarvarum ictus durissimos, numero centeni quadrageni, et viceni, alternis vicibus, pro lassitudine confusi pugnæ diurnæ, ad montes, vel alia apta loca, de acie se retraherent, et ventis oppositi, et galeis reversis ex aere refrigerati, remotis equis vulneratis, et aliis recentibus ascensis, contra inimicorum insultus redderentur fortiores (Chronica Gentis Scotorum, 335).

[some of either host, after awful spear-thrusts, savage flail-strokes, and hard cudgeling, withdrew from the ranks, by hundreds, forties, and twenties, to the hills, time after time, fagged out and dazed by the day’s fighting. There they would throw back their helmets, and let the winds blow upon them; and after having been thus cooled by the breeze, they would put away their wounded horses, and, mounting other fresh ones, would thus be made stronger against the onslaughts of the foe] (Chron. Fordun, 327–8).11

Considering that this particular incident occurred after a second successive English assault on the Scottish lines, it is unsurprising that fatigue had started to take its toll. Describing the same engagement, the chronicler Walter Bower includes additional reasons for the Scottish soldiers’ exhaustion:

et tum pro fatigacione itineris et vigiliarum necnon et cibi defectu multiplicer lassati, tum pro continuis pugnandi laboribus calefacti, amotis cassidibus ad exponendum se ventis secedentes, tum pro ictuum tunsionibus et vulnerum vehementer afflicti tedere ceperunt, et ultra quam credi potest animo pervere, et fugam capere se paraverunt

[greatly worn out by the fatigue of their journey, lack of sleep and also by lack of food, and overheated by the continual toil of battle, they had removed their helmets and gone apart to expose themselves to the fresh air; grievously affected by bruises from blows which they had received

11 John of Fordun, Chronica Gentis Scotorum, ed. William F. Skene (Edinburgh: Edmonston and Douglas, 1871), 1:335; translation in John of Fordun’s Chronicle of the Scottish Nation, ed. William F. Skene (Edinburgh: Edmonston and Douglas, 1872) [hereafter Chron. Fordun], 327–8. Relevant page numbers are given for each in parentheses in the text.
and by their wounds, they began to falter, lose heart more than one would credit, and make ready to flee] (Chron. Bower, 6:294–5).12

Having faced two English attacks, the soldiers involved would likely have welcomed the opportunity to rest and attend to their wounds.13 Bower builds on Fordun's earlier account, but his addition of detail regarding the injuries suffered by the Scots is a crucial element that suggests a more rigorous attempt to reflect the realities of combat experience.

Chronicle and literary accounts emphasize the close-quarter aspect of fighting and the injuries sustained in the melee. In these depictions, it would appear that chroniclers attempted to recreate as realistically as possible the battlefield environment. John Barbour writes of the battle of Loudon Hill (1307) that:

Quhar men mycht her sic a breking
Off speris that to-fruschyt war
And the woundyt sa cry and rar
That it anoyus wes to her
For thai that fyrst assemblyt were
Fwyngyt and faucht full sturdely
...
with speris that scharply schar
Thai stekit men and stedis baith
Till rede blud ran off woundis raith.

[There men could hear such a breaking of spears that were smashed, and the wounded shouting and bawling so [loud] that it was horrible to hear, for those who were at the battle-face thrust and fought very sturdily ... they impaled both men and horses with spears that sheared sharply, till red blood soon ran from the wounds] (Bruce [Duncan], 306–7).

Similarly, the suffering of the injured is recreated through descriptions that “hydwysly begouth the cry / For thai that fellyt or stekyt war / Hidwysly gan cry

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12 Walter Bower, *Scotichronicon*, ed. Donald E.R. Watt, et al. (Aberdeen: Aberdeen University Press, 1987–98), 6:294–5. Hereafter, *Chron. Bower.* For further description of this battle, see: Andrew of Wyntoun, *The Orygynale Cronykil of Scotland*, ed. David Laing (Edinburgh: Scottish Text Society, 1872–9), 2:355–8. Hereafter, *Chron. Wyntoun.*

13 Modern scientific study has suggested that the weight of a warrior’s armor affected his breathing which, when engaged in a physical struggle, would potentially have fatigued soldiers more quickly, and would explain the need to rest and remove their helmets to breathe better. See: Graham N. Askew, Federico Formenti, and Alberto E. Minetti, “Limitations Imposed by Wearing Armor on Medieval Soldiers’ Locomotor Performance,” *Proceedings of the Royal Society, B, Biological Sciences* 279 (2012): 640–4, at 642.
and rar” [cries arose hideously, for those who were struck down or wounded shouted and bellowed with great roaring] (Bruce [Duncan], 394–5). Far from a romanticized vision of war, Barbour captures the frenzy of combat and the cacophony of sound in the battle. Moralistic monastic writers may have deliberately sought to project such an image of war in an attempt to dissuade warriors from fighting at all. Scottish writers, although they were themselves mainly religious men, appear instead to have utilized a more secular style of writing that focused on creating a realistic image of war. Often they used details acquired through discussions with warriors who had themselves been present at the action described, or based their works on other written sources such as family histories.\textsuperscript{14} The use of other literary material is made explicit in Bower’s inclusion of a poem in his chronicle, written after Bannockburn by an English poet who went north with Edward II to immortalize the battle. Finding himself forced to write a rather different account of a Scottish victory, he provides a distinctly bloody description of the fighting he appears to have witnessed:

\begin{quote}
Imbre sagittali minuatur ab inguine sanguis!
Turbine letali stimulet joculator ut anguis!
Hasta teres fodiat proceres, spargenda cruorem, missilibus cum pernici-
\hspace{1em}bus renovando dolorem!
Timba securi pectora cruri scindere curet.
Tela vibravit; sic superabit si bene duret.
Murco patet; nil posse latet pro marte valere.
\end{quote}

[Let blood be drawn from the groin by an arrowy shower!
Let the spearmen sting like a snake with a lethal tornado!
Let the smooth-shafted spear pierce the leaders, spilling gore, renewing anguish with deadly missiles!
Let the billman use his axe with care to sever trunk from leg.
He will brandish shafts; so he will overcome if he stoutly perseveres.
The sword-point is conspicuous; it is not perceived that nothing avails for the combat] (Chron. Bower, 6:370–1).

This lurid description of the types of injuries sustained by those involved at Bannockburn once again points to a determination, even in poetic works, to provide an account that was realistic in tone and image. Writer and audience expectation that such injuries were an inevitable consequence of combat explains, in part, the astonishment exhibited by Scottish writers at the fate of

\textsuperscript{14} Bruce [Duncan], 14–16.
those Bruce Scots who died at Dupplin Moor (1332). Here “multo plures ex collisione corporum, confricacione armorum, et prostracione equorum se invicem opprimencium, sine vulnere ceciderunt, quam qui telo vel gladio jugulati sunt” [many more died without a wound in the collision of bodies, the friction of armor, and the stumbling of horses as they were crushed against each other, than were killed by a missile or sword] (*Chron. Bower*, 7:78–9). Little wonder that chroniclers from both sides perceived the hand of God at work in these events as either “a miracle of God” to the English or as “divine revenge” to the Scots.15

In spite of the realistic portrayal of combat offered by contemporary writers, it is without doubt that they also reveled in the heroism of their protagonists and that this could lead to more overtly dramatized accounts of events. The ability to both give and receive vicious blows was demonstrative of masculine strength, knightly skill, and bravery, and was a topos used often by writers.16 Barbour’s description of James Douglas’s attack on Edward III’s camp during the Weardale Campaign (1327) describes the Scots being met by “ane with a club in hand / And sua gret a rout till him raucht / That had nocht bene his mekill maucht / And his rycht soverane manheid / Intill that place he had bene dede” [a man with a club in his hand [who] came and struck [Douglas] such mighty blows that, if it had not been for his great strength and his supreme manliness, he would have died in that place] (*Bruce [Duncan]*) (728–9). Other Scottish writers used similar imagery in their accounts. Bower constructs a scene in his *Scotichronicon* in which an English herald argues in front of Edward II and his knights that Robert I should be considered one of the preeminent warriors of his day:

Vidistis, ut estimo, prout ego vidi ... huius animosissimi regis Roberti non semel sed sepius in bellis ferocissimis scutum divulsum, galiam conquasatam, ruptam lanceam, ebetemensem, loricam perforatam et faciem vulneratam, cedentis nihilominus et insequentis, fuganties et persequentis, occidentis inimicos suos et comprehendentis, et donec deficerent, non revertentis.

15 Thomas Gray, *Scalacronica*, ed. Herbert E. Maxwell (Glasgow: James Maclehose and Sons, 1907), 91; *Chron. Bower*, 7:77–9.

16 Stephen Atkinson analyzes Malory’s catalogues of wounds in the *Morte Darthur* in this volume. See: “They ... toke their shyl dys before them and drew oute their swerdys ...”: Inflicting and Healing Wounds in Malory’s *Morte Darthur*, 519–43. For a discussion of head wounds delivered in battle in Malory’s source, the Middle English Stanzaic *Morte Arthur*, see in this volume: Larissa Tracy, “Into the hede, throw the helme and creste’: Head Wounds and a Question of Kingship in the Stanzaic *Morte Arthur*,” 496–518.
[You have seen, I reckon, as I have seen ... the shield of this most spirited King Robert shattered not once but often in the fiercest of battles, together with his helmet smashed, his lance broken, his sword blunted, his coat of mail pierced, and his face wounded, as he nevertheless kept on killing and following up his enemies, routing and pursuing them, striking them down and making them prisoner, and not turning back until they surrendered] (Chron. Bower, 7:52–5).

The king’s ability to continue to fight, in spite of the manifest injuries he had suffered and the damage sustained to his weapons and armor, exemplified strength and courage in combat. Bower was equally complimentary to figures other than the king. Describing a border skirmish at Carham (c. 1377), Bower writes of the heroic actions of John Gordon of Gordon who “diversis vulneribus sauciatus, et quinque quasi vicibus in illo conflictu devictus” [had been afflicted with various wounds, [and] was beaten about five times in that conflict] (Chron. Bower, 7:370–1). In spite of sustaining such injuries, his continued bravery and refusal to submit inspired his men to rally and defeat their English opponents.

In their desire to emphasize the heroism of their protagonists, contemporary writers did, on occasion, describe extraordinary and even wholly unbelievable acts of physical exertion on the battlefield. In such instances, these sources ascribe to the tropes of medieval romance, which were often at pains to describe in detail the full extent of blood spilled in the midst of combat.17 The same is true of chroniclers of events in Scotland, where writers also incorporated romance-like descriptions of superhuman strength and violence in their narratives. Recounting a skirmish at Edinburgh in 1335 when the count of Namur was ambushed by John Randolph and his men, Bower described the actions of one Scottish knight, David Annan, following an injury:

Qui viso suo proprio cruore, acriori propterata ira succensus, vires suas collegit et equester stans strepis erectus bipennem grandem tamquam alter Corineus rotando circumduxit, et se vulnerantem tam violento ictu percussit ut armum eius ab humero et per scapulos usque non solum bases vel ungulas eius sed usque ad resistenciam duri silicis per medium dissecuit, sicut vestigium eius patet adhuc in petra.

17 George F. Jones, “The Treatment of Bloodshed in Medieval and Modern Literature,” Studia Neophilologica 70.1 (1998): 83–88, at 84–5. In this volume, see: Barbara Goodman, “Women’s Wounds in Middle English Romances: An Exploration of Defilement, Disfigurement, and a Society in Disrepair,” 544–71.
[Seeing his own blood, and inflamed on this account by bitter anger, he
gathered his strength, and standing upright on horseback in his stirrups,
he swung round a great battle-axe like another Corynaeus, and struck the
man who had wounded him with such a violent blow that he cut his
upper arm from his shoulder, and cut down through the middle of the
shoulder-blades of the horse not only to its feet or hooves, but until he
struck the hard rock, as the trace of this still remains in the stone] (Chron.
Bower, 7:112–3).

The assertion that the mark made in the stone by Annan’s axe was still visible
almost a century later may be an attempt to add a sense of veracity to Bower’s
tale. The notion of a man cutting through both rider and horse with one blow,
however, is beyond reasonable belief, although the incident is resonant of the
extraordinary feats of strength performed by heroes of chivalric romance.

In a similar fashion, Barbour’s Bruce depicts the titular hero fighting and
winning a series of engagements single-handedly against multiple foes. In
these episodes, the catalogue of injuries inflicted by Robert I on his enemies is
extensive, including: cutting off one man’s arm and shoulder; splitting three
men’s skulls to their brains; shooting a man in the eye with a crossbow bolt;
decapitating two separate opponents; cutting off a man’s ear and cheek, as well
as part of his shoulder; cutting another man’s arm off; and, finally, attacking an
opponent “on sic wys / That he the bak strak evyn in twa” [in such a way that
he split his back precisely in two] (Bruce [Duncan], 280–1).18 These descriptions
portrayed the narrative hero in a particularly strong and brave light, but
as with the Annan episode, the superhuman strength required to exact such
injury should not be taken as a realistic depiction of medieval combat at all
times. Still, archaeological evidence does suggest that amputation as a result of
a weapon blow was at least possible, in spite of the various layers of protection
worn by combatants.19 Such evidence suggests that the accounts of men such
as Barbour and Bower may at least have been based on actual occurrences that
were manipulated and exaggerated by the authors in such instances for dra-

18 Also Chron. Bower, 6:16–8, 220–2, 254.
19 M.R. Geldof considers the archaeological evidence found in a mass grave from the battle
of Towton (1461), in relation to other skeletal remains that show signs of healed wounds
in addition to the wounds that ultimately resulted in death, and Robert C. Woosnam-
Savage and Kelly DeVries examine the wounds found on the recently discovered remains
of King Richard III. See: Geldof, “And describe the shapes of the dead: Making Sense of
the Archaeology of Armed Violence,” 57–80, and Woosnam-Savage and DeVries, “Battle
Trauma in Medieval Warfare: Wounds, Weapons and Armor,” 27–56, in this volume.
matic effect. It is in examples such as these that chronicles can be perceived as more romance than history. Such instances should not, however, be allowed to overwhelm the far more realistic view of medieval combat depicted in a greater number of episodes, many of which provide important detail on injuries sustained by contemporaries.

Missile fire was amongst the greatest cause of battlefield injury. The head in particular was a prominent target in combat, and one particularly susceptible to injury as a result of archery fire. Various historical examples reflect the danger posed to the face by arrows. During the Scottish capture of Roxburgh Castle (1314), the castellan, Guillemin de Fiennes, was described as being “impeded” by volleys of Scottish archery and wounded “sa felly in the face / That he wes dredand off his lyff” [so badly in the face that he feared for his life] (Bruce [Duncan], 384–5). In a similar position, Roger Horsley, English constable of Berwick Castle, lost an eye to an arrow during the Scottish attacks that led to its eventual submission (1318). In this period when English archers dominated the medieval battlefield, it was invariably the Scots who suffered particularly from English archery fire. At the battle of Dupplin Moor (1332), “victi sunt Scotti maxime per sagittarios Anglicorum, qui primam aciem Scotorum ita excæcaverunt et vulneraverunt in facie continuis ictibus sagittarum quod non poterant se juvare” (Chron. Lanercost [Stevenson], 268) [the Scots were defeated chiefly by the English archers, who so blinded and wounded the faces of the first division of the Scots by an incessant discharge of arrows, that they could not support each other] (Chron. Lanercost [Maxwell],

20 See for example: Piers D. Mitchell, Yossi Nagar, and Ronnie Ellenblum, “Weapon Injuries in the 12th Century Crusader Garrison of Vadum Iacob Castle, Galilee,” International Journal of Osteoarchaeology 16 (2006): 145–155, at 147–8; Eugénia N. Cunha and Ana Maria Silva, “War Lesions from the Famous Portuguese Medieval Battle of Aljubarrota,” International Journal of Osteoarchaeology 7 (1997): 595–599, at 597–8; Simon A. Mays, “Healed Limb Amputations in Human Osteoarchaeology and their Causes: a Case Study from Ipswich, UK,” International Journal of Osteoarchaeology 6 (1996): 101–113, at 110.

21 For discussion of the treatment of arrow wounds generally, and the changes in treatment over time, see: Bernd Karger, Hubert Sudhues, and Bernd Brinkmann, “Arrow Wounds: Major Stimulus in the History of Surgery,” World Journal of Surgery 25 (2001): 1550–1555.

22 Michael Livingston gives a detailed account of the treatment of Prince Hal’s head wound, caused by an arrow to the face, in this volume. See: “The Depth of Six Inches: Prince Hal’s Head-Wound at the Battle of Shrewsbury,” 215–30.

23 Barbour describes Fiennes dying of his wounds after the castle’s surrender (Bruce [Duncan], 384–5). Thomas Gray writes instead that Fiennes was killed during the assault, “slain by an arrow as he was defending the great tower” (Scalacronica [Maxwell], 51).

24 Scalacronica [Maxwell], 58.
Similar injuries were suffered less than twelve months later when at Halidon Hill (1333) the Scots “in prima acie venientes ita fuerunt a multitudine sagittariorum Angliæ vulnerati in facie et excæcati in hoc bello ... quod se ipso adjuvare non poterant, et ideo cito faciem sagittarum ictibus avertere et cadere inceperunt” (Chron. Lanercost [Stevenson], 273–4) [were so grievously wounded in the face and blinded by the host of English archery ... that they were helpless, and quickly began to turn away their faces from the arrow flights and to fall] (Chron. Lanercost [Maxwell], 279). At Neville’s Cross (1346), the Scots appear to have learned from past experience and lowered their heads so that the missile fire met their steel helmets. Despite this provision, it is clear that archery fire remained a potent threat in this battle. No lesser figure than King David II himself suffered two arrow wounds to the face in the Scottish defeat. English surgeons were able to remove one arrowhead embedded in his skull, but the other supposedly remained and caused the king notable pain for many years after (Chron. Bower, 7:259–61). Other examples from Scottish sources detail ocular injuries as a result of English archery fire. David Lindsay, earl of Crawford, was described as having lost an eye at Otterburn (1388) (Chron. Bower, 8:19). Archibald Douglas, fourth earl of Douglas, was similarly blinded in one eye at Homildon Hill (1402) (Chron. Bower, 8:49). These injuries were not, however, fatal. All three men named above went on to fight – and in Douglas’s case die – in future engagements.

Such examples suggest that arrows were more often an impediment than they were lethal, and the evidence appears to bear this out. Describing the battle of Ben Cruachan (1308), Barbour writes that James Douglas and his men weakened their enemies “with arowis fast” [with swift arrows] and then “with
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thar swerdis at the last / Thai ruschyt amang thaim hardly, / For thai of Lorn full manlely / Gret and apert defens gan ma” [with swords finally they rushed among them boldly because the men of Lorn put up stubborn and bold defense like men] (Bruce [Duncan], 364–5). Similarly, at Bannockburn, the Scots suffered from the “hidwys schour” [horrible shower] of steady English archery fire, the impact of which “left efter thaim taknyng / That sall ned as I trow lech-ing” [left tokens behind them that needed medical treatment] (Bruce [Duncan], 482–3). While capable of inflicting injury, the chronicles suggest arrows were not the primary cause of death on the battlefield. This surely reflects the quality of armored equipment that protected medieval warriors, which is corroborated in part by Bower’s comment about the Scots at Homildon Hill. Under withering English archery fire, the Scots were described as being “ipsos sagittis consuerunt et ad modum erinacii hispidos reddiderunt” [smothered ... with arrows [which] made them bristly like a hedgehog] (Chron. Bower, 8:46–7). So great was the volume of English arrows that “manus et lacertos propriis Scotorum lanceis confixerunt” [they transfixed the hands and arms of the Scots to their own lances] (Chron. Bower, 8:46–7). While not fatal for many, the archery fire did, however, provoke the Scots into flight when they could suffer the sustained archery attack no longer.

Chroniclers recognized the effectiveness of contemporary armor to protect those suitably equipped from missile attack. Barbour writes on one occasion of Robert I fighting against numerous opponents that “Sen he we warnyst of armyn / That thar arowys thurth nocht dreid” [since [he] was protected in armor he did not need to fear their arrows] (Bruce [Duncan], 230–1). Similarly when facing three traitors, “Ne war the armyn that he had / He had bene dede foroutyn wer” [but for the armor that he wore, he would have been dead, without a doubt] (Bruce [Duncan], 268–9). In another example, however, events were more precarious. Facing three men armed with bows, the king “that dred in gret maner / Thar arowys, for he nakyt was” [had a great fear of their arrows because he was without armor] (Bruce [Duncan], 278–9). Insufficient protection led to fatalities, such as the Englishman at the battle of Glen Trool (1307) who was shot in the neck by an arrow “Till thropill and wesand yeid in twa / And doun till the erd gan ga” [until his windpipe and gullet split in two, and he fell to the ground] (Bruce [Duncan], 286). Crossbows were a particularly dangerous weapon, and although not apparently common in Anglo-Scottish combat, still claimed notable victims. William Douglas of Liddesdale “cum telo albalastri femore graviter vulneraverunt” [was seriously wounded ... in the thigh with a bolt from a crossbow] (Chron. Bower, 7:142–3) during the siege of
Perth (1339), a potentially fatal injury which he was lucky to survive. Less fortunate was the Scottish knight William Lundie, who sustained a crossbow bolt to the face at Otterburn and died as a result of his injury (Chron. Bower, 7:419).

Missile weapon wounds do appear to have been recorded most often by contemporary chroniclers, but other injuries are also at times depicted. Spear and lance wounds are represented on occasion by more general descriptions that infer the use of such weapons. There is, therefore, a recurring image along the lines of “blood burst out of ... mail-coats” which was used regularly to refer to injuries sustained in the midst of the melee and which were likely caused by the spears that constituted the primary weapon of infantry forces (Bruce [Duncan], 98). Similarly, at the battle of Roslin (1302), Bower states that “quorum congressus tam ingens erat et ferox ut multi armis perforatis viva privarentur” [the English attack was so heavy and savage that many had their armor pierced and were deprived of their lives] (Chron. Bower, 6:294–5). More specific cases are also in evidence. The Scottish knight, John Stewart, who fought at the battle of Connor (1315), “Wes woundyt throu the body thar / With a sper that scharply schar” [was wounded in the body there by a spear which pierced right sharply] (Bruce [Duncan], 554–5). William Douglas of Liddesdale was injured in a skirmish with Edward 111’s forces at Crichton (c. 1337) “ubi per corpus translanceatus ... sed cito et feliciter convaluit” [where his body [was] transfixed with a lance ... but fortunately he recovered quickly] (Chron. Bower, 7:138–9). Such injuries could also, however, be fatal. The Scottish knight Laurence Preston lost his life during skirmishing that occurred around the siege of Dunbar (1338). He “per os in cerebrum lancea terebratus, paulisper declinavit ad sepem, et ingnorantibus suis commilitonibus appodians sepi expiravit” [was pierced by a lance through his mouth to his brain. For a little while he bent down on to a hedge; then while leaning on this hedge he died] (Chron. Bower, 7:126–7). A similar result ensued when two knights fought during the skirmish of John Randolph and the count of Namur at Edinburgh (1335). Bower writes that “sese corpora lanceis transfixerunt, et sic letifero vulnera ad terram mortui ceciderunt” [they each transfixed the body of the other

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30 Bower went on to say of this occurrence that “ob cuius ingentem livorem obsidentes com-moti sunt” [the besiegers were upset by the great degree of malice in this action], although it is unclear why this particular action was filled with more malice than any other (Chron. Bower, 7:142–3).

31 The translation of Wyntoun words things slightly differently, stating that “Dowglas wes strykyn throw the body; / Bot he lywyd efftyr in gud hele” [Douglas was struck through the body; / But he lived afterwards in good health] (Chron. Wyntoun, 2:448).

32 See also: Chron. Wyntoun, 2:432–3.
with their lances, and thus with a mortal wound fell dead to the ground] (Chron. Bower, 7:12–3). A particularly bizarre incident of death by lance involved William Keith at the siege of Stirling Castle (1337). Andrew Wyntoun describes Keith climbing the castle wall only to be struck by a stone thrown from the battlements. As he fell, Keith’s lance appears to have struck the ground before his body “and stekyd hym on his awyn spere: / And off that wounde sone deyde he” [and impaled him on his own spear: / And of that wound soon died he] (Chron. Wyntoun, 2:455–6).33

Tournaments were also quite prominent scenes of such injuries, primarily from lances. Patrick Ramsay and Richard Talbot fought a series of tilts on the border in the 1340s. According to Bower, Talbot “transfossus lancea domini Patricii spiritum confessus exalavit” [was run through by Sir Patrick’s lance, and after confession breathed his last] (Chron. Bower, 7:138–9). Wyntoun’s more detailed account of the same tourney describes two tilts. In the first, Talbot was struck by Graham’s lance that pierced a double layer of plate and penetrated an inch or more into Talbot’s breast. In spite of this injury, the two clashed again the following day, and, on this occasion, Talbot was killed when run through by Graham’s lance (Chron. Wyntoun, 2:444–5). The Scottish knight, William Ramsay, also perished as a result of wounds sustained in a border tournament against Henry of Lancaster, earl of Derby (c. 1342). His injury occurred when he “hasta per galiam et cerebrum transfixus” [was pierced by a lance through his helmet and brain] (Chron. Bower, 7:136–7).34 William Douglas of Liddesdale had been injured in a similar tourney with Lancaster in the previous year. In the first tilt, Douglas “brak his spere; / And a sclys off the schafft, that brak, / In till his hand a wounde can mak” [broke his spear; / And a slice of the shaft, that broke, / In to his hand a wound made] (Chron. Wyntoun, 2:44). Derby called a halt to proceedings thereafter, likely because Douglas’s injury precluded him fighting to his full potential.

Rather like spears and lances, wounds caused by edged weapons (swords, daggers, and axes) are less apparent in the narrative accounts of fourteenth-century Scottish warfare. In part, this is because some injuries are described in a more general style, hinting at a blade injury but not confirming it as being such. Additionally, the already-discussed use of armor ensured that blows from such weapons could be deflected by contemporary defensive equipment. For example, there is the case of Robert I who, during a fight, was “sery … dun espey hu pice, mais armez estoit qe ne ly greua” [struck ... with a sword in the breast, but he being in armor, was not wounded] (Scalacronica [Maxwell],

33 See also: Chron. Bower, 7:438; Chron. Fordun, 354; Chron. Bower, 7:131.
34 See also: Chron. Wyntoun, 2:443–4.
Examples of bladed weapon injuries that are written about may relate more to literary hyperbole than to specific injury, as Larissa Tracy explains elsewhere in this volume. Barbour’s description of the battle of Bannockburn, for example, relates that the Scots “with axis sic duschys gave / That thai helmys and hedis clave” [gave such blows with axes that they split heads and helmets] (Bruce [Duncan], 486–7). Barbour writes similarly of James Douglas: “For he sa fele off harnys sched / That nane that lyvys thaim can tell” [he cleft the skulls of so many that none alive can tell of them] (Bruce [Duncan], 60–1). That the hyperbolic nature of these examples may be based on some sort of reality can be suggested by comparing the above examples with the famous case of Robert I’s slaying of Henry Bohun at Bannockburn. Bohun was apparently killed by an axe-blow from Robert I: “With sua gret mayne raucht him a dynt / That nother hat na helm mycht stynt / The hevy dusche that he him gave / That ner the heid till the harnys cleve” [struck him a blow with such great force that neither hat nor helmet could stop the heavy clout that he gave him, so that he cleaved the head to his brains] (Bruce [Duncan], 450–1). The precise details of this incident are somewhat problematic. Barbour’s chivalric tale of two men meeting in a joust-like encounter on the battlefield is questioned by English chronicle description of an ambush in which Bohun was cut off and killed while trying to escape. Whichever story is closer to the truth, it is known that Bohun was killed on the first day of fighting at Bannockburn, and the depiction of his death resulting from an axe-blow to the head may well be correct.

Other examples of bladed weapon injury include an incident from the battle of Glen Brerachan (1392). Here David Lindsay of Glen Esk, who was on horseback, was injured by a sword stroke that cut through his stirrup and boot into his foot and “straik the Lyndesay to the bane” [struck Lindsay to the bone] (Chron. Wyntoun, 3:59–60). Evidence from the Visby battlefield indicates that injuries similar to Lindsay’s were quite common, and it has been suggested that such blows were intended “to bring the opponent to the ground before finishing him off.” Injuries to the leg were certainly more likely to occur when a mounted warrior, such as Lindsay, fought against foot soldiers. In a very dif-

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35 Scalacronica [Stevenson], 130; translation in Scalacronica [Maxwell], 30.
36 Tracy, “Into the hede, throw the helme and creste;” 497.
37 David Cornell, Bannockburn: The Triumph of Robert the Bruce (New Haven, CT: Yale University Press, 2009), 170–1.
38 Mitchell, Medicine in the Crusades, 111. See also: Armour from the Battle of Visby, 1361, ed. Bengt Thordman, Poul Nørlund, and Bo Eric Ingelmark (Stockholm: Vitterhets Historie och Antikvitets Akademien, 1939), 1271–8.
39 Mitchell, Medicine in the Crusades, 117.
Injury and Death in Anglo-Scottish Combat, c. 1296–c. 1403

A different example, there is the account of the Scottish capture of Roxburgh Castle (1314), in which the first Scotsman over the castle walls fought with a watchman who he “gat him be the nek but baid / And stekyt him upwart with a knyff / Quhill in his hand he left the lyff” [got ... swiftly by the neck, and stabbed him upwards with a knife, until, in his hand, he gave up his life] (*Bruce* [Duncan], 382–3). Such close-quarter fighting, including the use of the dagger, which was itself a close-quarter combat weapon, was common in the types of sieges the Scots were involved in during this period. Considering that the majority of fortifications that fell to the Scots did so as a result of surprise attacks on unsuspecting garrisons, such injuries and fatalities were the inevitable consequence of this type of combat. Further use of archaeological evidence provides additional evidence regarding the extent of bladed weapon injuries around this period to add to the written record. Many of the bodies excavated from the Visby battlefield, for example, suffered blade injuries to the head.40 In cases of head injury, it was the depth of the wound that often dictated whether the injured would survive or not. Even those with non-fatal head wounds could succumb to post-injury infection.41 Additional archaeological examples do, however, provide numerous examples of men who exhibit healed cranial injuries, demonstrating that even quite serious head trauma was survivable.42

The longer-term consequences of such injuries, particularly to the head, ensured that those who were wounded in battle likely carried outward physical signs of their injuries. The prominent scarring and physical disability caused by such injury would have affected the warrior for the remainder of his

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40 *Battle of Visby*, 1160–92; Mitchell, *Medicine in the Crusades*, 110. The head was perhaps at greatest risk during the flight when victorious forces mounted their horses and rode after the fleeing enemy. In such circumstances, the head was at risk from numerous blows from above. For discussion of possible evidence of this, see: Anna Kjellström, “A Sixteenth-Century Warrior Grave from Uppsala, Sweden: the Battle of Good Friday,” *International Journal of Osteoarchaeology* 15 (2005): 23–50.

41 Mirjana Roksandic, Caroline Wood, and Dejana Vlak, “Death in the Line of Duty: Late Medieval Burials at the Site of Lepenski Vir, Serbia,” *International Journal of Osteoarchaeology* 17 (2007): 635–642, at 639. See also: Piers D. Mitchell, “The Integration of the Palaeopathology and Medical History of the Crusades,” *International Journal of Osteoarchaeology* 9 (1999): 333–343. at 335–7; Natasha Powers, “Cranial Trauma and Treatment: A Case Study from the Medieval Cemetery of St. Mary Spital, London,” *International Journal of Osteoarchaeology* 15 (2005): 1–14, at 10.

42 See: Powers, “Cranial Trauma,” 12; Caroline Wilkinson and Richard Neave, “The Reconstruction of a Face Showing a Healed Wound,” *Journal of Archaeological Science* 30 (2003): 1343–48; Cunha and Silva, “War Lesions,” 598; Piers D. Mitchell, “The Palaeopathology of Skulls Recovered from a Medieval Cave Cemetery near Safed, Israel (Thirteenth to Seventeenth Century),” *Levant* 36 (2004): 243–250, at 245.
life, although it may also have spoken paradoxically to his status as a warrior and of his experience in battle. Barbour provides an interesting discussion of the scars of battle in his account of James Douglas's time on crusade in Spain:

Among those foreigners there was a knight who was thought so remarkably brave that he was esteemed as one of the good fighting men in Christendom. His face was so very badly cut that it was disfigured almost all over. Before he had seen the lord Douglas he thought that Douglas's face had been scarred but Douglas had never been wounded there. When he saw it unscarred, he said that he was astonished that such a worthy knight, famous for his great bounty, could be unscarred on his face. Douglas answered him gently, and said, “Praise God, I always had hands to protect my head.” Whoever pays attention to this answer will see comprehension in it that, if he who had asked had had hands for defense, his face, which was so disfigured in many places through lack of defense, would perhaps have remained sound and hail.
This warrior parable praises the bravery of the foreign knight and recognizes that his manifold experience of combat led to serious, though not fatal injury, to his face. Such injuries were a very obvious physical marker of his experience of combat and of victories won. That the foreign knight questions Douglas’s reputation as a result of the Scottish knight’s lack of obvious scarring reinforces this perception. Barbour, however, inverts the image of the battle-hardened and battle-scarred warrior, emphasizing his own hero’s superior bravery and skill in warfare. While the foreign knight wears his scars like a badge of honor and expresses his belief that “worthy” knights would also be scarred, Douglas subverts the foreign knight’s arrogance by asserting that he is so great a warrior he has also been able to protect his face while in battle. With this exchange, Barbour acknowledges the physical consequences of combat and the associations of experience and bravery that such scarring carried. He, nonetheless, eschews any suggestion that in the case of Douglas, his lack of scarring is demonstrative of a lack of military skill. Douglas had no need of the scars of battle to demonstrate his military prowess. It was rather self-evident in his actions, and in the words written by Barbour by which Douglas was memorialized for future audiences.

Other forms of injury are less easily quantifiable in terms of weapon used or indeed injury sustained. Some may be considered under the heading of “blunt force trauma.” The head was particularly exposed to such injury, and may well have been deliberately targeted in battle as a means of incapacitating an enemy quickly. Barbour’s account of the battle of Methven (1306) describes Philip Mowbray being struck by Christopher Seton with a blow “That thocht he wes of mekill maucht / He gert him galay disyly” [that caused him to reel dizzily, although he was [a man] of great strength] (Bruce [Duncan], 102–3). He was only able to remain on horseback as a result of his saddle, and any knight knocked from his horse would have been vulnerable to attack while helpless on the ground. Mowbray suffered a similar injury fighting for the Scots at the battle of Faughart (1318). Barbour writes that Mowbray “had bene dosnyt into the fycht” [had been knocked senseless in the fight] (Bruce [Duncan], 672–3) and was dragged off the battlefield by two enemies, but recovered.

43 Sonja Väthjunker, “A Study of the Career of Sir James Douglas – The historical record versus Barbour’s Bruce” (Ph.D. thesis, University of Aberdeen, 1992), 209.
44 Scars received in battle were often interpreted as marks of honor, but in some circumstances, they could be interpreted as marks of shame. See: William Sayers, “The Laconic Scar in Early Irish Literature,” 473–95, and Patricia Skinner, “Visible Prowess? Reading Men’s Head and Face Wounds in Early Medieval Europe to 1000 CE,” 81–101, in this volume.
45 Powers, “Cranial Trauma,” 10; Mitchell, Medicine in the Crusades, 117.
consciousness and was able to escape his captors. Sieges too provided a dangerous environment, especially for the besiegers. During the English siege of Berwick (1319), the Scottish defenders “with stany sa fast thai dang / Thar fayis that fele thar left liand / Sum dede sum hurt and sum swonand” [struck their foes so hard with stones that they left many lying [there], some dead, some hurt, some passed out] (Bruce [Duncan], 648–9). Similarly, at the siege of Dunbar (1338), the English attackers who had brought a sow to the castle walls were killed by a stone that “capita multorum deintus conquassavit” [dashed the heads of many inside to pieces] (Chron. Bower, 7:128–9). In a different example of a crushing or impact injury John Dunbar, earl of Moray, died from wounds received at an English tournament (c. 1390). He suffered broken ribs as a result of being unhorsed and died from the injury on his return journey towards Scotland.46 Other, more minor injuries are often written about briefly, with little comment on the weapon utilized and little detail on the wound itself. Such injuries were likely so common as to be largely unworthy of comment, unless it related to particularly notable individuals. So there is the famous story of John Coupland who lost two teeth during his attempts to capture David II at Neville’s Cross. A similar injury was sustained by the English knight Peter Courtenay who lost two teeth during a tournament fight with David Lindsay, earl of Crawford (Chron. Bower, 8:19). William Keith, who accompanied James Douglas to Spain in 1330, was forced to remain in his quarters while his fellows fought “For his arme brokyn wes in twa” [because his arm was broken in two] (Bruce [Duncan], 766–7). And at the border skirmish at Dornock (1332), the English knight, Anthony Lucy, was injured in the hand and foot, as well as in the eye, but was said to have recovered well from all his wounds (Chron. Lanercost [Maxwell], 278).

These examples of warriors whose injuries were treatable and survivable provide clear evidence that some, although not all, were able to survive the injuries they sustained. In part, this was because battlefield and post-combat medicine and surgery were more advanced than is usually recognized. DeVries has written of medieval battlefield surgery that:

The constant warfare of the age demanded skilled men who could dress wounds of soldiers, and almost all surgeons of the fourteenth and fifteenth centuries had seen military action. On these expeditions the

46 The Brut or Chronicles of England, ed. Friedrich W.D. Brie, EETS os 131, 136 (London: Oxford University Press, 1906–8), 348. While the fall from his horse may well have broken his ribs, it is also possible that the horse fell with him, as suggested in the chronicle account, and crushed the knight under its weight.
surgeons gained knowledge and experience in treating all forms of wounds and injuries. They served as physicians and apothecaries as well as surgeons. They experimented with various kinds of powders, plasters, and fomentations for closing wounds. They invented tools for extracting arrows and bolts; they learned techniques for knitting fractured limbs, and amputating diseased ones.47

Written evidence is complimented by archaeological examples of warriors exhibiting evidence of old healed wounds.48 The treatments involved could take various forms depending on the type of wound involved, and doctors could refer to various treatises produced to guide them through their work.49 Evidence of wound treatment in fourteenth-century Scotland is however quite limited. Scotland’s kings had access to surgeons and doctors when required. Robert I utilized the skills of various physicians, including the Gaelic doctor Patrick MacBeth/Beaton and the Italian Maino de Maineri.50 David II similarly required treatment during his reign, not least when he suffered arrow-wounds to the face at Neville’s Cross. For treatment of these and possibly other injuries during his English captivity, a Scottish doctor was granted repeated safe conduct to visit the wounded king.51 Successive Stewart monarchs were also patrons of medical men and granted lands and monies to Ferchar, described as Farchardo Leche, for medical services rendered to the crown.52 There are, how-

47 Kelly R. DeVries, “Military Surgical Practice and the Advent of Gunpowder Weaponry,” Canadian Bulletin of Medical History 7 (1990): 131–46, at 134.
48 Cunha and Silva, “War Lesions,” 598; Mitchell, “Palaeopathology of Skulls,” 245; Mitchell, Medicine in the Crusades, 111.
49 DeVries, “Military Surgical Practice,” 136. For examples of medical treatises, see: Tony Hunt, The Medieval Surgery (Woodbridge: Boydell Press, 1992); Michael R. McVaugh, “Arnald of Villanova’s Regimen Almarie (Regimen Castra Sequentium) and Medieval Military Medicine,” Viator 23 (1992): 201–13; Linda M. Paterson, “Military Surgery: Knights, Sergeants, and Raimon of Avignon’s Version of the Chirurgia of Roger of Salerno (1180–1209),” in The Ideals and Practice of Medieval Knighthood II, ed. Christopher Harper-Bill and Ruth Harvey (Woodbridge: Boydell Press, 1988), 117–46.
50 John Bannerman, The Beatons: A Medical Kindred in the Classical Gaelic Tradition (Edinburgh; John Donald, 1986), 11; Caroline Proctor, “Physician to The Bruce: Maino De Mainieri in Scotland,” Scottish Historical Review 86 (2007): 16–26.
51 Bannerman, Beatons, 59; Rotuli Scotiae in Turri Londinensi et in Domo Capitulari Westmonasteriensis Asservati, ed. D. Macpherson et al. (London: Record Commission, 1814–19), 1724, 729, 731, 755, 797. Bannerman argues that the doctor involved was actually present at Neville’s Cross (Bannerman, Beatons, 59).
52 Bannerman, Beatons, 62–3; The Exchequer Rolls of Scotland, ed. J. Stuart et al. (Edinburgh, 1878–1908), 3:74, 137.
ever, additional chronicle references that demonstrate the practice of medicinal knowledge in Scotland more widely and the treatment of men other than kings, particularly in post-combat situations.

Walter Bower describes the events in 1306 in which Robert I was involved in the murder of his political rival, John Comyn. In the fight that ensued, Comyn was said to have declared that he would live “Si medicum haberem, possum” [if I have a doctor] (Chron. Bower, 6:311–4). Bower constructs this narrative to transfer the blame for Comyn’s death away from Robert I. His suggestion that the king’s blow had not killed Comyn, and that he would have survived if not slain by another member of the Bruce affinity, absolves the king of some blame. It does also suggest that, in Bower’s mind at least, treatment of Comyn’s injuries was a believable possibility. Elsewhere, Barbour writes that, following one particular engagement, James Douglas provided medical treatment for his men: “Thaim that war woundyt gert he ly / Intill hiddillis all prevely, / And gert gud lechis till thaim bring / Quhill that thai war intill helyng” [He had those who were wounded lie secretly in hiding places and had good leeches brought to them while they were convalescing] (Bruce [Duncan], 212–3). Similarly, during the English siege of Scottish-held Berwick (1319), the fighting was fierce and those of the defenders “that had woundis sar / Had gud lechys Forsuth Ik hycht / That helpyt thaim as thai best mycht” [who were badly wounded, had good leeches, I know to help them as best they could] (Bruce [Duncan], 640–1). Treatment of combat injuries was also provided to those Scots who sustained injuries at the battle of Nisbet Moor (1402). Although various men died of their injuries, “alii arte medicorum relevati tandem convaluerunt” [others were helped by the skill of doctors and recovered in time] (Chron. Bower, 8:44–5). Such doctors may have been of the class of barber-surgeons whose training was based largely on experience alongside a period of apprenticeship. Some Scottish nobles may, however, have been able to access medical aid similar to that of the king. Barbour writes that John Stewart, injured at the battle of Connor, “to Monpeller went he syne / And lay thar lang intill helyne / And at the last helyt wes he” [went to Montpelier and was recovering there for a long time but eventually he was healed] (Bruce [Duncan], 554–5).54

53 Vern L. Bullough, “Training of the Nonuniversity-Educated Medical Practitioners in the Later Middle Ages,” Journal of the History of Medicine and Allied Sciences 14 (1959): 446–58, at 452–6.

54 In his notes to his edition of The Bruce, Duncan argues that it is unlikely that a wounded knight would travel all the way to France for treatment, and that Barbour misread or misinterpreted an account of Stewart being treated by a Montpellier-trained physician (Bruce [Duncan], 554, n. 80–85). For more on Montpellier as a source of learning for English doctors, see: Talbot, Medicine in Medieval England, 56–63.
Evidence of the presence of doctors in post-combat situations does not, however, elucidate the forms that such treatment took. Still, those who suffered injury in combat were often able to survive their injuries. Although some wounds could at times heal on their own without recourse to medical treatment, the availability of medical treatment that was successful in its application afforded injured warriors a much greater likelihood of recovery.55 Barbour’s description of the battle of Dalry (1306) lists both James Douglas and Gilbert Hay being wounded in the encounter. Both would go on to have long careers in the service of Robert I (Bruce [Duncan], 112). Less fortunate were the king’s brothers, Alexander and Thomas Bruce. Both men survived defeat at the hands of the forces of Dougal McDowell (1307), even though “graviter in captione vulneratos cum lanceis et fagittis” (Chron. Lanercost [Stevenson], 205) [they had been severely wounded in their capture by lances and arrows] (Chron. Lanercost [Maxwell], 179–80). Their survival was short-lived, however, for they were rapidly executed by the English soon after. Describing an attack by James Douglas on several notable Scots fighting on the English side in 1308, Barbour writes that Alexander Stewart was “Woundyt in a place or twa” [wounded in one or two places] (Bruce [Duncan], 356–7).56 At the battle of Glen Brerachan, Wyntoun suggests that David Lindsay of Glen Esk would have died from the wounds he had sustained in combat “Had nocht his men had hym away / Agane his wil out of that pres” [Had not his men taken him away / Against his will out of that fight] (Chron. Wyntoun, 3:59–60).

Injuries in other instances resulted in fatalities. Andrew Murray appears to have died from the wounds he suffered at the battle of Stirling Bridge (1297).57 According to Thomas Barry’s poem about the battle of Otterburn, the Scottish knight, John Towers, was killed by a spear wound he received in the fighting (Chron. Bower, 7:439). During the Scottish siege of Carrickfergus Castle (1315–16), the Anglo-Irish garrison sallied out and attacked the besiegers during an agreed period of truce. Neil Fleming and his men were all killed in the attack, although Barbour has Fleming survive long enough to be found and mourned by his commander, Edward Bruce (Bruce [Duncan], 560–2). Although Barbour’s description of Fleming’s lingering death is constructed to depict his lord’s grief, it remains likely that warriors could survive for some time with quite extensive injuries. Bower writes that Earl Patrick of Dunbar and his army, while riding

55 Nicolò N. Aldini, Milena Fini, and Roberto Giardino, “From Hippocrates to Tissue Engineering: Surgical Strategies in Wound Treatment,” World Journal of Surgery 32 (2008): 2114–2121, at 2115.
56 Bruce [Duncan], 356–7.
57 Chron. Fordun, 322; Chron. Bower, 6:87.
towards Dupplin Moor in the aftermath of the battle, “obvium habuit unum amringerum letaliter vulneratum, tenentem manibus propriis intestina et viscera a sella dependencia” [met a man-at-arms who was mortally wounded and holding in his hands his intestines and internal organs which were hanging down from the saddle] (Chron. Bower, 7:78–9). Archaeological evidence reinforces the ability of men to carry on in spite of severe injury, even if for a relatively short while before succumbing to death. Excavations in the Holy Land have revealed the remains of a crusader, killed when Saladin’s forces overran Jacob’s Ford Castle, who suffered three arrow wounds to the neck. Despite such injuries, he was able to fight on, and was only killed eventually as a result of a devastating combination of injuries that included having his skull cloven in two, his lower arm amputated, and his jaw sheared off.\(^58\) Such evidence demonstrates the physical effort required to kill an armored man in battle. For those who suffered grievous injury, death was seldom instantaneous.

Even those warriors who received some form of medical treatment for their wounds may not always have survived the procedure. The Scottish knight, William Ramsay, was mortally wounded in a tournament when a lance pierced his helmet and entered his brain. Thereafter, “facta prius confessione et deinde extracto ligno spiritum in armis reddidit” [after he first made his confession and the wood had been extracted, he yielded up his spirit while still in arms] (Chron. Bower, 7:136–7).\(^59\) In a similar environment, John Dunbar, earl of Moray, may have died from wounds received at an English tournament (c. 1390). The Brut chronicle describes how he “was cast both hors and man, and of his rybbis brokyn with (th)e ffalle; and so he was born out of Smythfelde, hom yn-to his Inne; and with-ynne a litil while afterward he was caried homwarde yn a liter; (and) atte York he deied” (Brut, 348). Both of these examples suggest some form of treatment that was in each case unsuccessful, although the extent of the injuries sustained may have made it unlikely to succeed in any case. Another example of a warrior living on for a time before succumbing to injury is that of the previously-discussed William Lundie. Injured in the face by a crossbow bolt at Otterburn (August, 1388), he is said by Bower to have survived

\(^{58}\) Mitchell, Nagar and Ellenblum, “Weapon Injuries,” 152.

\(^{59}\) See also: Chron. Wyntoun, 2:443–4. Injuries to the head were treatable by the removal of foreign objects and the relief of pressure on the brain caused by fractures. Such treatment may have been available to more than just the elite. See: Simon A. Mays, “A Possible Case of Surgical Treatment of Cranial Blunt Force Injury from Medieval England," International Journal of Osteoarchaeology 16 (2006): 95–103, at 101; and Tracy, “Into the hede, throw the helme and creste,” 509–10.
until All Souls’ Day (1 November). The period of over two months between injury and death suggests that Lundie died as a result of infection rather than the wound itself, emphasizing the additional problem of post-injury complications and the dangers that such issues posed even after treatment. The dangers of infection were high considering the possible lengthy delay between injury and basic treatment, depending on whether surgeons travelled with contemporary armies or not. Treatment itself may also at times have contributed to subsequent infection and death. Although wine was recognized during this period as a useful antibacterial agent with which a wound should be washed and honey was similarly employed, one of the main trends in medieval medicine was the employment of the *pus laudabile* theory. This medicinal strategy conjectured that wound suppuration – the deliberate stimulation of pus in the wound – was a requirement for the wound to heal when in fact the opposite was the case. Treatments improved over time, and the development of pharmacological responses to infection offered the possibility of survival to those who had suffered even quite severe injury. Nonetheless, as Linda Paterson has argued, “the prospect of putting oneself into the hands of a surgeon must have been terrifying. That people did so testifies to the fortitude and desperation of medieval patients.”

The evidence provided here emphasizes that narrative and literary works are incredibly useful sources of evidence in relation to medieval warfare more generally, but also to the investigation of wounds and injury more specifically. Although contemporary chroniclers are not without their faults, they often wrote for an audience that appreciated the realistic depictions of medieval combat that are to be found in works such as *The Bruce*. Detailed accounts of injuries sustained, by what weapon and what occurred as a result, are prominent in various chronicles of this period. Furthermore, chroniclers utilized their works to commemorate war and those who participated in it. To have undergone the trial of battle and survived was praiseworthy within warrior culture, as demonstrated in the exchange between Douglas and his foreign

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60 *Chron. Bower*, 7:419. For the dangers and difficulties of removing crossbow bolts, see: Robert I. Burns, “The Medieval Crossbow as Surgical Instrument: An Illustrated Case History,” *Bulletin of the New York Academy of Medicine* 48.8 (1972): 983–9, at 987–8.

61 On the uses of honey for treating wounds in the Middle Ages, and evidence of it being stored in large quantities for such a purpose, see: Ilana Krug, “The Wounded Soldier: Honey and Late Medieval Military Medicine,” 194–214, in this volume.

62 Aldini, Fini, and Giardino, “Surgical Strategies,” 2115–7.

63 For developments in and availability of medicine in medieval England in this period, see: Getz, *Healing and Society*, xviii–xx.

64 Paterson, “Military Surgery,” 146.
detractor.⁶⁵ Chroniclers equally provided comment on what could be perceived as negative elements. Unpreparedness when going into combat was something that could lead to death, and this was a weakness that chroniclers were at pains to illustrate as a means of warning other warriors not to make the same mistake. Chroniclers also judged the nature of the warrior’s death. While various literary examples describe heroic or unfortunate deaths, other men could be castigated for perceived deficiencies and for “want of skill.”⁶⁶ This function of chronicles as arbiters of warrior reputations emphasizes the practical role of such works and importance of what contemporary writers had to say to the warriors themselves. It should come as little surprise, then, that against such a background medieval chronicles are replete with descriptions of the blood and guts of warfare, and the impact of such on the individual warrior.

These sources also speak to the lethality of contemporary warfare. Andy King writes of the northern English experience of war against the Scots that “military service ... was not actually very risky at all.”⁶⁷ King’s argument is, however, based on an analysis that largely compares examples of those who survived their experience of combat with those who did not. The evidence presented here emphasizes the extent to which medieval warfare included outcomes other than the simple binary of life or death. While combat was certainly not lethal for all warriors who took part in it, the nature of injuries sustained by Scots in arms in this period ensured that they at least had the scars to show for their experience. Injury was an unavoidable peril of the battlefield experience. On those occasions in which combat injury resulted in death, it occurred as a result of various factors. Misfortune and bad luck played a part in cases where armor failed in its protective function, or weak spots were found by a chance blow. Wounds could lead to death as a result of the nature of the injury suffered or the repercussions resulting from infection. For the warrior elite, however, death may not have been a likely outcome from war. As the chronicles illustrate, the use of medical practitioners in the aftermath of combat did occur and these men were best-placed to be able to afford the services of such men. Still, the description of James Douglas providing doctors to his troops is portrayed as an act of good lordship and leadership, something to

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⁶⁵ Ruth M. Karras, From Boys to Men: Formations of Masculinity in Late Medieval Europe (Philadelphia: University of Pennsylvania Press, 2003), 20–1.
⁶⁶ Chron. Fordun, 344; Chron. Bower, 7:35.
⁶⁷ Andy King, “According to the Custom used in French and Scottish Wars’ Prisoners and Casualties on the Scottish Marches in the Fourteenth Century,” Journal of Medieval History 28 (2002): 263–290, at 287.
be expected of those commanders who recognized and appreciated the efforts of their troops. So, while not exactly "risk-free," the fourteenth-century Scottish experience of combat was not unlike that of contemporary soldiers elsewhere. It was dangerous; it could result in disabling and disfiguring injury; but it was survivable, and it was this latter fact that allowed warriors to march into battle with some confidence in their ability to live through it.