Ague in Eighteenth-Century Scotland?:
The Shifting Ecology of a Disease

Each age and society reveals a unique set of biological and cultural circumstances responsible for the appearance of particular diseases. The study of ague in eighteenth-century Britain, including Scotland, suggests that this condition can generally be included under the current concept of malaria. The analysis is based on a variety of sources, including parish reports, institutional records, and the writings of prominent physicians. A careful review of the evidence concludes that ague in Scotland was mostly an import and its eventual disappearance linked to the country’s geography and climate, as well as the agricultural and industrial revolutions that took place on its soil.

Introduction

Agues are occasioned by effluvia from putrid stagnating water. This is evident from their abounding in rainy seasons and being most frequent in countries where the soil is marshy, as in Holland, the fens of Cambridgeshire, the Hundreds of Essex, etc.

William Buchan (1786)

The awareness of the waxing and waning of disease in historical times prompts questions such as why did a number of conditions erupt in certain localities and at particular periods; and, what and who were to blame? Long an interest of historians of medicine, disease now has become the target of multidisciplinary inquiries. These studies have a venerable tradition stretching back to Antiquity, beginning with the Hippocratic treatise *Airs, Waters, and Places*. That text, from around 450BC, conveys a number of ecological notions regarding relationships between humans and their physical and cultural environment that were conducive to the disease. Since classical times, a number of writers – mostly physicians – have continued to furnish us with numerous accounts, from mere chronologies to complex stories that speculate about the causes and dynamics of disease distribution.

Until recently, disease manifestations were considered in isolation from human ecology. The focus was on sick individuals or groups, thus neglecting
a wider environmental viewpoint. However, to achieve a better understanding of changing patterns, both past and present, scholars need to employ models that allow the detection and integration of factors currently known to be involved in the emergence of disease. Such a dynamic relationship between the biological, social, and cultural environments can help explain the appearance, spread, and waning of specific health problems. The challenge is clear: can we identify and employ a spatial and temporary framework that would allow the integration of scientific and cultural information? To be meaningful, a paleocology of health and disease must be based on current pathological and other scientific criteria. Scientific insights and conclusions are of course subject to future revisions as further information becomes available, but so are all historical interpretations.

Historical ecology provides a distinctive and holistic perspective on human societies because its objective is the study of relationships between humans and other elements of the biosphere, focused within specific temporal, regional, cultural and biological contexts. Multidisciplinary in nature, historical ecology fosters collaboration between social sciences such as anthropology, geography, and history with the physical and biological sciences. Its essential premise posits that humans are both biological and cultural entities; their relationship with the surrounding environment is dialectical. Indeed, all human activity takes place in particular contexts or environments and historical events in turn are responsible for shaping such relationships between societies and their milieu.

To date, historians and scientists have already established a number of intriguing webs of causality, with attention focused on the biological and cultural contexts – how human activities predispose or inhibit such dreadful events. In truth, no one ever lived in purely ‘natural’ environments. All individuals exist in human-shaped habitats, no matter what level of social organisation. Each society and time period reveal a unique blend of circumstances and social responses to disease that can only be understood within specific geographical, social, political, economic, and cultural contexts. Thus, an in-depth exploration of one particular health problem may reveal the full web in which disease moves. This discussion focuses on ‘ague’ which afflicted the inhabitants of Scotland’s lowlands in the last third of the eighteenth century.

‘Ague’ was a popular term in the British Isles for centuries. It is a word perhaps derived from the French ‘aigu’ meaning acute. In Chaucer’s time, the name was used to categorise an acute or violent fever. Later, this meaning gradually shifted to a series of symptoms distinguished by fits or paroxysms of fever. In Antiquity high fevers had already drawn attention from physicians who bestowed different names on them such as ‘quotidian’,

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