

## Alfred the Great: a diagnosis

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King Alfred 'England's Darling' (849-900 AD) suffered from a painful illness for much of his life, the nature of which has been the source of some speculation amongst Anglo-Saxonists. We are fortunate to have a contemporary record of the king's symptoms as recorded by Asser, King Alfred's Welsh bishop and admirer. The study of Asser's work the 'Life of King Alfred' has fuelled many guesses as to the nature of the sovereign's illness. The suggestions that have been made cover a wide range of ailments: neuritis, epilepsy, a sexually transmitted disease associated with homosexuality, some sort of psychosomatic illness and so on. A rather coloured picture of an oversensitive youth morbidly preoccupied with his health emerges from these speculations, which are normally accompanied by the familiar disclaimer: 'The truth will never be known'. I do not think that such pessimism is warranted.

Asser in his 'Life of King Alfred' dwells on the subject of the king's ill health, a subject that must have interested Asser somewhat. This work was thought to have been written for a Welsh audience who might not have been all that keen on a West Saxon king. Therefore it is likely that Asser was drumming up interest in his intended audience by representing the king's lot as quite a hard one, which seems to have been correct. Additional material that makes a possible diagnosis more certain is taken from the 'Leechbook of Bald' a collection of medical texts written in Old English, that was probably compiled during Alfred's reign.

Asser tells us in his 'Life of Alfred' that after Alfred had married Ealhswith his Mercian bride, he participated in a grand feast that had lasted for a day and a night 'he was struck without warning in the presence of the entire gathering by a sudden severe pain that was quite unknown to all physicians. Certainly it was not known to any of those who were present on that occasion, nor to those up to the present day who have inquired how such an illness could arise and - worse of all, alas! - could continue so many years without remission, from his twentieth year up to his fortieth and beyond. Many alleged that it happened through the spells and witchcraft of the people around him; others, through the ill-will of the devil, who is always envious of good men; others thought that it was the result of some unfamiliar type of fever; still others thought that it was due to the piles, because he had suffered this particular kind of agonizing irritation even from his youth'<sup>1</sup>.

Asser in this passage provides information regarding the onset of King Alfred's major illness whilst referring to a previous episode of a minor ailment that Asser describes as 'piles'. In this same chapter Asser describes the circumstances under which the king developed these piles. We learn that the young Alfred

was unable to abstain from carnal desires and as Alfred thought that these activities would incur God's disfavour he prayed to the Almighty for some kind of minor illness, in the hope that tolerating such an illness would strengthen his resolve towards divine service. After the passage of some time Alfred developed an externally visible peri-anal condition, an illness that Asser says that the king had 'from the first flowering of his youth'. On another occasion that occurred between the development of the piles and the onset of the more serious illness, the king, upset by the discomfort of his peri-anal condition, prayed to God for the substitution of this present condition for some other less severe and 'agonizing' illness on the understanding that the new illness would not be outwardly visible. Asser maintains that the young man's prayers were answered for Alfred's peri-anal condition appeared to spontaneously remit.

### Ficus

Before proceeding to the other symptoms I think it is worth dwelling on the possible nature of the peri-anal condition and the bearing of the translation of the word that I am using to mean 'piles'. I shall deal with the translation first. Asser wrote in Latin, he was a fairly well educated man who would have been exposed to the influence of other scholars in the court of King Alfred. It has been said that the list of works known and cited by Asser do not suggest exceptional learning and the quality of his writing does not reveal any mastery of Latin prose<sup>2</sup>. He was a cleric without, we must assume, specialist medical knowledge, so it is reasonable to suppose that Asser used an everyday word to describe the king's peri-anal condition. The word that Asser used is 'ficus'. This word usually gets translated as 'haemorrhoids'. If this translation is accepted then we are either dealing with the familiar condition of haemorrhoids or some other externally visible peri-anal pathology. The alternative interpretation of this word is that it refers to the sexually transmitted disease of ano-genital warts. If the king's condition was that of ano-genital warts then it would not have helped any cause of Asser's to broadcast this as lay people were well aware of the connection between this highly contagious condition and sexual activity. As part of the popular knowledge of the day such an ailment would have been stigmatizing and a certain amount of public ridicule would fall both on Asser and the king. Although we cannot rule out the possibility of a blunder on Asser's part, it is more likely that the word 'ficus' was used here to describe a haemorrhoid-like lesion.

Asser's assertion that the symptoms were a response to the king's desire for a condition to suppress his libido has fuelled speculation that Alfred was a passive homosexual, since the 'divine bromide' turned

out to be a peri-anal condition. I do not think however that such an explanation is called for as I intend to postulate that these lesions were the peri-anal lesions of Crohn's disease.

### Crohn's disease

It is said, for instance, that an anal lesion occurs in one quarter of all cases of Crohn's disease<sup>3</sup> and in about 80% of cases in which the colon is involved<sup>4</sup>. The distribution of the lesions depends upon whether it is ulcerative colitis or Crohn's disease in any of its forms. In some cases the anal lesion precedes the development of intestinal disease by several years<sup>5</sup>. The perianal lesions of Crohn's disease may of course take the form of abscesses or fistulae, ulceration of the anal or perineal skin or large fleshy oedematous skin tags. The lesions often have a cyanotic tinge and if they are ulcerated they tend to be chronic. The ulceration may be extensive with destruction of the anal sphincter and although the lesions may not be very painful in themselves, they are likely to give rise to some degree of discomfort and soreness.

Asser tells us that Alfred's perianal problem miraculously disappeared, to be replaced by a sudden and severe attack of pain at his wedding feast, when Alfred would have been about 19 years old. He continued to be afflicted with this far more serious illness from his 20th year to his 45th. This fits in well with the usual onset of Crohn's disease. It is an illness that begins in early adult life, approximately one half beginning during the twenties, and 90% between the ages of 10 and 40 years<sup>6</sup>. Its aetiology remains unknown. There is a greater tendency for Crohn's disease, ulcerative colitis and ankylosing spondylitis to occur in families which suggests that all three diseases share a common but incomplete genetic basis. A current hypothesis is that Crohn's disease is the consequence of an abnormal immune response in the gut wall to an unidentified antigen<sup>7</sup>. Although the disease may run a course causing permanent ill health or death, in other cases it is self limiting<sup>8</sup>, so that we could expect that if the onset of the disease occurred in youth it might well burn itself out by early middle age.

Asser gives us a picture of a stricken monarch who suffers almost unremittently from his symptoms<sup>9</sup>. Only a little further on in his account does he tell us that despite this, the king was able to pursue matters of state and the things that gave him pleasure with some energy. Thus the list runs that he contended with wars, Viking attacks and was still able to direct the governing of his kingdom, pursue all manner of hunting, give instructions to all his goldsmiths and craftsmen, direct his falconers, hawk trainers and dog keepers, as well as making his own designs for treasures<sup>9</sup>. The king was able to fight, study, pursue his leisure interests, worship and govern, in short he lived a very full life. Either we are to understand that Alfred was of such fortitude that he continued doing all of this whilst very ill, ie with all of his symptoms present, or more plausibly, that his illness was intermittent. The former seems quite incredible. Asser in his admiration for the king treats us to the occasional exaggerated notion.

Crohn's disease is a chronic disease characterized by relapses and remissions. In an attack there is abdominal pain, diarrhoea sometimes with mucus and blood, that may alternate with periods of constipation. There may be fever and wasting depending on the

severity of the illness. Some sufferers, a minority, experience eye problems (iritis), joint pains (without any destructive pathology) and skin problems.

The king dreaded the attacks of his illness, which suggests that they placed quite a burden on him. The symptoms of Crohn's disease are nasty enough for sufferers to fear relapses and to worry about themselves during an attack. If this worrying gets thought of as neurotic behaviour then it is a feature that usually disappears when the attack has past. It would be particularly inappropriate to describe King Alfred as neurotic, as some have done, as the king had great strength of character, he was not short of courage nor the capacity to make far reaching military decisions for the defence of his realm. He also had a keen desire that there should be an upsurge in learning, starting with his own ministers and then generally extending down to the lower eschalons. Alfred's reign saw a renaissance in education, craftsmanship and national pride, which is all the more remarkable when one considers that the country was struggling for its very survival against the fierce onslaught of the Vikings.

### Elias of Jerusalem

The physicians of the day could not diagnose the king's problem which is not too surprising given how difficult the condition can be to diagnose. As the king sought for relief from his symptoms the news of Alfred's condition must have travelled widely. It is known from 'The Leechbook of Bald' that Elias, Patriarch of Jerusalem sent King Alfred some medical remedies for the alleviation of constipation, diarrhoea, pain in the spleen and internal tenderness<sup>9</sup>. If we assume that these were remedies aimed at specific symptoms that Alfred complained of, rather than a random pharmacopoeia, then our diagnosis looks even more likely as there is a very nice fit between his remedies and the main symptoms of Crohn's disease. Elias sent Alfred a remedy for *constipation and diarrhoea* the general feature of bowel disease, with or without an underlying pathology. A remedy was given for *spleenic pain*, which could refer to the area over the spleen or referred pain, rather than the spleen itself. Another of the Patriarch's remedies was for *internal tenderness* which is usual when the disease is active and would certainly be the case if loops of bowel were bound up together with inflammatory exudate, with possible communication between the loops caused by fistulae. Abscesses within the abdomen would also give rise to some fairly serious pain and tenderness.

### Differential diagnoses

As noted above the fit between the remedies and the sort of symptoms experienced by a sufferer from Crohn's disease is very close. However, it would be bad medical practice not to consider some other diagnostic possibilities. In some respects of pathological detail Crohn's disease is similar to tuberculosis, although with all of the resources available to the modern physician no direct connection has ever been found. If King Alfred had tubercular disease of the intestine then we could possibly expect a rapid deterioration in his condition with an early demise. The same would be true for cancer of the colon. Diverticular disease, as a rule, is a disease of the middle aged or elderly, the features of which are not readily distinguishable from those of cancer of

the colon. It is not, on the whole, a young person's disease and its development is not preceded by perianal problems. Repeated infections are a possibility, but infection is an unlikely candidate to be the cause of a major health problem that spanned a period in excess of 25 years. The lesions of Crohn's disease may become infected, which would undoubtedly exacerbate the symptoms, so infection might have a minor role to play, but rates as an improbable cause. A serious venereal disease is not really in contention. The symptomology would have been understood in a rather basic fashion by the Dark Age physician. There is no evidence of a communicable disease. Such a condition would not have escaped attention. The communicability of a serious venereal disease would have had disastrous effects on his lineage. As there is no evidence to this effect this hypothesis ought to be ruled out of play.

The evidence available points to inflammatory bowel disease with a particular inclination towards Crohn's disease. King Alfred died at the age of 50 years and his name passed into history. His life and reign was one of the most inspiring in English history. A great man beset by the rigours of office, wars and illness.

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