

Paintress, princess and physician's paramour: poison or perforation?

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For thousands of years healthy people have had acute abdominal pain, nausea, vomiting and diarrhoea with death in a few hours or days. Most of these illnesses were probably acute gastrointestinal infection or perforated peptic ulcer, but poisoning was often suspected. Necropsies began in the thirteenth century but it was only in the seventeenth century, when they became common, that precise diagnosis became possible and the medicolegal issues were clarified. By then the documentation of the fatal illnesses of the eminent was usually excellent, and these records and those of trials have often survived to this day. I describe here four women who were thought to have been poisoned, but whose detailed stories point to death from gastrointestinal diseases.

ELISABETTA SIRANI (1638-1665)

Seventeenth century Bologna was notable for its women artists¹, many of whom were daughters of painters. Elisabetta Sirani learnt to paint from her father Gian Andrea (1610-1670), a pupil of Guido Reni. She opened her own atelier teaching her two younger sisters Barbara and Anna and many other girl students. In her ten year career she produced about 200 paintings and established an international reputation.

In Lent 1665 she had her first symptoms of episodic upper abdominal pain, which remitted but left her pale and short of flesh. The pains returned on 12 or 13 August and were worse after meals. Dr Gallerati, the family doctor, diagnosed a slight fluxion or catarrh and prescribed a syrup before meals. On 26 August at 4 pm she had sudden severe pain—'I feel as though I should die'—and became faint, semi-conscious, cold, sweating, with a drawn face, and dull purple fingers. She died on the evening of 27 August 1665.

The bereaved father demanded a necropsy, which was performed the next day. The body was opened by Master Ludovico, surgeon of the Ospedale della Morte in the presence of seven physicians ('the first doctors in Bologna') and a hole was found in the stomach. Dr Gallerati claimed there were clear traces of corrosive poison. Dr Fabbri was the only one of the seven physicians actually to touch the

corpse; he put a finger into the perforation and discovered the circumference ringed round by hardened tissue, but he too attributed this lesion to poison.

Elisabetta's father persuaded the authorities to begin a murder enquiry and to arrest Lucia Tolmelli, a maidservant who had recently left the Sirani household. The evidence was not strong enough for her to be put to the torture usual in such cases (and which Artemisia Gentileschi suffered when she accused a fellow-artist of raping her). The prosecution's case of poison (Dr Gallerati and Dr Fabbri) was contested by the defence (Dr Mattaselani and Dr Oretti) of death from a natural cause, an inflammatory ulcer, so that she was not found guilty. Nevertheless, the maid was banished from Bolognese territories, and it was only in 1668 that Elisabetta Sirani's father deposited a formal document withdrawing all charges, thus securing the maid's formal acquittal, closing the case and ending her exile.

The controversy persists to this day. Count Malvasia, a family friend and biographer of Bolognese painters, always held that Elisabetta Sirani had been poisoned². Even the National Museum of Women in the Arts in Washington DC states in its catalogue entry that 'Sirani's sudden death in the



Figure 1 Elisabetta Sirani (1638-1665)

summer of 1665 has never been satisfactorily explained—both poisoning and ulcers have been suggested as causes for her demise³. However, the publications by Manaresi in 1898 of her life, death and necropsy^{4,5} and his translation in 1904 of the trial⁶ make it reasonably certain that the cause of death was spontaneous perforation of a chronic gastric ulcer.

PRINCESS HENRIETTA-ANNE (1644–1670)

In 1661 Henrietta, the youngest daughter of King Charles I, and thus sister to Charles II of England, was married to Philip Duke of Orléans ('Monsieur'), only brother of King Louis XIV of France⁷. He was a 'mincing transvestite whose only noticeable interests were in clothes and jewels . . . [His] love for her, lasted, by his own confession, for about a fortnight after they were married . . . [His] homosexual tendencies had increased with the years and he now cared for nothing and nobody but the Chevalier [de Lorraine] who was bisexual, and . . . in love with Mademoiselle de Fiennes⁸. The Chevalier insulted the King and was imprisoned in the Château d'If, leading Philip to hysterics, blaming his wife for the loss of his lover, refusing to sleep with her and confining her to a country estate.

From about 1667 Henrietta 'had very often complained of a pain in her side which obliged her to lie down on the floor for three or four hours at a time without finding relief whatever position she took up'⁹. In April 1670 'her digestion was considerably impaired; she was obliged to adopt a diet almost entirely of milk'⁷. When Henrietta was ill with this bout of stomach pain Philip 'observed, smiling, that it had been predicted that he should have several wives, and from the state Madame was in he had now reason to put some faith in it'⁹. At Saint-Cloud on 29 June 1670 she had further pains in the stomach and side. The next day she developed severe abdominal pain after dinner and drank some iced chicory water. The pain became agonizing, she flushed, turned pale, bent double and felt she would die. She immediately concluded that she had been poisoned. She asked for a counter-poison and that the water she had drunk should be examined; perhaps one bottle had been mistaken for another? To prove its harmlessness the lady-in-waiting who had prepared the drink drank some herself, and the Duke had some of the water given to a dog. Her physician Dr Esprit diagnosed and treated 'colic', she was given viper-powder and other anti-poisons, but she deteriorated, cold and pulseless, and died at 2.30 am, nine hours after onset⁷.

As usual with the sudden death of royalty, poisoning was suspected. The necropsy on 30 June was witnessed by seventeen French and two English doctors, the British ambassador (Ralph Montague) and about a hundred other people. The abdomen was full of foetid gas and putrid oily watery fluid. The stomach was normal inside and outside and the unanimous medical conclusion was death from



HENRIETTE D'ANGLETERRE, dernière fille de Charles premier Roy de la grande-Bretagne et de Henriette Marie de France Née à Worcester le 15 Juin 1644. Accompagna la Reine sa Mere lors qu'elle s'en alla par mer en France.

Figure 2 Princess Henrietta-Anne (1644–1670)

cholera morbus (gastroenteritis) caused by heated bile. There are four separate signed medical reports of the necropsy⁷. Vallot in a single document, and heading the seventeen signatures of the French doctors, described the stomach as normal, as did Hugh Chamberlain, physician to King Charles II in his report. Alexander Boscher, Chirurgus Regius, was the only one of the nineteen to notice a small hole in the middle of the anterior gastric wall. However, when Boscher wanted to study this hole he was discouraged by the French doctors, who attributed the perforation to the scissors of the surgeon opening the abdomen⁷. Boscher's impression was that the whole necropsy had been conducted by the operator as if it were his business to hide the truth from the assistants rather than to clear it up⁷.

Voltaire wrote:

It was generally suspected she was poisoned. Montague the English ambassador, was persuaded of it, the crowd did not doubt it, and all Europe publicly proclaimed it. The court and city believed the Princess had been poisoned with a glass of succury [chicory] water, but the natural malignity of mankind, and a fondness of extraordinary events, were the only inducements to this general persuasion¹⁰.

Her husband was alleged to have arranged for a domestic to have given her powdered diamond mixed with sugar and strawberries; Bishop Burnet said the poison was sublimate; and John Wilmot, Earl of Rochester, was also

convinced the Duke was an uxoricide¹⁰. In London the rabble cried 'Down with the French' and were ready to rise against the French ambassador. In Holland, the Dutch and Spanish ministers endeavoured to foster suspicion and promote a breach between France and England. Both Henrietta's brother (Charles II) and her brother-in-law (Louis XIV) suspected the husband but they publicized the natural causes outcome of the public necropsy to preserve the secret Anglo-French alliance.

Even so, when Henrietta's daughter Marie-Louise was married to King Carlos II of Spain there was malicious comment that her attendants from France included the Marquis d'Effiat and the Chevalier de Lorraine, the alleged accomplices in her mother's death⁷. By some bizarre coincidence Marie-Louise also died young, age 27, after a brief gastrointestinal illness similar to her mother's¹¹. She woke at 5 am on 10 February 1689 with epigastric pain, nausea, vomiting blood, diarrhoea and suffocation and was treated for cholera morbus which Francini, the Spanish King's doctor, blamed on her meal the day before of a veal gristle and chicken broth, oysters with lemon, olives, oranges and a jug of milk consumed after she had been thrown from her horse while hunting the previous day. She believed she had been poisoned and died on 12 February. The French ambassador de Rébenac was allowed to see her only when she was dying, and his doctors were excluded. He, all the other ambassadors, and the French court believed she had been poisoned, that her violet hue was proof, and that the poison had been in the oysters or a cup of chocolate. At her necropsy at 11.30 am on 13 February de Rébenac and his doctors were refused entry¹².

There are two reports¹² of the necropsy, at which six royal physicians, six royal surgeons and five apothecaries were present. Francini reported inflammation of the stomach, duodenum and jejunum with black blood in the stomach. Verdier, the French apothecary to the Queen, saw no sign of the alleged abdominal injury from the alleged fall from her horse; he noted the inflammation of the stomach and stoppage of its lower part. The necropsy was said to have confirmed gastroenteritis; but whether the inflammation was poisonous or acute haemorrhagic gastritis allied to the Stuart family history of gastric ulcer remains unclear. However, Louis XIV, on this suspicious death of his niece, as of his sister-in-law in 1670, insisted on neutrality: above all he wanted to avoid irritating the Spanish, because of the immense diplomatic problem posed by the childlessness of Carlos II which eventually led to the War of the Spanish Succession¹¹.

It was only in 1872 that Littré concluded that Princess Henrietta's death was simply due to a perforated gastric ulcer, that poisoning was unlikely in the absence of any gastritis, and that the oily fluid was the castor oil given to her hours before¹³. Yet as recently as 1962 a biographer

wrote that 'Henrietta of England... had almost certainly died of poison'⁹, while writers both in 1979¹⁴ and in 1982⁸ stated that the perforation was duodenal.

THE PHYSICIAN'S PARAMOUR

In 1858 Miss Isabella Bankes¹⁵, age 42, came to live in the same lodging house as Dr Thomas Smethhurst age 53 and his wife age 73. Isabella was later asked to move out by the landlady because of her great intimacy with the doctor. On 9 December 1858 the two were married and moved to Richmond. In March 1859 Isabella developed vomiting, postprandial abdominal pain and diarrhoea, which was diagnosed by a Dr Julius as simple diarrhoea. When she did not improve Dr Julius suspected irritant poisoning, an opinion supported by his partner Dr Bird and also by Dr Todd, physician to King's College Hospital who sent a sample of her evacuation to his professor of chemistry colleague Dr AS Taylor, who reported arsenic. Dr Smethhurst had meanwhile persuaded Isabella to make a will leaving him all her property. On 30 April he was arrested. Next day Isabella died and he was charged with murder. Arsenic was detected in a bottle of potassium chlorate in his possession but Professor Taylor later admitted that this arsenic result was a false positive Reinsch test¹⁶. At the trial ten medical witnesses gave evidence that she had been poisoned and seven claimed that the death was natural—dysentery associated with a seven-week pregnancy¹⁷. The defence also pointed out that no doctor-murderer would have summonsed three other excellent doctors to care for his wife, and that he had no financial motive for her death. He would have inherited £1800 from her but she had a life interest in £5000, giving her an income of £240, whereas he already had a capital of £3566 and an income of £340 per year¹⁶. The necropsy by Dr Wilks had shown transmural disease of the small and large bowel with ulceration from end to end¹⁸.

Dr Smethhurst was found guilty and sentenced to be hanged¹⁷. The verdict, the judge and Dr Taylor were denounced by doctors, barristers and the medical press (especially *The Lancet*) as judicial murder. The Lord Chief Baron accepted these criticisms, but in the absence (until 1907) of a Court of Criminal Appeal the Home Secretary took independent advice from Sir Benjamin Brodie, who persuaded Sir George Lewis that the case for poisoning was not more than suspicious. Dr Smethhurst was given a free pardon but later convicted for bigamy and was sentenced to one year's imprisonment with hard labour. In retrospect Fielding's diagnosis was regional enteritis¹⁵ while Banerjee and Peters proposed an enteropathy from non-steroidal anti-inflammatory drugs¹⁹. Although Dr Smethhurst had not tried to kill his wife, the suspicion remains that he may have

given her a vegetable or mineral irritant to abort the unwanted fetus¹⁸.

DISCUSSION

The first recorded necropsy, in Bologna in 1302, was for suspected poisoning²⁰ but post-mortem descriptions of gastric ulcer go back only to the fifteenth and sixteenth centuries^{21,22}. There is a good description from Mantua in 1586²³ but it would seem that only two of the eight Bolognese doctors recognized that the hole in Elisabetta Sirani's stomach was a perforated gastric ulcer. Similarly the Duchess of Orléan's doctors attributed the hole in her stomach to the scissors of the dissector and were presumably unaware of published work on gastric ulcers, simple or perforated. It was only in 1735 that Morgagni²⁴ was certain that a hole found in a stomach at necropsy was a perforated ulcer and not produced by a dissector. Macalpine and Hunter included Princess Henrietta-Anne Stuart as a link in the putative diagnosis of familial porphyria in the British royal family, but they made no mention of the gastric perforation found at her necropsy and state 'Nothing "unnatural" was found at the post mortem examination'²⁵.

Taylor²⁶ emphasized the characteristic clinical picture of acute perforation in a person in good health with violent pain and vomiting, often immediately post-prandial, and rapidly fatal in 18–36 hours. The medicolegal problem was to distinguish poisoning from ulcer perforation. Irritant poisons such as arsenic did not produce perforation. Corrosive poisons such as sulphuric, nitric and oxalic acids could perforate the stomach, but this would be a large circular aperture with dark ragged edges^{27,28}. Rarely the stomach may be found perforated, usually a wide defect, black and necrotic, with no inflammatory margins, and such gastromalacia was probably post-mortem autolysis. Taylor²⁶ described the various morbid ulcers which he had seen, some of which were scirrhus, whether or not true cancer. The most difficult problem was when a patient had an ulcer or cancer and then was poisoned; some of those accused were acquitted and others hanged. Even Morgagni was aware of this differential diagnosis²⁴, so these medicolegal issues are centuries old.

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