

A five-year pregnancy

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J R Soc Med 2003;96:245–247

In June 1560, Pierre Boaistau, a French Renaissance writer, published a long and richly illustrated manuscript written in a beautiful italic script. It was published in Paris, but in the previous winter Boaistau travelled to England to present a specially prepared dedication manuscript of his work to Queen Elizabeth I who was said to be delighted by the gift.¹

The title of this work, *Histoires Prodigieuses*, could be translated into colloquial English as ‘Amazing Stories’. And they certainly are amazing. There are many stories of monsters, including one with the nose of an ox, the trunk of an elephant, the eyes of a cat situated above his navel, and the heads of dogs at the joints of the elbows and knees. Another monster, caught in a forest, was covered in hair but had the human shape and was ‘amorous of women’. There are stories of spectres and ghosts, of a woman entirely covered in fur ‘like a bear’, of several types of conjoined twins including one where the head of one twin is missing and the neck is joined to the middle of the abdomen of the other (both are illustrated as fully grown men), and of a monstrous child with four arms and four legs, and there are stories of cruelties to Christians and so on. A few of these stories may have been true, and a few more may have had a distant origin in fact. But most resemble the stories Othello invented to woo Desdemona.

The stories are divided into thirty-two chapters, and chapter 16—the subject of this paper—is concerned with three tales of childbirth. The first is a story of a German woman who gave birth in two separate deliveries to twenty children, eleven in the first pregnancy, nine in the second. The second story is about ‘a certain lady of the streets [who] gave birth to seven male children all at once’. Out of horror for her sinful life she threw all the babies into the water just when King Algemond happened to be walking alongside the river. The king used the shaft of his hunting spear to fish one of the babies out of the river, took it home and brought it up. Later this sole survivor became the second King of Lombardy. In each there is just the bare story with no supporting evidence and one would have to be very gullible to believe either of them.

I came to the third of the childbirth stories expecting that it, too, would be an obvious myth. But it differs from the two previous childbirth stories. There are exact dates,

named people and places and enough clinical detail to give the story the ring of truth. The more I read it, the more convinced I felt that this one could not be dismissed as a myth. This is the story.

The woman in question was Marguerite, the wife of George Walezer, who lived in 16th-century Vienna. In 1545 she became pregnant and felt the normal movements of the baby during pregnancy. When she went into labour with ‘furious and sharp pains’ she called her mother and some midwives. During the long labour they heard a noise and commotion like a cracking inside the mother and thereafter the fetal movements ceased. They assumed, correctly it seems, that the baby had died. The midwives used all their skills but failed to deliver either the baby or the placenta.

Some days later, feeling her pains return, Marguerite summoned a series of most eminent doctors from far and wide, imploring their help. The doctors merely gave her a series of drugs but with no effect. Marguerite therefore ‘resolved to let nature take its course and bore with exceeding pain for the space of four years this dead corpse in her stomach’. In the fifth year she finally persuaded a surgeon to open her up and remove the child which was ‘half rotted away’. The operation took place on 12 November 1550. Marguerite soon recovered and was ‘so full of life and so healthy that she can still [i.e. in 1559] conceive children’.¹

To take this story at face value requires us to accept that not just one but at least three unlikely events occurred. The first is that Marguerite did not go into labour and deliver a stillbirth and placenta, which usually happens, sooner or later, after intrauterine death. Retention of the dead baby *in utero* for five years is virtually impossible to believe. The second is that if she had retained the dead baby in her uterus the likelihood that Marguerite would have died of sepsis (especially when there are hints that the midwives ‘interfered’ vaginally in an attempt to achieve delivery) would have been very high. The third is that it is most unlikely that Marguerite would have survived a caesarean section.

Until the late 19th century caesarean sections were rarely performed and virtually always ended in the death of the mother because of the inability to control bleeding from the incised uterus. On the continent of Europe (but not in Britain) caesarean section was occasionally carried out so that the baby could be baptized, even though the operation

would cost the mother her life. Before the 1880s, British obstetricians, who rarely if ever countenanced such religious motives, hardly ever attempted a caesarean section.² Thus, although there may be occasional accounts of caesarean sections in some countries in which the mother survived, I know of none in the 16th century, least of all one which took place after a five-year pregnancy.

So, is it all a myth? Perhaps not, because there may be a credible explanation. Marguerite's ordeal may have been due to an abdominal ectopic pregnancy. Most ectopic pregnancies occur when the fertilized ovum becomes implanted in the fallopian tube, and a tubal ectopic pregnancy almost always dies after two or three months of gestation. But just occasionally the fertilized ovum becomes implanted in the wall of the abdominal cavity. Sometimes, it is thought, abdominal ectopic pregnancy starts with implantation into the fimbriated end of the fallopian tube and then migrates to the abdominal cavity and invades the peritoneum secondarily. Although abdominal ectopic pregnancies are rare there are many cases on record. Professor James Drife, of the University of Leeds,

tells me he has dealt with three abdominal ectopic pregnancies in his career.

It may be that Marguerite's dead baby was never delivered vaginally because it was never in the uterus. Being shut off, so to speak, from the outside world, a dead baby could have escaped being the source of an infection. The illustration (Figure 1) that accompanies this story—and all the illustrations are, of course, clearly constructed from the narratives and not done 'from life'—shows a surgeon standing with a huge knife in his hand beside his patient. The patient, Marguerite, is sitting up in bed and looks remarkably undisturbed considering she has a large vertical incision in her abdomen through which one can see the head and shoulders of the 'half rotted away' baby. In a bowl by the bed are bits of hands and feet that were presumably removed by the surgeon.

Readers may wonder why the doctors who were called in did nothing except give ineffective drugs. The answer is that, until the late 17th century on the continent of Europe, and the early 18th in Britain, childbirth was seen as a social occasion and not a medical one.³ The knowledge of



Figure 1 The operation on Marguerite of Vienna. Illustration from Boaistau's manuscript

childbirth, normal or complicated, possessed by physicians and surgeons in the 16th century was extremely primitive. Only midwives possessed some (even if slight) expertise in normal and abnormal childbirth. In this case, when a surgeon finally agreed to operate, he did not perform a caesarean section; he simply opened the abdominal wall and promptly saw and removed the remnants of the baby. The placenta would not have been a problem because in abdominal ectopics if the baby dies the placenta soon shrivels and can be left intact. This one had five years to shrivel.

However, the question arises of whether the surgeon could have known enough about suturing the wound to explain how Marguerite was soon 'so full of life and so healthy'? To answer this I turned to Professor Michael McVaugh, of the University of North Carolina, whose knowledge of surgery in this period is second to none. He tells me that with abdominal wounds (most of which were due to attackers, not surgeons) suturing was based on extensive accounts in this period of how abdominal wounds should be sewn and a tradition that recovery from them was by no means impossible. In abdominal wounds due to violence, such as an attack with a sword, dagger or spear, there would be the added danger of penetrating the intestines, the liver or other abdominal organs, increasing the likelihood of death. The abdominal incision by the surgeon in this case would have been less dangerous. It is therefore not unreasonable to believe that Marguerite could have been so efficiently sutured as to recover completely from the surgeon's intervention.

In any medical event such as this which took place so long ago there can never be certainty about diagnoses. But in this case there is at least a possibility that Marguerite of Vienna was an early instance of a very rare complication, an abdominal ectopic pregnancy, successfully dealt with by an operation.

Acknowledgments I am grateful to Professor James Drife, Dr Gillian Lockwood, and Professor Michael McVaugh for reading earlier drafts of this paper. The manuscript, *Histoires Prodigieuses* by Pierre Boaistau, will be on view at the free exhibition 'Medicine Man: The Forgotten Museum of Henry Wellcome' which will be held at the British Museum from 26 June to 16 November 2003.

REFERENCES

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- 3 Loudon I. Childbirth. In: Loudon I, ed. *Western Medicine*. Oxford: Oxford University Press, 1997:206–9