Monstrous births

History holds many references to ‘monstrous births’ as such a dramatic event would certainly be worth recording as extraordinary – a matter for personal letters, Church papers or even Court proceedings. The appearance of such a child was not always viewed with suspicion and fear but sometimes as a living message from God or, in ancient times, from a variety of gods. With people generally living in very much smaller groups, the child would be the source of considerable interest. Crucially the mind and imagination were thought to play a major part in how the child would look and behave after birth. Scholars might argue that our ancestors didn’t view the mind as we do but that it was the spirit of the person that played its part. I would also be inclined to that view.

The Queen of Ethiopia, it is said, was delivered of a white child because when she lay with the King she “thought about a marvellous white thing”. History doesn’t tell us what the “white thing” was but it certainly had an impact on the Queen of Ethiopia and presumably on her husband too!

Women claimed to be astounded at the sight of their new child having the features of the man they desired rather than their husband. Obviously, behind closed lids at the moment of conception they had accidentally thought of another man. This could be all jolly useful for adulterers or the lusty. There were other impactful desires: an urge for red wine in an expectant mother and the child might have ‘wine stains’ on the skin. A fragile woman “feared at the sight of a blackamoor” brought forth a black child. However, a black child born of a white mother and vice versa was not considered a monstrous birth but a remarkable event and an outward and visible sign of the power of imagination.

Aristotle’s Masterpiece

One book that is rich with intrigue is the sexual and medical publication Aristotle’s Masterpiece, believed to be first published in about 1684. It was originally intended to be a midwives’ handbook offering helpful and appropriate advice. However a thin veneer reveals explicit sexual text that no doubt made Aristotle’s Masterpiece so popular it continued to be published until the mid-20th century. Using the name of the great philosopher, Aristotle, would have given the publication an air of scholarly quality and made it difficult for censors to challenge its publication. The book has quite a large section about “Monstrous Births” which presents a range of ‘real life’ cases that lend themselves to one of our more salacious tabloid newspapers today.

There is the winged baby – with a wingspan of about 6 feet – born in Ravena in Italy in 1512 (Figure 1). Another picture shows an apparently otherwise healthy male adolescent with the legs, feet and tail of a dog (Figure 2).

In the 17th century society would believe these unfortunate features were born as a result of “pollution” with an animal. The conjoint “Siamese twins” were caused, it says, as a result of promiscuous behaviour, one theory being that each child was of a different father and intercourse had taken place twice – within the hour.

Beauty and the beast?

Physical, and sometimes mental, disabilities did not necessarily present a block to power or respect. One of the greatest counsellors in English history, Thomas Cecil, at the Court of Elizabeth I, was described as small, weak, hunchbacked and a twisted leg. Nobody doubted his brilliance. King James I (King James VI of Scotland) had a twisted leg and – many would agree – a twisted mind, yet he gave us the King James’s bible.

We can say, euphemistically, that our ancestors were much more ‘varied’ in appearance than now. Poor birthing techniques, malnutrition, accidents or war could ravage the body and face. Distorted features caused by various forms of pox were a common sight and most people had lost the majority of their teeth by the time they were in their thirties. Dr John Hall of Stratford-upon-Avon shows us from his copious notes that huge numbers of his patients were playing host to a wide variety of infestations. “Real cripples” could claim and receive financial support but also the right to hold a licence to beg. There was care in the community, of a form, and the church played a strong part in this case.

Monsters were another matter. Whilst the modern observer can pick a path between fantasy and what are now well-known birth deformities, one can’t help wondering how the child and families coped with serious conditions such as cleft palate and lip. Even if feeding had been possible and the child had survived, how would society respond to facial deformity and speech defects? A chilling hint of what might have been in store comes with the question “whether monsters are endowed with reasonable

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souls, and whether the devils can engender”. There is a marvellous explanation for monstrous births in Aristotle’s *Masterpiece*, which includes the phrase: “monsters are ascribed to depraved conceptions and are designated as being excursions of nature”. I am fortunate enough to own an early bound copy of Aristotle’s *Masterpiece*. It has no authority or author and yet its influence spanned over and beyond two centuries.

**Future articles**

The next article in this series will be on the intriguing topic of chastity belts and birthing girdles.

**Acknowledgements**

The author would like to thank the following individuals for their help and advice: Dr Malcolm Colledge, University of Leeds, Leeds; Dr R Abbott, Director of the Centre for the History of Medicine, University of Birmingham Medical School, Birmingham and Dr G Williams, Curator of the British Museum, London, UK.

**Bibliography**

3. Aristotle’s *Masterpiece* (a manual of sex and pregnancy). Unknown author and publisher, circa 1684. (NB. Copies of this book can be found in antiquarian bookshops. Some of the later editions are reasonably priced but the earlier editions with little editing are much more fascinating.)

**About the author**

Lesley Smith is an Elizabethan historian currently studying for the degree of MPhil in the History of Medicine at Birmingham University Medical School. She is also Curator of Tutbury Castle in Staffordshire. Recently she has been given an honorary degree by the University of Derby for ‘Services to History in the Community’.

Lesley has appeared in over 30 television programmes, including Tony Robinson’s *The Worst Jobs in History*, and is currently the resident historian in a live television programme that goes across Europe. Lesley is also known as a public speaker, appearing at medical conferences and as an after-dinner speaker all over the UK.

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**Figure 2** An otherwise healthy male adolescent with the legs, feet and tail of a dog according to Aristotle’s *Masterpiece*

**NEWS ROUNDUP**

**Ovarian cancer and HRT in the Million Women Study**

Ovarian cancer is the fourth most common cancer in women in the UK; however, there is limited information about the risk of ovarian cancer associated with the use of hormone replacement therapy (HRT). Some 948 576 postmenopausal women from the UK Million Women Study who did not have previous cancer or bilateral oophorectomy were followed up for an average of 5.3 years for incident ovarian cancer and 6.9 years for death. Information on HRT use was obtained at recruitment and updated where possible. Relative risks for ovarian cancer were calculated, stratified by age and hysterectomy status, and adjusted by area of residence, socioeconomic group, time since menopause, parity, body mass index, alcohol consumption, and use of oral contraceptives. A total of 2273 incident ovarian cancers and 1591 deaths from the malignancy were recorded. Current users were significantly more likely to develop and die from ovarian cancer than never-users. For current users of HRT, incidence of ovarian cancer increased with increasing duration of use, but did not differ significantly by type of preparation used, its constituents, or mode of administration. Over 5 years, the standardised incidence rates for ovarian cancer in current and never-users of HRT were 2.6 and 2.2 per 1000, respectively (i.e. one extra ovarian cancer in roughly 2500 users); death rates were 1.6 and 1.3 per 1000, respectively (i.e. one extra ovarian cancer death in roughly 3300 users). In summary, women who use HRT are at an increased risk of both incident and fatal ovarian cancer.

**Abortion in long-term relationships**

More than one in ten women (12%) aged 26–34 years have had an abortion whilst in a long-term relationship. The study conducted by Schering Health Care identified that 20% of these women were not using any contraception at the time they conceived and 27% conceived because they forgot to take their contraceptive pill. The findings suggest a need for better contraceptive education for women in long-term relationships and more information about emergency contraception.

For more information contact Schering on 0845 070 7612.

**Fear and ignorance about abortion**

New research conducted by the University of Southampton, UK shows that because of myths about what having an abortion is like, women can be too frightened to seek abortion counselling or treatment earlier. Many do not know where to get impartial information about unintended pregnancy or abortion, which leads to delay in accessing an abortion. Some health professionals also seem to be confused about the facts of modern abortion techniques and don’t always know where to refer women needing later abortions.

Ann Furedi, Chief Executive of bpas (British Pregnancy Advisory Service), said: ‘Some women are putting off coming in to clinics as early as they need to, and going through weeks of terrible, unnecessary worry for simple want of the facts. School teachers and health professionals tend to skirt round the difficult issue of abortion so as not to cause offence, but this poses measurable risks to women’s health. One-third of women in the UK will have an abortion before the age of 45, so we all need to get real about offering this essential health information.

‘It’s completely normal to need plenty of time to think about having an abortion. This is true at whatever stage a woman discovers her pregnancy. But some women don’t have time on their side, so we need to remove as many of the other delaying factors as we can. A proper government pregnancy and abortion education campaign would be a big help.”

**Source:**[http://www.psychology.soton.ac.uk/cde](http://www.psychology.soton.ac.uk/cde)

**Looming crisis in abortion**

A warning was issued by the Royal College of Obstetricians and Gynaecologists (RCOG) about a looming “abortion crisis”. An unprecedented number of doctors are opting out of terminating pregnancies, and the NHS struggles to cope. Richard Warren of the RCOG told a newspaper that more and more doctors now opt out. This has been blamed on shorter working hours of trainees and that doctors can choose which areas to work in. Ann Furedi, Chief Executive of bpas (British Pregnancy Advisory Service), commented: “Unless we can motivate doctors to train in abortion, we may face a situation in five years’ time in which women’s access to abortion is severely restricted”. The ramifications of this is potentially longer waiting lists, which would have the effect of more late terminations of pregnancy.

**Source:**[http://www.times.co.uk](http://www.times.co.uk)

**Reported by:**[http://www.times.co.uk](http://www.times.co.uk)