

**MEDICAL HISTORY CASES ON THE
NATURALLY MUMMIFIED HUNGARIAN MUMMIES
FROM THE 18TH CENTURY**

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SUMMARY OF THE PHD THESIS

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INTRODUCTION – „*Mortui viventes docent*”

Death (*exitus*) is a fundamental life phenomenon, a biological event. The onset of death is not easy to determine, as it does not occur overnight. Death is a process whose beginning and end are difficult to identify. Different organs, tissues, and cells stop at different speeds (BÁRDOS 2006). We should not be surprised that there have been cases where death has been inaccurately diagnosed in the past. Post-mortem lesions can be divided into early and late corpse phenomena. *Mortal pallor*, *pallor mortis*, cooling (*algor mortis*), and muscle stiffness (*rigor mortis*) occur after muscle relaxation. The latter can be explained by post-mortem decay (SZENDE 1999). The carcass odour that accompanies decomposition attracts organisms (bacteria, microfungi, worms, molluscs, arthropods) that accelerate the decomposition process (ROACH 2003, RIVERS and DAHLEM 2014). At the end of the process, as a result of complete decomposition, only the hardest tissues, bones, and teeth remain (CSEPLÁK et al. 2016, MADEA et al. 2010).

If the growth of degrading organisms is inhibited under special conditions, post-mortem degradation does not occur, and tissues other than bones and teeth are preserved. With the loss of water, the corpse becomes light, the skin and tissues dry out, they become parchment-like. The undecomposed, preserved remains of a dead human or animal are called a mummy. Mummification methods can be divided into the following groups according to their origin (AUFDERHEIDE 2003):

1. Anthropogenic mummies (“artificial” mummification);
2. Spontaneous mummies (“natural” mummification);
3. Spontaneous-enhanced mummification (artificially assisted natural mummification);
4. Indeterminate type of mummification.

Throughout history, there have been people on almost every continent who have mummified their dead in various ways, many of whom are even older than the Egyptians. The essence of mummification was to prevent the corpse from decomposing. People of ancient cultures experimented developed various procedures for preserving their deceased loved ones (AUFDERHEIDE 2003, GUILLEN 2004, SUSA and JÓZSA 1995, VERANO 2001).

There are conditions in nature that help the decay of a dead organism to stop and the body to be preserved. A hot, dry environment or vice versa, very low temperatures, ice, constant wind, possibly airtightness, an oxygen-free medium, high concentrations of salt, adequate ventilation, or some chemical substance (copper, silver, sulphur, arsenic) local enrichment all favours natural mummification (BEATTIE and GEIGER 2004, BERGEN et al. 2005, ROSENDAHL 2010, SZIKOSSY et al. 2018a). In the continental areas of Europe’s temperate geographical location, one of the essential factors in mummification is constant air movement. The microclimate of well-ventilated spaces such as crypts, cellars, and caves can create an ideal environment for natural mummification (PAP et al. 1997).

The saying “*Mortui viventes docent*” – “**Death teaches the living**” is especially true for mummy research. Examining mummies opens up a repository of knowledge for the researcher. We can learn about the age they once lived, about their lives, social status, family and kinship relationships, health status, diseases, and healing methods. The evolution of diseases can be figured out and may also help modern medicine in researching therapies.

AIMS AND OBJECTIVES OF THE DISSERTATION

The dissertation's material is the mummified remnants of the 265 individuals of the Vác Mummy Collection (VMC) kept in the Anthropological Department of the Hungarian Natural History Museum. With the known archival and medical background data, the well-documented material is known internationally and considered a reference population. Nowhere are so many mummies from one community close to each other in time and space, as in Vác. From the data of the available microhistorical sources (coffin inscriptions, birth, marriage, death registers, wills, and other historical sources), we know the identity of most of them. Scientific research can provide answers to the questions that all of us are interested in, the health status of that people, what disease they struggled with, whether they were healthier or not than the people living today.

On skeletal remains, where the soft parts have long been degraded, surgical interventions can only be observed if they have also affected the bone (e.g., amputations or trephinations).

In the case of mummies, the preserved soft tissues can also be examined, and the traces observed on them provide much more information about the surgical practice of the age.

Natural mummies are particularly valuable in this regard, as in most cases, the first step in artificial mummification is to open the body and then remove the quickly deteriorating internal organs. In the anthropogenic mummies, traces of the mummification can be observed only on the skin. In natural mummies, however, any incision trace caused by non-combat injury can be considered a surgical procedure that occurred either in the individual's life, pre-mortem, peri-mortem, or post-mortem.

In the course of multidisciplinary research on Vác mummies, the question arose in consultation with medical historians as to whether traces suggestive of contemporary surgery could have been preserved on Vác mummies' bodies. Today, thanks to the surviving documents of the 18th century and their study, there is a rich literature on barber-surgeons' work with different qualifications, but with any experience, about the treatments, incisions, amputations, and autopsies performed by them. The contemporary textbooks, dissertations, and other documents are significant about this age, which was also essential for medicine development. Still, their language makes it difficult to interpret the descriptions accurately. If any traces of contemporary surgical interventions were found on the bodies of naturally mummified Vác mummies, their examination would provide a unique opportunity to make outstanding discoveries in biological anthropology and medical history.

Considering how rare natural mummies are, the significance of these finds is especially appreciated. The method and quality of contemporary health care, the surgical procedure technique, and the conditions of execution can be examined on the mummified body can be considered a medical history curiosity, enriching or expanding our existing knowledge based on written documents.

The dissertation's primary goal is to get closer to learning about the former surgical techniques by examining the remains of mummified individuals explored from the White Church's crypt in Vác, analyzing them in detail, and presenting the results. The analysis of these anthropological remains is key from a medical history point of view. It allows for a better understanding of the life histories of individuals who have undergone medical

intervention. It can also shed more light on the daily life of small, often multi-ethnic, small towns.

OVERVIEW OF THE LITERATURE

In the dissertation, I briefly explained the origin of the term mummy; I review mummy research and the development of mummy research methods.

Next, I present the domestic research. I will cover the beginnings of Hungarian mummy research, research on Egyptian mummies by Hungarian researchers in Hungary and abroad (Budapest Mummy Project, Debrecen Mummy Project, Gamhudi Mummy Project, Thebes 32nd Tomb (TT32), el-Hoha Hill and Research on anthropological material excavated from the Assasif site).

I considered to be important to review the research on the mummies of kings, nobles, high priests, and commoners in Hungary (The Holy Right, Palatine Joseph and his family, the Grassalkovich family, Archbishop Pál Széchenyi, relics of Martyr St. Augustus and St. Krisztina, Tódor Romzsa, and the mummified remains from Nyárlőrinc–Hangár road site).

To get a complete picture of the research material of my dissertation, I briefly present the most important results of a quarter of a century of multidisciplinary research on Vác mummies:

1. Demographic characteristics, kinship network
2. Oral pathological characteristics
3. Anthropodermatological observations
4. Cancer incidence
5. Traces of occupational disease
6. Incidence of tuberculosis
7. Possible co-infection with syphilis and tuberculosis
8. Plastic facial reconstructions

HISTORICAL BACKGROUND

The Danube settlement on the left bank has been an important river crossing and a famous market town, a diocesan center since the early Middle Ages. After a century and a half of Turkish occupation, the Turks scorched the houses in 1686; before their exodus, the castle was blown up, and no traces of its churches remained (KARCSÚ 1880a). The small town lay in ruins. Reconstruction and resettlement of the population was the responsibility of the bishops of the time. Soldiers returning from the campaign against the Turks brought in the plague; in 1740, the epidemic destroyed for a year destroyed one-tenth of the population of Vác.

Despite all the difficulties, the city prospered, industry and trade developed. As a result of the settlements in 1744, the population of Vác was about 3,700. The visit of Maria Theresa in 1764 was of great significance in the life of the small town. Bishop Migazzi had several houses and bridges built, paved the streets, and renovated the buildings. The Deaf and Mute

Institute was built in 1802 (KARCSÚ 1880b, 1881). Between 1784 and 1787, the city was inhabited by 8705 citizens (KŐHEGYI 1969) in 1808 by 8900 (TRAGOR 1927).

According to demographic calculations, the number of deaths may have been 150-200 in the 1740s and 250-300 in the 1760s (SÁPI and IKVAI 1983 1983). The 265 deceased from the Dominican crypt are only a fraction of those buried in other cemeteries in the city or the crypts of other churches (CSUKOVITS 2002).

In the 17th century, after the Turks' expulsion, the Dominican order settled down in Vác and began to build their monastery and church in the main square of the city. The citizens of Vác called the monks of the order white friends based on the color of their clothes, and their church was called the White Church. The first burial took place in 1731, after which the burial of the dead was continuous until 1808. The last two coffins were placed in the sub-church after a long break in 1838 and then sometime after 1841. II. In a decree dated February 7, 1786, Joseph banned burial in crypts for hygienic reasons. However, the citizens of Vác adhered to their traditions and continued to place their dead in the lower church for eternal rest. The entrance was eventually walled up. After that, the burial site's existence, which had been used for a century and a half, slowly became obsolete (SZIKOSSY 2006).

In this chapter, I describe the **general medical historical aspects** of the 18th century, with particular regard to the health situation of Vác. Based on the picture, it can be stated that the health conditions of the city of Vác were favorable - perhaps even better than the other cities of the areas liberated after the Turkish occupation. Although the Danube was not epidemiologically very fortunate due to a large number of through traffic, and towards the end of the century, the soldiers stationed there were also a problem in this respect, special care was taken to prevent the outbreaks. They tried to follow the central instructions and follow the rules (KARCSÚ 1880a, 1880b, 1881, 1888, LENGYEL 1989-1990, MAGYARY-KOSSA 1940, SÁPI and IKVAI 1983, TRAGOR 1927, 1936).

MATERIAL AND METHODS

In 1994-1995, in the Church of the Whites, the corpses of 265 individuals dressed in funeral clothes, mummified to varying degrees, were unearthed from coffins excavated by Márta Zomborka and Emil Ráduly, ethnographic museologists of the Ignác Tragor Museum. The eight by one meter long, 120 cm high wooden ossuary contained mixed bones and partially mummified remains of 31 adults and 15 children (ZOMBORKA 1996a, SZIKOSSY et al. 1997).

They were buried in the crypt in a natural way, preserved without any human intervention. Spontaneous mummification was made possible by the crypt's unique microclimate and burial pattern (SUSA et al. 1996). The average crypt temperature fluctuated between 8 and 11 °C, regardless of the seasons and outside temperature. A very important factor for mummification was the weak but constant air movement through the two narrow ventilation chimneys connecting the sub-church to the outside world. Contributing to the mummification was the fact that the deceased were placed in a coffin made mostly of pine planks and pine wood shavings were placed under the body. The terpenoid content of pine prevented the growth of

fungi and bacteria. As a result, the corpses dried up slowly instead of naturally decomposing (PAP et al. 1997, 2009b,c, 2014, PAP and SZIKOSSY 2015, SZIKOSSY et al. 2010b).

Despite the combination of factors required for spontaneous mummification, the Vác mummies' condition can be said to be poor. In addition to some mummies preserved in perfect condition, many are in moderate condition. Still, several are almost entirely decomposed, with only a few dried-on soft tissues remains on the bones. To assess the degree of decomposition of the body surface objectively, the so-called We used the Berkow scheme, which gives the percentage of the body surface that can be examined (CSEPLÁK et al. 2016).

According to the death and baptism registers' available records, the crypt served as a burial place for the Vác people who lived there between 1674 and 1838. The first burial took place in 1731. The placement of the dead in the crypt was continuous until 1808. The last coffin was placed in the sub-church in 1838 after a long break.

Multidisciplinary approach

The research of the Vác mummies is carried out in the framework of comprehensive domestic and international cooperation, with the cooperation of several disciplines, including special areas such as paleopathology, paleoradiology, paleomicrobiology, paleoepidemiology, paleography, microhistory. In my research and doctoral work I have also tried to apply this approach. In addition to the exploration documents (ZOMBORKA 1996a,b, RÁDULY 1996a,b, 1997), photographs were also available during the research.

In the dissertation, I looked for clues to the surgical procedure on the remains. Among the examination methods, I mainly used those that may indicate a possible work performed by a surgeon pre mortem, peri mortem or post mortem. The macroscopic inspection was especially important, as small changes on the body surface can indicate diseases, treatments, and surgeries. Modern imaging procedures (endoscopy, laparoscopy, X-ray, CT) helped get acquainted with the contemporary autopsy and cesarean section techniques. They could also provide information about the cause and results of the intervention. Archival, medical, and microhistorical research has provided an even more in-depth understanding of the case.

In my work, I have tried to use all available methods that, according to the literature, could be used in the study of human skeletal remains and mummies (among others: STEINBOCK 1976, BUIKSTRA and UBELAKER 1994, UBELAKER 1989, AUFDERHEIDE and RODRÍGUEZ-MARTÍN 1998, ORTNER 2003, BUIKSTRA 2019, ZIMERMANN and KELLEY 1982, DAVID and TAPP 1984, TAPP et al. 1984, TAPP and WILDSMITH 1986, JÓZSA 2006). When observing the remains, I considered the usual methods in biological anthropology (PAP and PÁLFI 2011, PAP et al. 2009a). We took care to avoid invasive techniques that disrupt the integrity of the finds during processing. Sampling for DNA assays was performed only under strictly controlled conditions, following scientific protocol (PAP et al. 2009a).

The remains showing the difference visible to the naked eye, the localization, extent, peculiarities, and formal differences of the lesion were recorded both in photographs and in writing (ORTNER 2003, JÓZSA 2006, BUIKSTRA 2019).

The radiological examinations were performed at the Diagnostic Laboratory of the Pannonian University of Agriculture, at the Department of Radiology of the National Medical Center. From 2009 at the Department of Radiology of Semmelweis University. The

recordings were made with a slice thickness of 5 and then 1 mm. To view CT slices, use Radiant DICOM Wiewer 5.0.1. program was used.

Archival and medical historical sources, contemporary baptism, marriage and death registers preserved in the parish. The wills from the 18th century and the documents of the Vác City Archives contributed valuable data to the knowledge of the everyday life, family and social relations of the late Vác Residents (HORVÁTH 2006, 2014, HORVÁTH and MOLNÁR 2010).

RESULTS AND DISCUSSION

Surgeons and doctors

Surgery is a handicraft where the practice is essential, but in addition to skill, knowledge is also required to perform work. There was initially a sharp line between surgeons and doctors. Surgeons dealt with the external (*cura externa*), doctors with the treatment of internal diseases (*cura interna*). The name surgeon (*chirurgus*) did not clearly indicate what the qualification of the given specialist was: magister chirurgiae or doctor chirurgiae. The state health administration is still in the 18th century repeatedly tried to separate the treatment of external and internal diseases with different decrees.

Specialists in the two healing layers have slowly realized that they need each other, as in some cases, external and internal diseases are inseparable. With the anatomical examination introduced in the barber-surgeon guilds from 1761, and then from 1774 with the start of university surgeon training, surgery was transformed from a craft profession into a science-based work (SIMON 2013).

The work of surgeons in the 18th century

The work of surgeons was diverse in the 18th century. Their task was to treat wounds of various origins (caused by accidents, cuts, stabs, bullets) and to alleviate the bleeding immediately. Combat injuries were the only solution to limb amputation. This process usually required three people: the surgeon who cut and two helpers who arrested the patient (SACHS 2000). Surgeons also had to perform a cesarean section if necessary. The decree of the County Council of 1788 prescribed that a cesarean section has to be performed on a dead pregnant woman (PLENCK and RÁCZ 1782, RÁCZ 1794). Surgeons were obliged to dissect those who died in suspicious circumstances, drowned, found on the road, suicides, and those suspected of poisoning (KATONA 1971). An autopsy had to be performed even in the case of an irregular birth (SIMON 2010).

Traces of surgical interventions on the mummies of Vác

There were gross pathological changes in several of the mummies, visible by naked eye or radiographic examination, initially by X-ray then CT analysis.

***Post mortem* cesarean section**

We found traces of a post-mortem cesarean section on the body of a 26-year-old woman, Theresa Borsodi. A 14.5 cm long surgical incision line can be observed in the linea alba line

on the maternal body during macroscopic examination. The incision begins above the symphysis and must have reached navel height. The wound edges were joined by suturing. Sewing was done with a rare stitch.

In the radiological picture, the pelvis bones were well represented, and no pathological abnormalities were visible on them. The diameters of the pelvis did not show narrowing; the dimensions are more than average (diameter transversa 13.5 cm, conjugata vera obstetrica 11.5 cm). No difference indicating spatial disproportion was observed. Radiological images showed significant pathological abnormalities associated with prolonged and challenging labor. The distance between the two symphysis pubis exceeds the distance physiologically during pregnancy, up to a maximum of 10 mm, indicating symphyseolysis.

On CT scans, the left sacroiliac articulation's dorsolateral luxation, i.e., a slight outward turn of the left hip, can be seen with lateral and lateral displacement.

Based on the studies, it seems most likely that the child's abnormal position may have caused delayed labor. The weak child may have survived his mother for a few hours, as within a few days, the mother and child were laid in a joint coffin and buried in the crypt of the White Church by SZIKOSSY et al. 2007b, VARJASSY et al. 2007).

Autopsy

Signs of an autopsy were found on the body of a 10-year-old girl, Maria Theresa of Swartz. Two incisions were seen: the longitudinal incision extends from the manubrium sterni to the symphysis, is perpendicular to it, and connects the two hip paddles. At the height of the femoral head, the first plate of the peritoneum was also opened. The wound edges were later sutured, and the suture was partially retained. Since there was no sign of any other opening in the body, the autopsy was apparently aimed at finding out the cause of death and was limited to the area of the suspected disease. Rapid miliary tuberculosis and extrapulmonary bone tuberculosis must have contributed to the child's death; this was demonstrated by radiological examinations and confirmed by paleomicrobial examination (residues of *Mycobacterium tuberculosis* were also detected in pulmonary and extrapulmonary samples).

Another hypothesis was that appendicitis might have caused the death of a child with advanced tuberculosis. In the case of appendicitis, the intestinal function may stop. Suspected abdominal complaints may also have been caused by extrapulmonary gastrointestinal tuberculosis.

Traces of an autopsy can also be seen on the mummy of young man number 59. As there were no inscriptions on his coffin, his name and/or death were not known. The estimated age of death is about 20 years. There is a Y-shaped incision in the chest of the corpse from the sternum to the pubic bone. Traces of restorative stitching have been preserved along the incision lines. The skull was also opened during the autopsy. Radiological recordings show traces of TB, which were also confirmed by paleomicrobiological studies. Signs of inflammation can also be seen in several places, but the exact deaths are unknown.

Post mortem amputation

Traces of post-mortem organ removal were detected in one case: two fingers were missing from the right hand of a 51-year-old nun, Rozália Tridentin. The V. finger was probably broken, the IV. finger was cut and then torn-torn to complete post-mortem removal of the

finger. Indeed an inexperienced person could have cut off his fingers; a surgeon would not have done such a job. Radiological images show no signs of inflammation or healing. Based on all this, the possibility of both an accident and a live amputation can be ruled out. Studies clearly show that the case of Rosalia Tridentine cannot be considered a surgical procedure.

CONCLUSION AND PERSPECTIVES

My dissertation aimed to find cases where traces of contemporary surgical interventions can be observed during the examination of the remains of mummified individuals excavated from the White Church's crypt in Vác. With a detailed anthropological analysis of these, we can get closer to the former surgical/surgical techniques. We can also gain information about the way and quality of contemporary health care. In the case of natural mummies, the soft parts are also preserved, and even traces of cuts and interventions made on the body's surface are preserved.

Considering how rare natural mummies are, the significance of these finds is especially peculiar. Their analysis is critical from a medical history point of view. It allows for the biological reconstruction of the individuals who underwent the intervention and a more thorough understanding of their life history and health status.

The results obtained enriched and expanded our knowledge gained so far based on written documents with significant new knowledge.

Initially, the research focused mainly on the most exceptional, spectacular cases. We looked for traces of autopsy or amputation. Meanwhile, we also found less notable but similarly valuable cases, ones we did not even think about at first.

When studying the preserved body surface of mummies, we found traces of cuts and presumably found remnants of contemporary bandages. These may be traces of surgical interventions that have been used to treat the various wounds.

Traces of long-term bed restraint were also discovered on the back body surface of some mummies. In these cases, no trace of the cubitus's possible healing was found; only an attempt was made to cover and spare the damaged skin with a bandage.

In many cases, we observed bandage residues on various body regions and presumably even found residues of the sticky top layers used to secure the bandage. We will continue to examine these in more detail soon.

Although it is known from the medical history that contemporary surgeons were able to cure and repair sprains, it appears that the dislocated fractures could not be appropriately treated. In two cases, we found a dislocated leg fracture that healed with axial deviation and limb shortening.

The two dissected cases are entirely different from each other. It is suggested that in the 18th century, there was no generally accepted way to perform an autopsy, and according to our investigations, there was no mandatory protocol for it. We also wanted to answer the question of the fate of the examined internal organs removed during the autopsy. However, the post-mortem decomposition of the organs in both cases made it impossible to identify the dried internal organs.

In addition to the autopsy and amputation-suspected case, we also found a very special lesion that neither medical historians nor anthropologists could have expected.

The case of Terézia Borsodi is the second documented post mortem cesarean section in Hungary known so far. Probably, sectio caesarea has already been performed on a dead mother in Hungary before, but we are not aware of these cases in the absence of documentation. Contemporary textbooks and medical books deal with the indications and execution of the cesarean section, and some even emphasizes the need for a sectio caesarea post mortem matrix. The case of Terézia Borsodi can be considered a medical historical curiosity. In addition to the written documents, the body itself has been preserved, providing an opportunity for a detailed analysis of the contemporary cesarean section technique.

The case of Vác is also unique in the world. To the best of our knowledge, nowhere else in the world has the corpse of a maternal mother who died during a cesarean section survived.

As a result of the research, we also found traces of clearly post-mortem cuts that do not suggest an autopsy to determine deaths. These were smaller, short cuts that were only large enough to remove an internal organ. In two cases, an incision was found around the heart. The analysis of the cases found among the mummies of Vác is not the subject of the present dissertation, but it has assigned us one of the future research directions.

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3. Other articles

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4. Abstracts, Lectures and Posters

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- SZVÁK, E., SKLÁNITZ, A., SZABÓ, L., BÉNI, Á., JÁNOS, I., DOBRÓNÉ TÓTH, M., SZIKSZAI, Z., KERTÉSZ, ZS., MOLNÁR, M., GYÖRY, H., PÁLFI, GY., MOLNÁR, E., HAJDU, T., BARANYAI, E., SCHEFFER, K., **SZIKOSSY, I.**, HÖLZL, R., TUCOM-NOVAK, V., ROSENDAHL, W., STEPHANIE, ZESCH, SZIRMAI, L., SZÓKE, A. & PAP, I. (2019): A Magyar Természettudományi Múzeum Egyiptomi múmiagyűjteménye – A multidiszciplináris vizsgálatok előzetes eredményei. – *MBT Embertani Szakosztály, 397. szakülés*, Budapest, 2019. április 15. Lecture
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PÁLFI, G., MOLNÁR, E., PAP, I., **SZIKOSSY, I.**, KUSTÁR, A., KRISTÓF, L. A., VÁRADI, O., SZEKERES, A., KARLINGER, K., SPIGELMAN, M., DONOGHUE, H., DUTOUR, O., COQUEUGNIOT, H., CÉLINE, J., LENA, G., MAIXNER, F. & ZINK, A. (2018): Multidisciplinary study of a 18th century Hungarian mummy: probable heart removal and severe tuberculosis. – *Extraordinary World Congress on Mummy Studies*. Canarian Institute of Bioanthropology and Tenerife's Archaeological Museum, Santa Cruz de Tenerife, 2018. május 21–25. Lecture

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2017

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