

A Case of Severe Birth Defects Possibly Due to Cursing

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Abstract—For centuries it was widely believed that a strong unpleasant shock to a pregnant woman could cause birth defects in her baby. Medical books and journals published numerous cases of this type up to the early decades of the present century. The idea of "maternal impression" gradually lost ground during the 18th and 19th centuries, mainly because it seemed to conflict with the facts of physiology. In cases of "maternal impression," the pregnant mother was usually reported to have viewed someone with a shocking deformity that her baby was said to reproduce. It has also been thought that cursing, verbally inflicted and without a visual stimulus, could produce birth defects. Three cases of this type, one published by a pediatrician in 1960, are briefly reviewed, and then a new case is reported. In both of the modern cases, the commonly recognized etiological factors in birth defects could not be identified.

Children who claim to remember previous lives are often born with birthmarks and birth defects that correspond to wounds or other marks on a person whose life the child later remembers. In many cases the evidence of such correspondence depends on the memories of informants who saw the deceased person's body; but in some 30 cases, medical documents, usually postmortem reports, have provided the stronger evidence of a contemporaneously written record of the wounds. I have reported a few cases of this type (Stevenson, 1966, 1974) and am preparing to publish reports of a much larger number of cases with fuller documentation, including photographs of the birthmarks and birth defects. The birthmarks and birth defects occurring in these cases are not, for the most part, of the commonly recognized types; and it has been possible to exclude in most cases all the recognized

A report of the case here presented will be included in a work now in progress that will describe a large number of cases suggestive of reincarnation the subjects of which had birthmarks and birth defects possibly deriving from previous lives they remembered. A much abbreviated report of the case has been published elsewhere (Stevenson, 1985). I am publishing the present report in the hope of stimulating discussion of this case (and similar other ones) and of their best interpretation.

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physical causes of birthmarks and birth defects, such as genetic factors and illness of the mother during her pregnancy.

In many cases of the type just mentioned the child's mother had seen the dead body of the person her child later claimed to have been. In others she had not seen the body, but had heard descriptions of its wounds. Under these circumstances it could be supposed that images in her mind of the dead person's wounds had somehow affected the body of her child and produced in it birthmarks or birth defects corresponding to the images in the mother's mind and thus also to the dead person's wounds. As I continued my investigations of these cases I learned that the hypothesis of maternal impression—to give the process I have just described its usual name in English—was a serious rival to other interpretations of these cases, including reincarnation.

The principal case reported in this paper illustrates the competition between the hypothesis of maternal impression and that of reincarnation, if we decide from the evidence that some paranormal process seems to have been involved. I hope to facilitate appraisal of the case report by first giving a brief account of the hypothesis of maternal impression and summaries of 3 published cases in which cursing provided the source of the possibly causative imagery in the mind of a pregnant woman who gave birth to a defective child.

The Concept of Maternal Impression as a Cause of Birth Defects

It was widely believed for centuries—by laypeople and physicians alike—that strong mental impressions in a pregnant woman could cause birth defects (or birthmarks) in the baby born of her pregnancy. Authors of reports of such cases frequently drew attention to close correspondences of site and appearance between some shocking deformity seen by the pregnant woman and the birth defect of her later-born child. For example, if the sight of a man with deformed feet had frightened a pregnant woman, her baby's congenitally deformed feet would be attributed to this fright (Montgomery, 1857, pp. 35–36). The medical literature of the 18th and 19th centuries contained numerous reports of cases of this kind.

Even in the 18th century voices of skepticism, such as that of the famous obstetrician William Hunter,¹ were heard. These, however, did not stop the publication of reports of such cases in medical journals. In 1890 Dabney reviewed and analyzed 90 cases of maternal impression, reports of which had been published between 1853 and 1886 (Dabney, 1890). Nevertheless, by that time the hypothesis of maternal impression was steadily losing popularity, and only sporadic reports of apparently exemplifying cases occurred in the early years of the 20th century. By the middle of this century, authorities on teratology discounted and even derided the concept (Barrow, 1971; Warkany, 1959, 1971). Warkany (1959, p. 89) pointed out that the hypoth-

esis of maternal impression lost credibility with advances in anatomy and physiology during the 19th century. "It was known," he wrote, "that the maternal and fetal circulations were separated. How could images be transmitted through the placenta?"

One possible answer to this question is that the influence might be transmitted through some paranormal process as yet not recognized, let alone understood. A careful study of the published reports of cases of maternal impression and the investigation of a few cases that have come under my direct observation have convinced me that the hypothesis of maternal impression deserves renewed attention. I do not expect any reader to agree with my judgment on this matter until he or she has studied the extensive review of reported cases that I have included in my mentioned forthcoming work. This will provide summaries of about 50 cases in which a pregnant woman, after seeing (or occasionally after hearing about) an *unusual* injury or deformity, gave birth to a baby with birthmarks or birth defects corresponding closely to the apparently stimulating injury or deformity that the woman had seen or learned about.

Cursing as a Generator of Maternal Impressions

In the standard case of a birth defect attributed to a maternal impression (as published in the 19th century and the first decades of this one), the mother had nearly always been directly exposed to the sight of some shockingly deformed person. However, a few cases have been reported in which the mother was said to have imagined (and caused) a congenital deformity in her child without any visual experience to guide her. In these cases the mother-to-be would only have heard a description of wounds or defects narrated by someone else who had seen them, such as her husband.

A subgroup of cases without direct visual stimulation of the woman's mental imagery is that occurring with a curse. When one person curses another, the cursing person evokes in the cursed one mental images of some unpleasant and even fatal event that is to happen.

The medical literature on cursing is sparse. There is now widespread skepticism in the West about the efficacy of cursing, and one is surprised to find an occasional educated Western person who believes in its power (Raine, 1977, p. 73). Reports of the effects of cursing, moreover, rarely mention that the curse had specified a particular penalty that the cursed person was to endure; he or she should suffer or die, but was usually not told how (Burrell, 1963; Mathis, 1964). However, I have found 3 published reports of cases in which the cursing person predicted birth defects in a child of the person cursed. I shall summarize them next.

Readers may think that the first 2 of these cases deserve only the status of legends because, although reports of them were published in the 19th century, their origins lay much farther back. This means, however, that the cursing occurred during a period when people believed in the power of cursing, and such a belief may be necessary for a curse to be effective.

The birth defect in both these cases was that of hereditary brachydactyly, which, by the time of the proband's life, had already afflicted in one case nine generations of the family (Kellie, 1808), in the other six generations (Mackinder, 1857). These cases occurred in different parts of England (Uxbridge and Gainsborough), but both were said to have begun, generations earlier, in the cursing of a pregnant woman by her husband and for the same offense. (Perhaps the families were distantly related and the same account became transmitted in two lines of descent.) In each case, the husband of the unfortunate woman had cultivated fruit trees with great solicitude, and, when the time came to pluck the fruit, he had strictly forbidden anyone else in his household to take the first fruit. The fruit nevertheless disappeared. The enraged man then cursed the thief. In the earlier of these two accounts the man "with dreadful rashness wished, that if she [his wife] was guilty, the child which she was then with might be born without fingers" (Kellie, 1808, p. 253). In the second case the angry man was said to have "cursed the thief, and prayed, for so heinous an offence, that the fingers which touched the apple might all be chopped off. His wife, *enceinte*, feared much . . . , but dared not confess the crime . . . a child was born; but, sad to tell, the fingers which its father had wished to be amputated had strangely forgotten to grow" (Mackinder, 1857, p. 846).²

The next case known to me occurred in Australia and in modern times (Turner, 1960). It is that of an infant with almost complete amelia that followed a cursing of the baby's mother by her mother. The former, a 16-year-old Australian girl, had become illegitimately pregnant in the hope of forcing her parents to allow her to marry a Maltese man of whom they strongly disapproved. The girl's mother, instead of consenting to the marriage, became angry, roundly cursed her daughter, and said that if she continued with the pregnancy the baby would be born "without arms and legs, and blind" (p. 502). (The mother first cursed her daughter during the 5th or 6th week of the pregnancy.) Several persons witnessed the cursing, and the mother repeated it every 2 or 3 weeks in letters to her daughter during the remainder of the pregnancy. The pregnancy ran to term, and the daughter was delivered of a gravely deformed male baby. Both the infant's legs were absent, and of the right arm only the proximal half of the upper part was present. The left arm was normal down to the hand, but it had only two fingers. The infant seemed otherwise normal and was probably not blind. It was cared for in the hospital of its birth for 6 months and then transferred to a babies' home, where it died at the age of 7 months.

Dr. Elizabeth Turner (a pediatrician), who reported this case, found no evidence that any of the commonly recognized etiological factors in birth defects had occurred in it. Since Turner published her report before excessive consumption of alcohol had been clearly identified as a factor in causing birth defects, I corresponded with her about this possibility. She assured me that alcohol could not have been a causative agent in the case. (She mentioned in her letter to me of October 27, 1978 that she had become

aware of the teratogenic effects of alcohol before other pediatricians had published papers bringing this factor in birth defects to widespread attention.) So far as she could tell, the stress of the cursing by the pregnant woman's mother was the only causative factor identified in the case. After briefly reviewing some evidence from pharmacological experiments bearing on the role of stress in causing reduction deformities of limbs, Turner concluded her report by expressing the "hope that it may stimulate others with experience of similar cases to document and record them" (p. 503).

Case Report

A research assistant of mine in Sri Lanka (Tissa Jayawardene) noticed in a newspaper a photograph of a male infant, S.P., who had been born (on August 13, 1980) without arms and with deformed legs. Knowing of my interest in unusual birth defects, he went to the village where the baby lived and photographed the baby himself, afterward sending me a photograph of the baby, who was then 4 months old (see Figure 1). When I was next in Sri Lanka (in October 1982), I went to the village of the baby's family, but learned that he had died (of "some urinary trouble") in April 1982, at the age of about 20 months. He was then just beginning to speak.

The photograph showed almost all that I could learn about the baby's birth defects. There was complete absence of the arms. A finger nubbin was visible at the left shoulder; I do not know whether there was one at the corresponding site of the right shoulder. Both legs were morphologically normal, but both feet were deformed and turned medially; plaster casts (visible in the photograph) had been applied in the hope of correcting the deformities. At the time of his death, the baby could crawl, but could not walk well because of his deformed feet.

I inquired of the child's father whether he knew of anyone in his family or circle of acquaintances who had lost his arms before dying.³ It turned out that he did. The person in question was someone whom the father (with his brother) had murdered in February 1974. The father then narrated the following history, which I corroborated (in its essential features) from the baby's mother, its uncle, and other villagers, particularly members of the murdered man's family.

The murdered man, Y.S., was, at the time of his death, 25 years of age and married. He had been in his village what the Sinhalese call a "chandiya," by which they mean someone who is rough, tough, and given to bullying other people. He had a record of violent behavior, as had other members of his family. His older brother told me, *en passant*, that he (the informant) had himself killed three men; and their father had died when he had nervously dropped a bomb that he was preparing for use against his enemies in the village. Y.S.'s older brother also told me that Y.S. had been "ruthless," and he compared him to the German soldier Field Marshal Erich Rommel.



Fig. 1. S.P. at the age of 4 months. There is complete absence of both upper limbs. Both feet have the defect known as talipes equinovarus and plaster casts have been applied with a view to correcting the deformities.

A quarrel over Y.S.'s dog, which had entered the house of one of his adversaries and eaten a cooked curry, began with the womenfolk and spread to the men. The baby's father and uncle decided to finish with Y.S. They arranged somehow for him to be made drunk with alcohol and lured over to their side of the village. They then cut off his arms and legs with a sword. Other villagers, angry at Y.S., came, like the lesser senators at Caesar's murder, and inflicted additional wounds.

I obtained a copy of the postmortem examination of Y.S.'s body. With regard to both legs and the right arm, the report confirmed that the distal portions of these limbs were almost fully severed from their proximal parts. It described three deep wounds of the right arm. However, although it mentioned numerous other wounds including one of the left wrist, it did not mention any wound that nearly severed the distal part of the left arm. The

principal murderer and his brother, as well as four members of Y.S.'s family who had seen the body, all agreed that all the limbs had been nearly cut off so that the distal parts remained dangling. Discounting the testimony of the principal murderer and his brother, who were themselves drunk when they killed Y.S., and that of one of Y.S.'s relatives (who may compliantly have agreed with his mother), there remain the concordant statements on this detail of three other members of Y.S.'s family whom I happened to interview independently of each other. It is possible that, when the pathologist described the left arm, he slipped and wrote "right" when he should have written "left." It is also possible that my informants, remembering events of 8 and a half years earlier and aware of S.P.'s birth defects, harmonized their memories to accord with the birth defects.

The principal murderer (S.P.'s father) and his brother (who had helped him) were arrested, tried, and sentenced to 3 years in prison. The prison permitted the murderer to have frequent day-long passes when he would visit his wife, and they were therefore able to continue having children.

Y.S.'s death sorely affected his mother, and she believed that the punishment imposed by the terrestrial court was insufficient retribution for her son's murder. S.P.'s mother told me that Y.S.'s mother several times said to her publicly: "For killing my son, you will have a deformed child." (Even though the murderer's wife had not participated directly in the murder, the wrath of Y.S.'s mother fell on the entire family.) Y.S.'s sister corroborated to me that their mother had had the habit of cursing the murderer's family whenever she went by their house; but she did not recall the specific detail of her wishing the family to have a deformed child. Y.S.'s mother, whom I also interviewed, denied that she had made such a specific curse against the family. She said that she had merely called on the gods—Kataragama and Vishnu—to punish the murderer in some way. (I do not believe she would have admitted to me that she had cursed the mother, and I think that S.P.'s mother was speaking the truth about the nature of the curse.)

Both the murder itself and the subsequent curse troubled the murderer's wife. She recalled mentioning to her husband that Y.S. might be reborn as their son, and when she became pregnant she feared that her baby might be deformed. Then a daughter was born and was normal. The murderer's wife relaxed, thinking that the curse had somehow been neutralized. She and her husband were dismayed, therefore, but not entirely surprised, when her next pregnancy ended in the birth of the badly deformed male infant, S.P.

Excluding Known Causes of Birth Defects

None of the ordinarily recognized causes of birth defects are identified in this case. The parents were not related, at any rate closely; since they came from the same village they might have had some remote common ancestor.

I inquired about other birth defects in the family and was told there were none. (The several members of the family whom I saw—S.P.'s parents,

paternal uncle, and one sister—had no limb defects.) After my interviews I felt dissatisfied with the completeness of the family history I had obtained, and at my request Tissa Jayawardene returned to the village and inquired about every member of the two families of S.P.'s parents with regard to their having had birth defects. His informants were S.P.'s mother, one of his paternal aunts, and the latter's husband. He drew genealogies to assure completeness of the information. This survey included S.P.'s three siblings, all 20 of his cousins, all eight of his uncles and aunts, and three of his grandparents. Information could not be furnished about one grandparent, presumably because she had died when the informants were quite young. None of these persons suffered from any birth defect known to the informants. The only abnormality they recalled for any of these persons was "mental weakness" in one of S.P.'s cousins.

S.P.'s mother told me that she had enjoyed good health during her pregnancy with S.P., and that she had taken no drugs or alcohol. After my interview with S.P.'s mother, Godwin Samararatne (my senior assistant in Sri Lanka) had a further interview with her concerning the medical care she had received during her pregnancy with S.P. He learned the following details: When her pregnancy was at 5 months, she attended a clinic in a nearby town and was told her pregnancy was normal. She returned to the clinic at 6 months, was examined by the medical officer, and was again told the pregnancy was normal. She was given some tablets, probably vitamins. At the 8th month she again attended the clinic and was told the pregnancy was normal. She was examined this time by the head nurse, but not by the doctor, apparently because the pregnancy was still judged normal. Records of these visits were not obtainable, but we did obtain a copy of the record of S.P.'s delivery at a nearby hospital. The delivery was described as taking place normally at full term. The hospital report noted the absence of the upper limbs of the baby and talipes equinovarus of the feet. The baby was also noted to have a hydrocele.

Discussion

I shall first describe the interpretations of this case favored by the informants and then offer my own opinion.

The idea that some events happen by chance is a Western notion and a relatively recent one (in its widespread acceptance) even in the West. The majority of men and women have believed, and the majority of them still believe, that we can find causes for everything that happens to us, as individuals, if only we seek well enough. Moreover, causes are, ultimately, due to the conduct or misconduct of persons. Accordingly, my informants considered that some personal factor had entered into the causation of the birth defects in S.P.

All the informants were Theravadin Buddhists and believed in reincarnation. (Their everyday religion is syncretistic, not pure Buddhism, and it

permits appeals during life's crises to Hindu gods, such as Vishnu and Kataragama.) S.P.'s parents believed that S.P. was the murdered Y.S. reborn, with congenital deformities corresponding to the wounds on Y.S. On the other hand, Y.S.'s mother and older brother could not accept that Y.S., who had, after all, been the victim in the murder, could be reborn as a deformed child. Why should he suffer, they reasoned, for another's crime? They believed that S.P.'s birth defects were a punishment of his parents for the crime of murdering Y.S.

Although most Sinhalese people believe in maternal impressions, none of my informants mentioned a maternal impression as a possible cause of the birth defects. S.P.'s mother had not viewed Y.S.'s dead body (although she must have heard the descriptions of the wounds); nor was she pregnant at the time of the murder. These features are usually present in "standard" cases of maternal impression, and their absence in this case may have led the informants to set this interpretation aside.

However, the members of Y.S.'s family who believed that S.P.'s birth defects punished his family for the murder must also have believed that the cursing (whatever specific words were used) had been successful. Sorcery is widely practiced in Sri Lanka and its efficacy generally believed in. In sorcery the complainant hires a priest to invoke the supernatural powers of gods in order to punish—with injury, illness, or death—a person who has seriously offended him. The act of sorcery is a kind of vicarious cursing. It appears to be much commoner than face-to-face cursing, because Obeyesekere (1975, p. 16) found that only 10% of surveyed clients at three Sri Lanka sorcery shrines had engaged in personal confrontation with their adversaries. Only 4% (included in the mentioned 10%) had engaged in physical or verbal abuse, which might, we could suppose, have included a direct cursing.

In offering my own opinion of the case I must first disclaim any intention to suggest that we can draw a firm conclusion from this single case. My only purpose in presenting it is to bring to readers' attention the possibility that images in a pregnant woman's mind may influence the form of her baby's body.

We now know a great deal more about the causes of birth defects, in medical terms, than was known 100 or even 50 years ago. Genetic factors, excessive alcohol and certain drugs taken by a pregnant woman, and some illnesses, especially rubella (German measles), occurring during pregnancy have all been clearly identified as factors in birth defects. Older maternal age also predisposes to the occurrence of some birth defects, particularly Down syndrome. All these factors should be considered and excluded before we entertain other possibilities. Having done that, however, we are entitled to consider other explanations. All the known causes of birth defects together explain only 30–35% of them (Wilson, 1973). There remain 65–70% in which physicians must acknowledge that they have no explanation. I believe that in Turner's case and in the one reported here we can exclude the known

causes of birth defects. For these cases we can, therefore, consider other possible causative factors.

Although not excluding chance as firmly as my informants did, I believe that there was some causal connection between the wounds on Y.S. (which were highly unusual) and the birth defects of S.P. (which were also unusual⁴ and corresponded with satisfactory closeness to Y.S.'s wounds).

Bodily changes that correspond to mental images may occur through psychosomatic processes as in cases of stigmatism (Thurston, 1952) and the reproduction of wounds during the revival of memories of traumatic experiences (Moody, 1948). However, the placental connections between mother and embryo include no nervous pathways and permit the passage of few proteins from mother to embryo. It is therefore difficult to understand how the mother's thoughts could influence the embryo through normal processes.

A direct psychokinetic effect of the cursing woman on the embryo is theoretically possible, but lacks the support of a case parallel to the present one in which the mother did not know that her baby had been the object of a cursing. At least I do not know of any such case. Accordingly, in order to account for the correspondence between the curse and S.P.'s birth defects, I favor other paranormal explanations: a maternal impression and reincarnation.

S.P.'s mother was not pregnant at the time of Y.S.'s murder, and although she had probably not entirely forgotten the curse when she became pregnant with S.P., it seems to have sunk into the lower levels of her mind. It certainly did not preoccupy her in the manner usually described by women figuring in cases of maternal impressions. These considerations make me slightly favor the hypothesis that S.P. was Y.S. reborn. I need hardly add that, considered as an instance of reincarnation, the case is much weaker in evidence than the many cases in which the subject, when old enough to speak, made numerous verified statements about the previous life he then claimed to remember. S.P. died before he had begun to speak coherently, and we do not know whether he would have expressed any memories of a previous life if he had lived. I have investigated a few other cases (to be published) in which a birth defect was the only (or almost the only) item of evidence linking a subject with a particular deceased person.

If we seriously consider either maternal impression or reincarnation as an explanatory hypothesis for this case (and similar ones) we are bound to ask how images in the mind of one person (respectively, in this case, the pregnant mother-to-be or the murdered man) can influence the form of an embryo. This question leads to conjectures about an intermediate vehicle that somehow acts as a template for the communication of physical form from one body to another. I intend to discuss this possibility in the larger work from which I have extracted this case report. To do so here would carry me beyond my stated intention in presenting this case and also far beyond the warrant for such conjectures that a single case can provide.

Endnotes

¹ Authors skeptical about maternal impressions sometimes state that William Hunter conducted a prospective study of pregnant women who claimed they had been frightened but who nevertheless gave birth to normal babies. Charles Darwin (1868) stated that Hunter described this study and its negative results to his father, Dr. Robert Darwin. However, such an investigation was never published and probably was never carried out. Two authorities on William Hunter whom I consulted knew nothing about it. It remains true, however, that Hunter inveighed against the belief in maternal impressions in his lectures (Hall, 1785).

² In this case the husband (and father) did not aim his curse at the unborn baby as did the husband (and father) of the first case. However, one may suppose that both the women cursed had somewhat similar mental images after being cursed.

³ I asked this question with the hypothesis of reincarnation in mind and from my experience with children having severe birth defects that corresponded to fatal wounds in a person whose life the child later remembered. As mentioned, full details of such cases will be published in a forthcoming book.

⁴ Birch-Jensen (1949) stated that the incidence of amelia of the upper arm at birth was 1 in about 270,000. Frantz and O'Rahilly (1961) found that among 13 cases of amelia of the upper arm, 7 (54%) were bilateral. Combining these data we can estimate that the incidence of bilateral amelia of the upper arm is about 1 in 500,000 births. The condition is so unusual that it is not even mentioned in the usual inventories of the incidences of common congenital deformities. (Amelia did occur more commonly during the brief epidemic of thalidomide intoxication, but that drug was not in question in the present case.)

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