Original Articles.

WAS IT A MURDER, OR WAS IT A SUICIDE?¹
A MEDICO-LEGAL ENIGMA.BY F. W. DRAPER, M.D.,
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FATAL bullet wounds have a kind and a degree of interest peculiarly their own. The medico-legal pathologist finds in their external appearances, in their course through the body, and in the lesions which they leave in the tissues good opportunity for close study; and when he comes upon the need to establish in a doubtful case a post-mortem diagnosis of the manner, as well as the cause, of the death by means of the anatomical appearances which he observes, the study becomes important as well as attractive. Such instances occurred in the admirably reported Dunbar and Lawton cases,² of which our Society had the benefit several years ago. I feel warranted, therefore, in asking indulgence for a recital of another example of fascinating difficulty in this class, wherein, fortunately, the issues involved were not serious, but in which the question of the manner of the death, whether by homicide or by suicide, was so full of elements in equilibrium that one of our most conscientious and painstaking justices, after a long and exhaustive inquest, reported that in his mind the decision was still undetermined and beyond his reach.³

Early in the evening of February 28, 1889, I responded to a summons that I was needed as medical examiner at a certain house in Roxbury to investigate "a case of suicide." Going to the place designated, I found it the scene of much neighborhood excitement, and in the control of several police officers. Upon the floor of a kitchen in a suite of rooms at the top of the house, lay the dead body of a young woman; it was lying, face downward, in a large pool of blood. The head was a foot distant from the rear wall of the room, close to a window; the feet were extended obliquely toward the centre of the floor. The hands and forearms were hidden under the body, and the appearances clearly indicated a sudden death by some form of wounding, the precise nature of which was not at once evident. No weapon was visible; but a small slug of lead found near the feet of the woman, and a wound above her ear and another under her chin, from which latter blood had flowed freely, staining the adjacent skin and clothing, gave an intimation of the cause of the death. At first view, these two wounds, and the bullet suggested a single fatal shot through the head.

The clothing covering the body consisted of an ordinary house-dress or wrapper, with neat, well-made underclothing. In the pocket of the dress was a razor, rolled in a small handkerchief. The surroundings of the body gave no indication of struggle or resistance; the furniture was in its proper relations, and a table at the side of the room showed the preparations for the evening meal.

In a front room adjacent to the kitchen, an old woman, of a decidedly hard and austere aspect, was sitting quietly, and without the manifestation of any emotion or excitement. Her manner was singularly cool and mechanical. I was informed by one of the officers

that she could tell all about the affair. Here is her story:

The young woman lying dead in the kitchen, she said, was Elizabeth C., her daughter-in-law, seventeen years old. Her son, Edward, and the deceased had been married, much against her (the mother's) will, about eight months previously. She had never liked Lizzie, because of her bad temper and because she had "fits," but she had received the young couple after they had been married five months and they had since that time made their home with her. Lizzie was pregnant. She was often moody, sullen and depressed. She had repeatedly threatened suicide since they came there to live; sometimes it was to be by drowning, again by jumping out of the window, and again by shooting. She had "fits" at intervals so that she had to be held. Her husband was uniformly kind and affectionate toward her, but her behavior was very trying to him and his mother. The day just past was the worst day of all. Lizzie got up about half-past eight, set the table and helped make ready the breakfast meal. Edward declared that he had been unable to sleep, his wife was so nervous. Lizzie ate no breakfast, but during the morning she locked herself into her bed-room and remained there an hour or two. About two in the afternoon she began to exhibit the evidences of her peculiar disposition. She said she would drown herself or would jump out of the window, that they needn't send her to any insane hospital as she would not trouble them another night. These threats were not heard by the husband, as he was out of the room at the time. When he returned, she had gone out with her hat and shawl on. He followed her and overtook her on the sidewalk, as the mother could see from the open window. Edward coaxed her and urged her to go up stairs with him and behave herself. The mother went down and added her entreaties. But Lizzie resisted their persuasion. At length, after a long parley at the street door, Edward put his arms around his wife and carried her bodily up the two flights of stairs, in spite of her energetic resistance, or to use the mother's word "fighting" all the way. Reaching their tenement, Lizzie ran into her bed-room, with the intention, the mother believed, of jumping from the window, but Edward followed her and, bringing her out, seated her forcibly in a rocking-chair. He sat down in a chair, about eight feet away, with a tool-chest between them, and began to coax her in a kindly way, saying, "Why can't you be good?" and using similar words of persuasion, "with tears in his eyes." The mother, meanwhile, was about the kitchen getting the supper ready, the hour being a few minutes before six. Then, as quick as a flash, Lizzie went into the bed-room, while her husband was in the act of hunting for his slippers in a corner of the room near by his chair and had his back turned toward his wife. Presently, the mother heard the noise of a pistol shot, and turning she saw Lizzie in the act of falling in the middle of the floor with blood on her face. As she turned, she saw Edward standing over Lizzie; he had the pistol in his hand and she thought from his position that he had taken it from his wife's hand or from the floor; on which side of his wife he stood, she did not make clear. He began to bemoan the affair, saying repeatedly, "What shall I do?" Lizzie uttered no words and gave no scream either before or after the shooting. Her son presently went out, taking the pistol with him, but before he went he showed unusual affection toward his mother,

¹ Read before the Massachusetts Medico-Legal Society, February 5, 1890.

² Transactions Mass. Medico-Legal Soc. Vol. I, pp. 351, 359, and 368.

³ The final words of the report of the inquest are: "I am unable to decide whether the deceased committed suicide or was shot by her husband."

embracing and kissing her and saying, "Good-bye." She supposed that he went out for a doctor for his wife. She, herself, in a few minutes, went to a neighbor, a police officer, and told him Lizzie had shot herself. She then returned to her room. Such was the mother's account of this singular affair; her story was obviously inspired throughout by the belief that her daughter-in-law's death was a death by suicide and by that alone.

Meanwhile, another sensational act in this domestic tragedy was going forward. Just before nine o'clock that evening, the occupants of a flat-roofed apartment hotel a mile away from the street where the C.'s lived, heard the sound of a shot which seemed to come from the roof of the building. Going there, they found a young man frightfully wounded in the face, and unconscious. He had a revolver of .38 calibre in his right hand. He was taken down to the street and sent in an ambulance to the Boston City Hospital where he died three hours after the suicidal shot. He was identified before his removal as Edward C., the husband of the dead woman at his home. In his pocket was found a Boston newspaper, one of the evening edition of that very day; on its margin was written with a pencil, the following: "This is the outcome of a villainous life. May it be a warning to others. O good people, don't lay any blame on my godly mother. It is my disobedience to her that has done this. Will some one love her for me?" The only noteworthy feature of the wound in the man's case was that he had placed the muzzle of the weapon in his right nostril and fired upwards and towards the left into his brain, a manner of shooting unique in my experience. The result was very striking. The explosion of the powder had the effect of making a great smoke-begrimed, blood-stained crater of the nasal region, from the frontal sinuses to the upper lip, all this part being completely disorganized. The eyes were uninjured. The bullet made an easy passage upwards into the brain, traversing the left frontal lobe; after breaking, without perforating, the left parietal bone, it rebounded, taking a course downwards and backwards, and was found in the left temporal lobe three-quarters of an inch below the surface.

But although the bullet wound in the case of the man left little that was of medico-legal interest, the autopsy of his wife's body had many important features. The examination was made twenty hours after the death. The body was well nourished; its surface was pale; the lips and tongue were exsanguine. The face was stained with blood and there was clotted blood in the hair on the left side of the head. Above the left eyebrow were two small, recent ecchymoses. Under the tip of the chin on the right side, an inch behind its edge, was an elliptical contusion, seven-eighths of an inch long, and three-eighths of an inch wide; its long diameter was directed obliquely backwards and at the posterior end of the lesion was a rounded perforation, a quarter of an inch in diameter. Into this, a large probe entered freely and took a direction outwards, backwards and upwards, parallel with the inferior edge of the lower jaw. All around this wound, including the entire submental region, were a great number of black dots and short red lines; the latter had a direction from left to right and in length did not exceed one-sixteenth of an inch. There was a slight periphery of redness around the oval ecchymosis, but no sign of smooching, or burning, or of the 'brand'

described so graphically by Dr. Fish.⁴ It was a bullet wound whose appearances corresponded with experimental shots made with the muzzle of the revolver placed from twelve to eighteen inches distant from the entrance wound.

The right side of the neck was moderately swollen.

Just behind the right mastoid process, there was an oblique fusiform wound in the skin, having all the external appearances of a punctured or incised wound; it measured three-quarters of an inch in length, and a probe, passed into it, took a direction through the subcutaneous tissues toward the wound in the chin. This wound deserves some attention because it had nothing about it externally to suggest the exit of a bullet at that point, but on the contrary had all the features of a cut.

On the left side of the head, four inches above the external auditory meatus and half an inch in front of the coronal line, was a penetrating bullet wound of the scalp, an eighth of an inch in diameter, with a narrow ecchymosed periphery. Around this, in the scalp, over an area three inches in diameter, were many impacted, black powder grains, but not the slightest singeing of the hair, or smoking, or burning of the skin.

Here, then, were three external wounds,—two on the right side of the head and one on the left; two of them showing the evidences of a pistol-shot entrance wound, and suggesting a near, but not very near, approximation of the muzzle of the weapon to the skin, and the third giving all the features of a lesion with a cutting instrument.

The internal appearances were not less interesting. Dissection of the right side of the neck demonstrated that the wound under the chin was connected with the wound behind the right mastoid process by a ragged and blood-stained track which passed through the right submaxillary gland, behind the right sterno-mastoid muscle, through the anterior segment of the internal carotid just above its junction with the external carotid, through the internal jugular vein, and out at the posterior edge of the sterno-mastoid near its insertion at the mastoid process. The tissues at each side of this bullet track were fully infiltrated with blood, and the staining from this source extended as low as the right clavicle.

The wound on the left side of the head opened upon equally striking appearances. The bullet took a course obliquely from left to right in a vertical plane nearly parallel with that of the wound in the neck; but it was directed downwards, rather than upwards. It made a small perforation in the scalp, caused a symmetrical rounded opening through the skull five-eighths of an inch in diameter, with considerable bevelling of the inner table; entered the left hemisphere just in front of the fissure of Sylvius, took its way through this side of the brain in an oblique direction downwards and backwards, emerged at the posterior tip of this hemisphere; passed through the dura at the torcular Herophili and rested in the right occipital fossa close to the wound in the dura, where it was found as a distorted slug. Its track through the brain was four inches long, blood-stained and with soft, disorganized periphery; scarcely any blood was extravasated between the scalp and the skull or within the skull upon the brain.

The examination of the rest of the body gave unimportant data. The organs were anæmic but otherwise were normal. The womb was enlarged to the size of a

⁴ Transactions Mass. Medico-Legal Soc., Vol. 1, 279.

large football and contained a normal fœtus representing about eight months of pregnancy.

Such were the appearances developed by the autopsy. In their presence, I felt justified in reaching a conclusion which the facts then in my possession, derived from personal inquiry, did not seem to me effectually to control or contradict; and that conclusion was that the woman came to her death, not by her own act, but by the act of another person. Viewed as a purely medico-legal problem, the data at hand appeared to justify such a diagnosis. Acting in accordance therewith, I reported the case for inquest.

This judicial inquiry was thorough and exhaustive. It brought to light several important facts having a direct relation to the case, but singularly enough they did not greatly aid in solving the main question of the manner of the death. I will give the principal points in the testimony.

With regard to the woman's suicidal tendencies and purposes, one of her neighbors, a young woman, testified that she had heard Lizzie repeatedly lament her pregnancy and declare her purpose not to live to bear the pain of child-birth. Another said that on the day of Lizzie's death, at about two in the afternoon, just before the scene on the stairs, she had asked for the loan of a razor "to cut her corn." It appeared also that she had tried to get a razor at two other neighbors shortly before this day, and she had obtained one, but this was secured by Edward's mother and returned to its owner. Several testified that they had observed her moody and morose behavior. The razor found in her pocket was identified as her husband's; when she got it did not appear.

As to the relations between the husband and the wife, nothing was brought out at the inquest to indicate that on his part there had been any unkindness, or violence; it was shown, on the contrary, that he had been of a pleasant disposition and the blame of the domestic unhappiness was placed by the witnesses upon the wife only. Even in the scene on the stairs, he was not observed by the neighbors to use force, as if in anger; and one of them heard him say as he carried her up, "You are a witness that I do not hurt her."

As to the ownership of the pistol, Edward's mother testified that it belonged to Lizzie, that she had it in New York and used to sleep with it under her pillow, that she had threatened to shoot herself with it; and that lately it had been kept in the son's trunk. Of the pattern of the weapon I cannot give a description, as I did not see it. I infer that it was self-cocking.

A neighbor living on the floor below the C.'s heard two shots and then a sound as of a fall at the time of the affair; the interval between the shots was short, and that between the last shot and the fall was a longer one. Edward's mother modified her previous statement to me and swore that she heard two shots with only "a second" between them. As she turned, she saw the room full of smoke and Lizzie falling with a groan.

Upon the very important question whether Lizzie was left-handed, the evidence was not uniform or conclusive. Her own mother was sure that she was right-handed. Edward's mother testified that she couldn't tell whether she was right-handed or left-handed; she was "handy" with both hands. She stated in corroboration of this that a few days before her death Lizzie had cut her right thumb accidentally and Edward had

made a cot for it. At the autopsy a rude covering was found on the tip of the right middle finger, and close to the nail was a small wound in the skin suggesting, not a cut, but a bruise. Another woman, a friend of Lizzie's who knew her well, swore positively that she was left-handed, and that she had seen her cut bread, stir up cake and sew with her left hand; but she had heard Lizzie say that she could use both hands with equal ease.

Concerning the husband's behavior at the time of the shooting and immediately after, the mother's recollection, as she expressed it under oath was somewhat different from her statement to me at the first interview. She said at the inquest that, just before the shooting, he sat at one end of a tool-chest in the kitchen and Lizzie was at the other end with her right side toward him. When she (the mother) heard the shots and turned, she saw Edward stooping over his wife with the pistol in his hand and she "supposed he had just picked it up." He said presently, as he stood by his wife's body, "My God! mother, it's done! What shall I do? What shall I do? I shall be blamed for it! They'll say I did it! And I shall be hung!" Soon he went out after kissing her and saying "Good-bye." At the street door one of the neighbors spoke to him and he said to her that Lizzie had shot herself and he was going for a doctor.

It became rather important, in view of Edward's self-accusation, to trace his previous history in order to determine if that would tend to make a foundation for the imputation of blame which he anticipated. It transpired that he had been convicted of burglary and had served a term in prison for it; and that at the very time of the shooting he was suspected of being concerned in some recent burglaries in an adjacent town.

You now have all the facts relating to this woman's death, so far as I know them. I do not propose to enter upon a discussion of them although they supply abundant and excellent material for extended comment. I prefer to place before you a summary of the data and leave the question of diagnosis to you, merely remarking that if Edward C.'s shot into his own head had not been fatal the problem would have been infinitely more grave than it now is and would have placed upon the medical examiner a degree of responsibility almost without precedent in criminal jurisprudence. I shall arrange the data as impartially as I can in two groups, accordingly as they seem to favor the theory of homicide or that of suicide.

The facts which support the theory that the case was one of suicide are these:

- (1) The woman's disposition and unhappiness in her home.
- (2) Her pregnancy and dread of its culmination.
- (3) Her repeated threats of suicide and her special threats on the day of her death.
- (4) Her attempts to secure the loan of a razor under false pretences.
- (5) Her ability to use her left hand and her right hand with equal facility.
- (6) Her violent struggle with her husband when he carried her forcibly up stairs after a prolonged attempt to persuade her to go up peaceably, supplying thus an immediate impulse to destroy herself.
- (7) Her position with relation to her husband as she sat by the window in the kitchen just before the shooting, presenting her *right* side to him while the

shots both came from the *left*. [This is on the supposition that the mother's testimony at the inquest is the more reliable of her two statements.]

(8) Her ownership of the revolver and her threats to use it on herself.

(9) The razor in her pocket at the moment of her death.

(10) The absence of any scream of terror such as would naturally occur if her husband approached her with a pistol presented to fire.

Then, as to the husband:

(11) His uniform demeanor of kindness to his wife.

(12) His endeavors to dissuade her from her violent purposes.

(13) The absence of any adequate motive impelling him to kill his wife.

(14) His first words after the shooting, — quite as consistent with the theory of suicide as with that of murder.

(15) His words to the neighbor as he left the house.

(16) An adequate and reasonable explanation of his own suicide found in his realization that his known past history would tell against him overwhelmingly.

(17) Finally, as to Edward's mother, the only witness of what transpired in the kitchen, should have some weight attached to her consistent and unwavering belief that the death was by suicide, and that her son was innocent.

On the other hand the theory of homicide has these considerations to support it:

(1) The sex and youth of the deceased. A girl of seventeen, however strong her impulse to kill herself would not probably choose a revolver for the purpose, suicide by pistol shot being a very rare form of death among females.

(2) The open threats of suicide. People who kill themselves rarely give notice of their intention openly and repeatedly; they *attempt* suicide but do not otherwise betray their purposes.

(3) The number of the shots.

(4) Either of the wounds was of so grave a character as reasonably to prohibit, if not absolutely to prevent, a second shot, especially with the weapon in the hand of a girl.

(5) The direction of the wounds from the left to right; there should be the strongest evidence that the girl was left-handed if the theory of suicide is to be accepted, and even with such a presumption established, the shots would be awkward.

(6) There was no burning or powder smooching or smutting of the skin around the wounds of entrance, such as shots from the same weapon left about the wound in the husband's face.

(7) The appearances of the wound on the chin indicated a distance of at least twelve inches between the muzzle of the weapon and the skin.

Then, as to the husband, these incidents in his conduct have an obvious relation to the case:

(8) His failure to interfere and overcome his wife before the second shot was fired, the interval being sufficient for such interference if we assume that the weapon was in her hand and not in his.

(9) The pistol was in *his* hand at the moment when the mother turned and before the wife, in her falling, had reached the floor.

(10) His violence to his wife a little while before the shooting, following his complaint in the morning that her nervousness had kept him awake.

(11) His criminal record.

(12) His self-accusing words over his wife's body.

(13) His immediate flight with the weapon in his possession.

(14) His dying message on the newspaper margin.

(15) His own precipitate suicide, obviously determined upon when he bade his mother good-bye.

(16) Finally, the mother's evident and natural bias in favor of her son and her admitted prejudice against his wife are an adequate basis for the presumption that while she honestly disclosed many facts in the case, she distorted others and successfully concealed still others.

Now which of the two theories has the firmer foundation in facts? Was it a case of suicide or was it a case of murder?

A CASE OF URÆMIC CONVULSIONS DURING PREGNANCY.¹

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IN the care of the following case I am greatly indebted to Dr. H. M. Cutts for much kind assistance and many valuable suggestions.

Mrs. B., age twenty-two, an exceptionally strong and vigorous woman, a native of Nova Scotia, primipara, about six months' pregnant, had noticed considerable swelling of feet and some puffiness about eyes, but had experienced no great inconvenience from it and had kept about her household duties as usual.

On the morning of October 27th I was summoned for the first time, in great haste, but owing to the long distance at which the patient lived from my house, some time elapsed before my arrival, which was at 9.30.

She was found in a comatose condition, and attendants reported that she had had two or three convulsions, the first seizing her two hours previously while sitting on the edge of her bed talking with her husband. A hasty examination revealed the œdema of feet and puffiness about eyes and on palpating abdomen, a pregnant uterus reaching up to or above umbilicus.

Immediately patient was seized with another convulsion, when ether was at once freely administered, which seemed to control the trouble for a time, but patient remained in a state of profound coma. In the course of an hour, or at 10.30, another convulsion appeared, immediately after which one-eighth grain of muriate of pilocarpine was given subcutaneously, but this produced little or no effect. At this time began to give tincture of digitalis (gtts. viii), and acetate of potash (gr. x), every two hours, though patient could be made to swallow only with great difficulty.

For a time after the administration of ether was begun it seemed as though the convulsions were about to cease, but the relief was only temporary as they occurred at intervals, varying from a little over an hour to nearly two hours, until three o'clock in the afternoon, when they became more frequent. Between this time and seven o'clock no less than six occurred. At the slightest indication of the approach of a seizure ether was freely applied, the mouth gagged, etc.

During the day three one-eighth-grain doses of pilocarpine were given, none of which produced more than the slightest diaphoresis or salivation if any at all. Urine drawn in the early evening was found to contain

¹ Read before the Boston Society for Medical Observation, January 6, 1890.