

Original Articles.

A CASE OF HOMICIDE BY A WOUND OF THE VULVA.¹

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"WHEN deeply incised wounds are inflicted upon the genital organs of either sex, the fact of their existence in such a situation at once proves willful and deliberate malice on the part of the assailant. Accident is wholly out of the question, and suicide is improbable except in cases of confirmed idiocy and lunacy."² These emphatic words of Taylor will serve as an appropriate introduction to the following notes of a case whose presentation is justified by the fact that it is an interesting example of a very rare form of homicidal violence.

The chief participants in the affair to be related represented a low grade of city life and morals. Michael O'Neil, the convicted assailant, and his wife, Hannah, the victim, occupied a tenement of three rooms, so wretchedly furnished and appointed as scarcely to merit the name of human habitation. Intemperate, improvident, and ignorant, they lived here in wretched squalor, without apparent hope or desire for better things, and showing to their two young children a wicked example of shameless degradation. In such a home the mother came to her death under the following circumstances:—

During the afternoon and evening of Sunday, December 10, 1882, O'Neil and his wife, with two men, named Haley and Ryan, indulged freely in liquor in O'Neil's kitchen. The woman entertained her guests sometimes with songs, sometimes with loud disputes with her husband. In the course of one of these wrangles, O'Neil forcibly informed his wife that if she carried out her expressed intention to place one of their children in a public institution, he would "fix her for it." The carouse continued till after midnight, and the recollection of the two visitors concerning what transpired in the later hours of the evening was naturally vague and unreliable. But it is quite well established by the testimony of Haley, confirmed by that of an officer who passed by the house at midnight and heard Mrs. O'Neil singing, that between twelve and one o'clock Ryan went to bed on a mattress laid on the kitchen floor, while, a little later, Haley shared with O'Neil, his wife, and their two children his host's only bed, the woman lying across the foot of the bed and the children in the middle. What transpired during the remnant of the night could not be fully established in evidence. The occupant of the kitchen floor admitted that he was too intoxicated to be aroused by anything that occurred. Haley testified that some time in the night, while it was still dark outside, he was awakened by one of the children crying for her mother; to his question where the mother was, the reply was that she had gone out. Haley and the two children were the only occupants of the bed at this time, O'Neil and his wife having disappeared. Haley went to the kitchen to get a drink of water, and there he saw Ryan lying on the mattress; and O'Neil, dressed

and apparently asleep, at full length, partly on the mattress and partly on the floor. After satisfying his thirst he returned to bed and went to sleep. Some time later he was awakened by O'Neil getting into bed. Haley asked O'Neil where Hannah was; O'Neil replied that he did n't know, he supposed that she was in the other room, that she was all right and would look out for herself. Haley then fell asleep and knew nothing more till the milkman knocked at his usual hour, between five and six o'clock. That disturbance having passed over, Haley took another nap lasting, as he estimated, about half an hour, and was next aroused by O'Neil leaving the bed; he himself arose also and went to the kitchen while O'Neil passed into a small, unfurnished room adjoining the bed-room. In a moment O'Neil shouted to Haley to come and help him, that Hannah was stiff with cold; going to his aid, Haley found O'Neil in the act of raising his wife from the floor. Her only apparel consisted of a chemise and stockings, the rest of her clothing being in a pile at the foot of the bed on the bed-room floor. The two men lifted her up from the floor and carried her to the bed. As they did so, O'Neil noticing blood on his wife's chemise and person, exclaimed, "Oh! my God! look at the blood!" He quickly covered her with the bed clothing, then said, "She must have done something to herself and I'll be blamed for it." Haley saw then that the woman was dead, and he said to O'Neil that his best course was to notify the police at once. O'Neil washed his hands, talking much meanwhile about his inability to bury his wife, as he had no money. Ryan was now awake and joined Haley in advising O'Neil not to go to work, but to report the affair forthwith at the nearest station-house. This counsel was not taken, but O'Neil left his house and went to the wharf where he was employed. Later in the morning he called upon some of his wife's relatives (her mother and brother) to notify them of her death. He told the mother that "Hannah had done something to herself so that she should n't have any young ones," intimating, as the mother understood him, that an attempt to procure an abortion was the cause of the death. To the brother he offered still another explanation, that she died "in one of her curious spells," and that he was afraid that he would get into trouble about it.

Meanwhile the police had received information of the woman's death, and the case came at once to the writer's notice for his investigation. I found the rooms in the possession of two officers who had O'Neil and Ryan under detention pending the inquiry. O'Neil's statement was that his wife Hannah went to bed about ten o'clock the previous night. After a while he and Haley went to bed in the same bed with her and the children, his wife lying across the foot of the bed. Some time in the night, when it was he did not know, Hannah left the bed. About twenty minutes past six he was awakened by Haley, who asked him where his wife was. He looked about and found her lying on the floor of the inner room, unconscious, cold, and breathing slowly. He put her into bed and left her. He explained his abandonment of her in that low condition by declaring that he supposed her to be playing one of her old tricks of getting on the floor when she had been drinking and avowing that she was going to die. He denied all knowledge of what had occurred to her in the night, and when his attention was called to the presence of blood on her clothing,

¹ Read at the annual meeting of the Massachusetts Medico-Legal Society, June 10, 1884.

² Taylor's Principles and Practice of Medical Jurisprudence, i., p. 677.

he said, somewhat excitedly, "If anything's happened to her, she's done it herself."

I found the woman's dead body lying upon its right side in a natural posture, at the front of the bed, fully covered with the bed clothing. It was still (at half-past nine in the morning) appreciably warm; rigor mortis was present in the elbows and knees. The only personal apparel was, as already mentioned, a chemise and stockings. The lower and posterior part of the chemise was saturated with blood; and the external genitals, the nates, and the upper part of the thighs, front and back, were blood-stained. The source of the hæmorrhage was not discovered at this time.

Proceeding to inspect the adjacent unfurnished room, where the woman had been found before her removal to the bed, I saw an ordinary, medium-sized wash-tub in the middle of the floor, containing fluid and clotted blood to the amount of four quarts. On the floor, between this tub and the corner of the room nearest the door of entrance, there was a blood stain measuring thirty inches by fifteen inches, with fresh, thick clots upon it. Lying at one side of this stain were an old dress skirt and an apron much soiled with blood. Careful examination of the floor of the bed-room and of the kitchen (all the floors were bare) failed to detect any blood stains in addition to the one above described.

The autopsy was made in the afternoon of the same day, or, as nearly as could be estimated, about nine or ten hours after the death. Omitting unessential details, the following appearances were disclosed:—

The body was that of a stout, strong, though very untidy woman, apparently in vigorous health at the time of her death. There was marked pallor of the surface except upon the right side of the neck and thorax, where patches of livid discoloration corresponded with the dependent part of the body as it lay, after death, in bed during the cooling stage. There were small ecchymoses in the following situations: above the right breast, on the front of the left arm, on the front of the right wrist, just below the bend of the right elbow, on the outer side of the left forearm, on the inside of the right thigh, and on the outer side of the left knee. Along the upper surface of the lower lip, just within the dermal border, there was a broken line of narrow ecchymoses, suggesting that the lip had been tightly compressed between the teeth.

The upper part of the vulva was the seat of the only lesion from which the hæmorrhage, previously mentioned, could have proceeded. This lesion, as the specimen exhibited shows, was a wound with regular, clean-cut, slightly curvilinear edges, one inch long. Its upper extremity was immediately below the clitoris, in the middle line of the vestibule or space between the clitoris and the urethra. It took a direction downward and outward, curving slightly to the left, its lower end being a little to the left of the meatus urinarius. It was half an inch deep at the deepest point. Its course from the surface inward was not direct, or parallel with the antero-posterior plane of the body, but there was a slight beveling from the left toward the right. In a wound so superficial and limited it was impossible to demonstrate the vessels involved in the incision, but the arteries most exposed to division were the terminal branches of the right internal pudic and of the inferior vesical.

The internal examination discovered nothing note-

worthy or abnormal beyond the marked anæmia of all the organs and tissues. The stomach contained half a pint of undigested food. The womb and its appendages were healthy. The mucous membrane of the uterine cavity was slightly reddened, and the right ovary contained a typical corpus hæmorrhagicum of menstruation. The vagina showed no trace of blood. The brain was healthy. The exsanguine state of the body was the single striking feature which the examination revealed.

The autopsy having thus conclusively determined the cause of the death to have been hæmorrhage from a wound of the vulva, the next and equally important stage of the inquiry had for its object to decide the manner in which the wound was received.

Was the wound an accidental one? Nothing occurred in the entire course of the investigation to lend support to such a view. A moment's reflection upon the situation of the lesion will convince one that an accidental injury at that part of the vulva is hardly to be thought of as possible. The nates, the perinaum, the fourchette, and the posterior portions of the labia majora are the regions, if any, which receive accidental violence, while the neighborhood of the clitoris could be the seat of a wound by casualty only upon the supposition of the most extraordinary posture of the body in its relation to the wounding instrument. This wounding instrument, moreover, was not discovered in the room with the blood, and the absence of blood stains elsewhere in the dwelling indicated clearly that the entire affair had its scene in this bare apartment. Finally, it is scarcely credible that a woman, injured severely, and aware that she was becoming exhausted by profuse hæmorrhage, would suffer herself to bleed to death rather than to call her husband or her female neighbors to her help. It did not appear that any hint of her distress came to any one until she was found in the morning lying in a pool of her own blood; and this failure to summon assistance is a controlling objection to the theory that an innocent casualty caused the death.

Was the injury inflicted by the woman herself with suicidal intent? Her husband so asserted, but his assertion had no support in the facts or the probabilities of the case. Experience has shown that attempted suicide by mutilation of the genital organs is a very rare occurrence, and the recorded instances are confined almost wholly to the subjects of insanity and idiocy. The person bent on self-destruction does not usually take half-way measures, or inflict upon himself injuries whose issue seems to him clearly to be open to doubt. The surgeon and the anatomist know that wounds of the vulva are particularly grave because of the vascularity of the parts and the consequent danger of alarming hæmorrhage; but no one could seriously suppose that an ignorant woman, representing the lowest grade of intelligence, would select her vulva for a suicidal wound, when a cut across her neck or a thrust into her breast offered a much more accessible and certain passage to death. The wound itself, aside from its situation, offers some difficulties to the theory of suicide, for its dimensions, its depth, especially its direction, are not easily explicable upon the supposition that the woman's own hand held the knife.

But it is clear, without regard to these somewhat theoretical considerations, that certain indispensable data are wanting if we would establish that the wounding was done by the patient herself. Obviously a

weapon or some sharp instrument was required for its accomplishment. No such weapon or instrument was found in the room. If the wounding was done in another room, and the woman then went to the room which was the scene of the hæmorrhage, or if, having cut herself in the latter room, she had then made her way to some other part of the house to hide the weapon or to destroy it, and had then returned to take her seat over the tub to slowly bleed to death, some sign of these journeyings would have appeared in the form of a trail of blood stains on the floor of the kitchen or bed-room or both; and this evidence was wholly wanting.

What, then, is left as a reasonable explanation of the wound, the hæmorrhage, and the death, except that they depended for a cause upon the act of some person other than the deceased? We must admit that all the facts in the case are in harmony with this view, and that nothing inconsistent therewith was developed in the course of the inquiry. The act of violence was not seen, it is true, by any third party; it occurred under circumstances known only to the single surviving participant in the affair, and his lips remain silent.

But it is in just such cases that medico-legal diagnosis has its greatest fascination. In a homicide, the evidence of which is complete through the testimony of eye-witnesses or the confession of the accused, there is but little to attract the medical jurist; his connection with the investigation becomes then a matter of form merely, and assumes relations of secondary importance. It is when the truth has to be sought out by devious channels, when an aggressive defense of a suspected individual puts the burden of proof most heavily on the servants of the State, when circumstantial evidence is the only reliance, and there are in reality two sides to the question,—it is in these exigencies that legal medicine has its greatest opportunity and its chief charm. The Parkman case would have lost half its interest and instructiveness if the janitor or some other person at the medical college had seen Webster strike down his victim. The famous cases of murder by poisoning are absorbing because of the doubts which they admit, and because of the manner in which those doubts are met by the tests of the laboratory, and by the close reasoning of the unpurchased expert. So, applying the ever-safe method of elimination to our examination of this vulval wound, studying its situation and direction, the circumstances which, at some distance, preceded and followed it, the data present, and the not less important data absent, the character and habits of the woman, her conduct with her carousing companions, the behavior of the husband and of his guests before and after the death of the woman,—in fine, considering all that the “view, personal inquiry, and autopsy” supplied as material for a differential diagnosis, and excluding such hypotheses touching the manner of the death as appear manifestly inconsistent with the facts, we are then in a good position to answer affirmatively the question, Was the death by homicide? The identity of the person who inflicted the fatal injury, his motive and his weapon, are matters of remote interest in their relation to the abstract question of the cause and manner of the death. They are almost exclusively within the province of the police detective, and do not concern the medical examiner except as they may supply confirmatory facts to buttress his conclusions. A brief allusion will be made

to them in connection with the present case for the purpose of completing the story.

It must have been made plain in what has preceded that from the very beginning of the investigation suspicion fell upon O’Neil, the husband; indeed, he drew it upon himself by his own behavior. If he had been a cooler and less ignorant culprit he would have avoided the mistakes into which his apparent consciousness of wrong-doing led him. No one saw him in the act of injuring his wife, but the readiness, almost the eagerness, with which he tried to throw the blame of her death upon herself, his prompt avowal that he would nevertheless get into trouble on account of it, his retreat from the scene, and his frivolous excuses for doing so,—these turned attention toward him as the probably guilty agent. In harmony with these acts were certain points in direct evidence, such as the testimony that O’Neil left his bed for an interval during the night, and was discovered lying on the kitchen floor, his wife meanwhile missing; and the testimony of a woman up-stairs, that just before four o’clock in the morning she heard O’Neil and his wife quarreling, and was sure she identified the voices. Meagre as was the evidence, it satisfied the court of inquest which found O’Neil accountable, the municipal court which held him on the charge of murder, the grand jury which indicted him for manslaughter, the jury which found him guilty under this indictment, and the judge who sentenced him.

The motive for this crime is wholly a matter of conjecture. We may imagine that O’Neil and his wife, both inflammable in disposition, as the previous evening’s events showed, found some cause for a quarrel after their guests had been disposed of for the night. The previous criminal relations of the woman with one of the men then enjoying her hospitality suggests that the use and abuse of the sexual organs may have been the theme of dispute. We may imagine that, as an outcome of the dispute, whatever its subject, O’Neil suddenly resolved to mutilate his wife in a way that should teach her a salutary lesson. It is not necessary to assume that he meant to injure her seriously, far less to wound her fatally; his purpose, probably, was chastisement only. His guests were deep in the sleep of drunkenness, or so appeared, and he himself was sufficiently alcoholized to render him more reckless than delicate in his cutting. We can suppose that the woman, finding herself hurt about her genitals and bleeding freely from the wound, took her seat over a convenient wash-tub, expecting, as one attacked with epistaxis expects, that every minute would see the spontaneous subsidence of the flow. Her husband having been her assailant, she would not call for his help, as she would have done very naturally if either of the other men had injured her. So, bleeding to syncope, as she sat on the tub, she at length fell to the floor, and presently died. Meanwhile the husband, not realizing the extent of his violence, and anxious not to awaken his bed-fellow, sought rest on the kitchen floor, where he was seen by Haley. Later, when all was quiet, and he felt quite certain that he could move about without disturbing any one, he resumed his place in bed, and remained there till the morning brought its sanguinary revelations.

The instrument, like the motive for its use, was almost wholly a matter of speculation. A knife was introduced in evidence at the trial, and the medical witness readily testified that it might have made the

wound of the vulva. This knife was identified as O'Neil's; Haley had seen him cutting tobacco with it during the afternoon of their carouse. It was a knife such as a shoemaker uses for trimming soles; it had a blade about four inches long, which had become somewhat concave at its edge by long use and repeated grinding, but its rounded point was well sharpened. This blade was fixed firmly in a wooden handle. This weapon, if such it was, was found secreted behind a looking-glass in the kitchen, on the morning of the woman's death. It was given by the finder to another woman, who placed it in her stove for safe keeping over night. A fire was made in the stove by a third person, who had no knowledge of the contents of the oven, and the consequent baking and charring destroyed all evidence of blood-stain, if any existed. The person who found the knife testified that it was clean and bright when she first saw it.

But it will be proper to ask if such a wound necessarily implied the use of a knife to produce it. May not the lesion have been a contused wound, the result of a kick, the blow being received in such a direction and situation as to cause a solution of continuity simulating an incision. It is well known that the appearances of a cut may be closely imitated by a smart blow from a blunt instrument upon soft parts overlying bone, and cases are not wanting in which a wound of the vulva produced by a kick or a fall has given rise to grave doubt whether or not a weapon has been used.¹ While admitting the possibility of fatal hæmorrhage from a contused wound of the pudendum, and even granting that a kick with the shod foot might divide the tissues and leave something of the appearance of a cut upon them, it must nevertheless be insisted that the vertical direction of the lesion in the present case, its clean-cut, regular edges, its smooth inner surfaces, the absence of swelling and of ecchymosis in the adjacent parts, are quite strong points of proof that a cutting rather than a blunt instrument was used.

But however wisely or wildly we may speculate upon questions whose solution is difficult or impossible through a want of satisfactory data, the most important feature of the case remains well-founded, as an instructive medico-legal fact, and it is to this that I give the concluding word. This is the material and significant reality that within the space of five hours (taking outside limits of time) a strong, plethoric, and healthy woman bled to death by a wound of the vulva an inch long and half an inch deep. Such an occurrence, if standing alone as one observed for the first time, would be regarded as extraordinary, perhaps as incredible; but it is fortunate in being in accord with similar observations recorded in surgical and medico-legal writings. It is really a typical example of an interesting class. Ogston² quotes the case of a woman who died in ten minutes after receiving two wounds about the genitals, one on the left labium and the other at the entrance of the vagina at its upper part; the fact that she was pregnant, and that the vascularity of the parts was thus increased, may have had some influence upon the rapidity of the hæmorrhage. Taylor³ alludes to the case of a woman, eight months pregnant, who "fell from a chair, which also fell with her. There was hæmorrhage, and she died in a quarter of an hour.

The blood had flowed from a wound an inch and a half long, situated between the right labium and the urethra." In another case⁴ "a contused wound of the clitoris proved fatal. A woman, aged thirty-six, received a kick from her husband in the lower part of the abdomen while she was in a stooping posture. When seen, in about three quarters of an hour, she had lost from three to four pounds of blood; she was sinking, and expired a few minutes afterward. The wound was at the edge of the vulva, extending along the ramus of the pubes; it was about an inch long and three quarters of an inch deep. The left crus clitoridis was crushed throughout its length." These cases are of use in teaching the medical witness that, whether in the presence of a jury or elsewhere, he should be economical in the use of terms like "impossible," or "incredible," or "inconceivable."

A CASE OF ACUTE HEMIPLEGIC CHOREA; WITH AUTOPSY AND REMARKS.

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THE following case is, from several points of view, one of unusual interest: first, as being a typical example of a comparatively rare affection, unilateral chorea in the adult, traceable to a distinct organic lesion in the brain; then, because it is remarkable that this lesion — involving, as it did, a portion of the crus cerebri — did not give rise to paralytic symptoms of more pronounced character; and, finally, because of the points in diagnosis and treatment to which it calls attention.

The patient was a man of fifty-nine years, of large frame, and of robust type. For the past fifteen years he had been quite intemperate, and this habit had grown upon him, until for the past eight months he had taken daily six or eight potions of best rye whiskey, with now and then a spree of two or three days' duration. Otherwise his life had been an average one, and his family history is one of peculiar longevity, with no cerebral or other marked diseases. His wife says that for a year past he has been more irritable than formerly.

For some weeks previous to the onset of serious symptoms his family had noticed choreic movements in his right arm and leg, and for the last week a slight dragging of the leg. In ascending stairs, however, he had used his feet equally well, so that there could not have been any paralysis in consequence.

On August 5th his wife came to ask medical advice, and gave the above history, adding that the movements had become more violent and constant, but that they ceased entirely during sleep. The previous night, however, sleep had been impossible. The patient was ordered twenty grains each of bromide of potassium and hydrate of chloral, which gave him a comfortable night. The next day he was examined carefully and the following condition noted, which remained without essential change until shortly before his death: —

The right arm and leg were found to be in violent and constant motion of a distinctly choreic type, but involving the muscles of the larger joints — hip, shoulder, etc. — even more than those of the smaller.

The face was apparently still, but the articulation was nevertheless somewhat thick. At times the right

¹ Taylor's Principles and Practice of Medical Jurisprudence, i., p. 678.

² Lectures on Medical Jurisprudence, p. 486.

³ Principles and Practice of Medical Jurisprudence, i., p. 677.

⁴ Lancet, October 31, 1846, p. 478.