

Original Articles.

ON POINTS OF INTEREST IN THE CASE OF JENNIE P. CLARKE.¹

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ON the 27th of February, 1879, at about five P. M., an old trunk containing a dead body, afterwards proved to be that of Jennie P. Clarke, of Boston Highlands, was found on the eastern bank of the Saugus River, in Lynn, a few hundred feet below the bridge on the main road leading from Lynn to Boston. The trunk had been weighted with several bricks, and three old porter bottles, one of which, by a curious miscalculation, as it appeared, was empty and corked, thus acting as a buoy. The nose of the victim had been severed by a clean cut, extending from the bridge downwards through bones and cartilages, with the obvious purpose of preventing the recognition of the body in case it should be discovered. That this mutilation was accomplished after death I assured myself from the fact that there was no injection of the edges of the wound, no retraction of the skin, and no traces whatever of the copious bleeding which must inevitably have occurred had it been effected during life.

The hair had been cut, recently and hastily as it appeared, inasmuch as the ends were irregular, and some loose masses adhered to the person of the deceased.

An autopsy held a few hours later developed the fact that the woman had died of peritonitis following, or accompanying, an abortion.

The probable conclusion that this was a case of criminal abortion was one readily arrived at; for the apparently desperate efforts made to conceal the body, and to prevent its identification if found, were in themselves a confession of crime. It was winter, and the frozen state of the ground would render secret burial difficult; an open burial could not be had without a certificate of death, which the guilty parties evidently could not well obtain without risk of exposure. The conclusion, then, that a crime had been committed having been reached, the problem of determining who committed it was one for the officers of the law, with the assistance, perhaps, of the medical examiner, to solve. The task proved in this case to be no easy one, the chief obstacle arising from the fact that for several weeks no identification of the body could be established; but detective skill at last triumphed; and the felony was laid at the door of one Mrs. Goodrich, who was practicing as a clairvoyant physician on Lagrange Street, Boston, a certain "Dr." Kimball, also of Boston, and another man, the supposed seducer of the girl, being named as accessories. These parties were promptly indicted by the grand jury, and the two former brought to trial in September, 1879. The array of evidence was overwhelmingly against the accused, but, thanks to our absurd system of jury trials, they were not convicted, the jury standing eleven for conviction to one opposed. The only reason the one obstinate jurymen would give for not agreeing to convict was that no one saw the parties perform the criminal act. A second trial, which occurred in October following, resulted in the conviction of Goodrich and Kimball, and they are now serving out their sentences, the former of ten and the latter of seven years' imprisonment. The

other accessory has never been tried. There was little of medico-legal interest developed at the trial, the principal line of defense adopted by the counsel for the accused not involving the necessity of overthrowing the medical testimony. It was shown, however, by the witnesses for the government, that Jennie P. Clarke was in the fourth month of pregnancy; that she left the place where she was at service in Boston Highlands on the 12th of February, and went directly to the house of Mrs. Goodrich, on Lagrange Street, where on the same day she was operated upon by Mrs. Goodrich, in some manner not ascertained, for the purpose of procuring an abortion; that at 9.30 A. M., on the following day, February 13th, she went to the house of Miss Forsythe in Somerville; that on her arrival at this place she seemed to be suffering from "a cold;" that on February 14th she was taken quite ill, and "had pains all through her;" that she aborted on the 18th, and, after suffering in the manner usual in cases of puerperal peritonitis, died at two P. M., February 25th; that on the 26th the nose and hair were cut off by Kimball, the body packed into the trunk, and, on the night of the same day, which was dark and rainy, taken in a carriage to the bridge before mentioned and thrown over the railing into the water.

So much for history. I come now to the consideration of some points of especial interest in this case. I do not think it necessary to weary you with all the details of the autopsy, but will bring out the essential facts, as they are needed in the discussion.

IDENTIFICATION OF THE BODY.

In their efforts to prevent the identification of the body the criminals in this case manifested considerable shrewdness in cutting off the nose; for the effect of depriving the face of this important feature is very largely to destroy its characteristic expression. I show at this point two pictures of Jennie P. Clarke, one taken when in health, the other from the dead body several days after the autopsy. In the latter the teeth appear much more than when the body was discovered, owing to some post-mortem retraction of the lips, but otherwise the likeness is quite accurate. While I was making the autopsy a member of the police force in Lynn confidently asserted that the body was that of one Miss C., who was known to be pregnant, who had declared her intention of getting rid of the fetus, and who had disappeared from among her friends some two weeks previously. She had preferred a charge of bastardy against a certain party, and thus these facts became known to the police, who had kept watch of her. In order to make assurance doubly sure, a brother-in-law of the young woman was sent for, and the autopsy suspended to allow him to look upon the face. He came in, excited and trembling, and after some hesitation declared his belief that the dead body was that of his wife's sister; but a few hours later she was found in a boarding-house, concealed from her friends and just recovering from an abortion. This was only the beginning of a long series of positive identifications, all but the last ending either in finding the person alive, or in the development of some other circumstance which disproved the supposed identity. One man from a neighboring town declared the remains to be those of his daughter who was missing from home, he being convinced to the contrary only by the discovery of the erring one in a house of ill-fame in Boston. Another man was sure

¹ Read at the Annual Meeting of the Massachusetts Medico-Legal Society, June 8, 1880.

that it was his niece, but she, too, was found. In my opinion these strange mistakes were the result of the peculiar effect produced by cutting off the nose. Had the mutilation been carried so far as to destroy all the features, those who were seeking to identify the body would have been obliged to depend upon some mark or scar, and in this they would be much less likely to be deceived, although such an occurrence would be quite possible. In death, of course, those peculiarities of expression which result from the play of the facial muscles, and from the eyes, are lost entirely. Jennie Clarke was of medium size, had tolerably regular features, and brown hair, — a description, in brief, which applies to a very large number of young women. Imagine these faces deprived of their living expression, and of their most prominent feature, the nose, and you can understand to what a condition of uniformity all would be reduced, and what confusion might arise from the attempt to identify. As it proved in this case the witnesses to the real identification, while asserting that they recognized the body from its general features, yet had all of them some mark or scar upon which they depended to fortify their conclusions. Among the points mentioned were a small, smooth, somewhat pigmented wart upon the back of the left hand; seven very small moles on the inner aspect of left fore-arm; a linear scar on the left side of the neck caused by the lancing of an abscess; the slight overlapping of the front teeth, etc.

With a stupidity only equaled by that shown in using a bottle empty and corked as a sinker, the girl's ear-rings had been allowed to remain in their places, the corresponding pendants being afterwards discovered at home. These were recognized by a number of persons, and formed an important link in the chain of evidence establishing the identity. Facts like these show the importance of noting, at the autopsy of an unknown person, every peculiarity of appearance, however trivial, that may in any way serve as a means of recognition. A similar importance, in my opinion, attaches to measurements of the body, the length of the arm, the circumference of the neck, of the chest over the nipples, of the waist and hips, the length of the body, a shoemaker's measurement of the foot, etc.; for in case of non-identification before the destruction of the body by the process of decay, these, as serving to show whether certain garments would fit the deceased or not, might be of the greatest value.

AGE.

The general appearance of the body of Jennie P. Clarke was that of a young person. The hair presented no trace of gray, the skin was fair and free from wrinkles, and the teeth in general well preserved. But this description, obviously, might apply to a woman anywhere from age of maturity to that of forty or perhaps forty-five, and could not be relied upon as furnishing data for any calculation approaching exactness. Owing, perhaps, to the effect of the final illness upon the face, the tendency in this case was to overestimate the age. Some even placed it between thirty and forty. But, as it happened, more reliable data for determining the age were furnished by the *dentes sapientie*. On making a thorough examination, after relaxation of the jaws had occurred, it was found that the wisdom teeth of the upper jaw had emerged, while those of the lower jaw were still beneath the gums. One of the latter appeared to have been just on the

point of emerging, for on making an incision through the gum it came in sight. The wisdom teeth are said by authorities to appear usually between the ages of seventeen and twenty-two. They manifest, however, great irregularities in regard to the time of their eruption. An intelligent dentist informed me that he had been not unfrequently consulted by persons from twenty-five to forty years of age, who were having trouble with the eruption of their wisdom teeth. Occasionally one or more of them never appear at all, and they may emerge before the age of seventeen. They are liable to decay early, it being no unusual circumstance for them all to be lost within a few years after their appearance. In such a case one might, perhaps, be deceived by their absence into the belief that they had never appeared. So, also, if one of the other molars should be lost early in life, the gap in this way made might be filled by the eruption of the remaining teeth, and thus, there being but two molars present, the wisdom tooth, in the absence of any of the characteristic appearances of the crown, might be mistaken for the second molar, and the erroneous conclusion arrived at that the former had not emerged. The medical examiner, always on his guard, as he must be, against such sources of error, can make himself sure in regard to all these points by dissection. The conclusion in this case, based upon the statement of averages by the authorities, was that the girl was not far from twenty years of age, and this proved to be correct.

It was not thought necessary to seek for any additional evidence in regard to the age in the skeleton, for this would not perish for a long time, and could, if any important question should arise and make it seem advisable, be subsequently examined.

CONDITION IN LIFE.

The body was clothed in a coarse white cotton night-dress trimmed with Hamburg edging, and a cheap-looking merino under-vest. The person of the deceased had evidently been well cared for by herself during life, as the finger and toe nails were short and clean, while the ears, scalp, and teeth, parts usually neglected by the uncleanly, showed no traces of neglect. The hands were delicate, and there were no calluses upon the fingers or palms indicating that the deceased had been accustomed to any employment likely to cause a thickening of the cuticle. We could not thus exclude housework from the list of possible occupations, for the reason that the frequent soaking of the hands in soap and water, as in washing clothes and dishes, would have a tendency to prevent the formation of calluses. From the facts given we were, I think, justified in inferring —

- (1.) That the deceased was in humble circumstances.
- (2.) That she did not belong to what can properly be styled a low class.

That she was not a prostitute, unless, perchance, she might be just beginning a career of shame, seemed probable from the fact that she had aborted; for it is well known that confirmed prostitutes seldom conceive, or if they do, that they abort at the next succeeding menstrual period, as a result of the constant sexual excitement to which they are subjected, without being themselves aware of their pregnancy. And besides, the probability was extremely small that any such desperate efforts would be made to conceal the dead body of one who was known as a *nymphée du pavé*, for her bad character would in all likelihood be relied upon to pre-

vent any interest being taken in her death, or investigation made of its cause. As subsequently ascertained, Jennie P. Clarke was a domestic in a family of moderate means.

TIME OF DEATH.

Granted the complete cooling of a body, the time of death may be approximately determined by the presence or absence of cadaveric rigidity and of the signs of decomposition. In the case under consideration the body was, when discovered, frozen, the more exposed parts, as the extremities, quite firmly, those protected by the clothing to a less degree. Around the abdomen was a swathe and beneath this the flesh was very slightly frozen. All the joints were stiff, whether from the freezing or rigor mortis, or both combined, I was unable at the time to decide. In straightening out the body to place it upon the table nearly all the large joints, which were in a state of flexion, were forcibly extended; and these thereafter retained their flexibility; but when thawing of the flesh had occurred it was found that the jaws, and other joints which had not been disturbed, retained for a time their rigidity, thus proving that the rigor mortis had not departed. Caspar says, "The stiffness of a frozen body can never be confounded with the rigor mortis; for a frozen body is from head to foot as stiff as a board, while in cadaveric rigidity the extremities, particularly at the elbow and knee joints, always preserve a certain amount of mobility."¹ Surely he cannot mean this statement to apply to a partially frozen body, nor would he accuse of unpardonable dullness one who in such a case was unable to render an immediate decision.

The presence of cadaveric rigidity would place the body in the second period of Devergie, and lead to the inference that death had occurred from ten hours to three days previously.² But evidently great caution was to be exercised in drawing such a conclusion, because the extreme cold to which the body must have been subjected to produce freezing would, if it did not hasten the development of cadaveric rigidity, certainly retard its departure. A similar effect might be expected from immersion in cold water.³ At low temperatures (36° to 45° F.) bodies have been known to retain their rigidity for eight or ten days. Below the freezing point they might, perhaps, retain it much longer.

The body was quite fresh in its general appearance. There was a bluish-green discoloration of the loins, extending at some points over the abdomen nearly or quite to the median line of the body. The skin of these parts was elsewhere of a vivid red. A bad odor was perceived about the genitals, but the subsequent developments as to the cause of death showed that this odor could not reasonably be regarded as the result of post-mortem change.

A greenish discoloration of the abdomen is mentioned⁴ as the first sign of commencing putrefaction, and it appears, on an average, in from one to three days after death. But in estimating the value of this sign in any given case the temperature is obviously to be taken into the account. On the 27th of February, the day on which the body was found, the temperature, as recorded at the City Hall in Lynn, was, at eight A. M., 24° F.; at one P. M. 24° F.; at six P. M. 23° F.

The maximum for the twenty-four hours ending at eight A. M., February 28th, was 27° F., and the minimum 7° F. Thus we see that for twelve hours at least, previous to the autopsy, which took place at eight P. M., the body was exposed to a temperature considerably below the freezing point, and that any putrefactive change would be out of the question. This is based upon the supposition that the trunk had been in its position on the bank of the river during the whole of that day. This is measurably certain, because it had been seen quite early in the morning by a person who thought it a pile of drift-wood, or something of the sort. On the 26th of February the maximum temperature was 49° F., and the minimum 22.5° F. On the 25th the maximum was 35° F., and the minimum 15° F. Previous to this the weather was still colder. We could not of course tell with certainty in what condition the body had been kept before it was thrown into the river, but as the universal custom is to put dead bodies, lightly covered, into a cold room, with, perhaps, the windows open, we are at liberty, I think, to assume that this body had been kept continuously at a temperature which would render the process of putrefaction a very slow one. But there is still another circumstance to be considered. The autopsy proved the existence of an intense peritonitis. It is well known that those parts that are inflamed at the time of death take on the putrefactive process more readily than healthy tissue. Sometimes, indeed, it begins before death, as when gangrene occurs. And in this case, also, the septicæmia, which, perhaps, invariably accompanies puerperal peritonitis, would predispose the body still more strongly to the putrefactive change. The temperature of those dying of an acute infective disease is often very high. Is it not possible that the greenish discoloration of the abdomen in this case, the first sign of putrefaction, as it is called, might have arisen between the time of death and that of the entire cooling of the body? If we should allow the increased tendency to putrefaction resulting from the mode of death to offset the retarding influence of the low temperature, and fall back upon our averages, we should infer that death had occurred from one to three days previously, the same conclusion essentially as that arrived at from the presence of the rigor mortis. As it proved, the girl had, at the time of the beginning of the autopsy, been dead just fifty-four hours, two and one fourth days.

CAUSE OF DEATH.

The cause of death has been already stated as peritonitis following or accompanying an abortion. A brief statement of post-mortem appearances, taken in substance from the record of the autopsy, will show upon what evidences this conclusion as to the cause of death was based: On laying open the abdominal cavity a thin, bloody serum exuded. The peritoneal membrane was everywhere injected, and in places, particularly over and in the neighborhood of the liver, covered with a layer of lymph. The pelvic cavity was partially filled with a thin, fetid pus. The pelvic organs were matted together, and covered with a shreddy layer of lymph. On the left side was a sort of sac, formed by adhesions of opposed peritoneal surfaces, and filled with pus. This bag of pus was at first mistaken for an abscess, but a careful examination revealed its true character. The appearances described would warrant the inference that the inflammatory

¹ Forensic Medicine, vol. i. p. 30.

² Taylor's Principles of Medical Jurisprudence, vol. i. p. 89.

³ Ibid., page 56.

⁴ Caspar's Forensic Medicine, vol. i. p. 38. Taylor's Medical Jurisprudence, vol. i. p. 93.

process began somewhere in the pelvic cavity, and that it had extended, but a short time before death, to the parts above the brim. The proofs that an abortion had occurred may be summarily stated as follows:—

(1.) The vulva was dark-colored and open, and emitted a bad odor. The vagina was injected, intensely so in its upper part. The os uteri was patulous, sixteen mm. in breadth, margins soft and black.

(2.) The interior of the uterus was covered with a black, shreddy slime. On the right side, near the fundus, was a rough, raised, spongy-looking portion, obviously the point of a placental attachment.

(3.) The uterus was enlarged. Its dimensions, as given below, were taken after it had been kept for some months in alcohol, and must be regarded as slightly reduced from those which existed at the time of the autopsy:—

Outside length	125 mm.
Outside breadth (greatest)	80 mm.
Cavity of cervix, length	45 mm.
Cavity of body, length	65 mm.
Total length of uterine cavity	110 mm.
Breadth of cavity (greatest)	55 mm.
Thickness of wall, cervix	13 mm.
Thickness of wall, body	14 mm.
Thickness of wall at placental site, right side (not including the spongy mass)	17 mm.
Idem on left side opposite placental site	10 mm.
Idem at fundus (prolongation of line of internal measurement)	15 mm.

(4.) The ovaries were dark purple, and in the left was what appeared to be a true corpus luteum of pregnancy, it being superficial in location, firm in texture, easily enucleated, and presenting on section a bright orange-yellow, convoluted wall, 2.5 mm. in breadth, and a glistening white clot with a central cavity. Its greatest length was 21 mm., and breadth 14 mm.

(5.) The breasts were full, and presented areolæ of a light-brown color, with a few papules. On pressure milk exuded in considerable quantity from both breasts.

In view of all these facts it was to be regarded as certain, from a medical point of view, that an abortion had occurred, and that the inflammation which was the direct cause of death was its sequence.