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MEDICO-LEGAL REPORT

ON

THE MEDICAL TESTIMONY

OF THE

SCHOEPPE MURDER TRIAL,

PRESENTED TO THE

COLLEGE OF PHYSICIANS

OF

PHILADELPHIA,

AND

UNANIMOUSLY ADOPTED,

NOVEMBER 3, 1869.





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**College of Physicians of Philadelphia, Nov. 3d, 1869.**

The Committee on the Medico-legal testimony in the case of Dr. Paul Schoeppe, convicted at Carlisle, Penna., of the murder, by poison, of Miss Stennecke, respectfully submit the following report:

They do not propose to discuss the question of the guilt or innocence of Dr. Schoeppe, except so far as it may be affected by the medico-legal testimony. The moral or circumstantial aspect of the case is not only beyond their scope as medico-legal inquirers, but does not in any degree affect the medical evidence as to the material facts.

If this medical evidence can be shown to be involved in serious doubt, the accusation based upon it must necessarily fail, under all circumstances short of absolute proof, and the injustice to its victim will become sufficiently apparent. Our duty is:

*First*, To expose whatever fallacies we may discover in the medico-legal testimony on either side of the trial, thus acting in good faith as trustworthy experts.

*Secondly*, To declare our opinions, as fellows of this College, in behalf of the whole profession whose dearest rights may be in jeopardy, through the action of a Court and jury under the lead of professional witnesses, in what seems to be the mere effect of ignorance and prejudice; and which may be applied with equal power for mischief, if uncorrected, to the destruction of any member of that profession who may become involved in a case of sudden death.

However vital, therefore, the right settlement of the questions of theory and fact in the present case may be in its influence upon the individual; and however much we may sympathize with him in the sense of wrong, if not of danger, we are bound to remember alike our obligations to the community and to the profession—not to defend the one at the expense of the other, but to protect all parties from the liability to such fearful error. If such evidence as we shall presently submit to you is to be accepted as proof of murder, without exposure of its inconclusiveness, and a decided protest against the alarming ease with which a few ill-informed and careless witnesses have been allowed to brand a practitioner of medicine as a poisoner because he was subjected to their suspicion, a similar danger may await us all. Nothing but our previous reputations can protect us; and even these may be destroyed by some unfortunate coincidence of circumstances which may be wrested to our destruction. Surely the people among whom such conclusions can be reached, must pay the penalty of their suspicions in the want of confidence between patient and physician, which such horrible contingencies will inevitably foster. We are not the advocates of Dr. Schoeppe; but, for aught that appears upon this trial, the worst faults of this unfortunate man may have been a lack of professional skill, and perhaps of respect for himself and for the dignity of his calling. Yet he is consigned to the gallows because of the sudden death of a patient under his care; and that upon the ill-digested opinions of his professional neighbors; while the few who had been called to cor-



rect their mistakes, and instruct the Commonwealth and the jury in his behalf, and for the sake of truth and justice, are ridiculed and charged with pecuniary motives.

It is under this aspect of the case, as having the seeming approval of medical authority, rather than for the sake of an unjustly convicted medical practitioner, who has already been amply vindicated by numerous able defenders, that we are asked to relieve ourselves of our share of the responsibility as physicians of Pennsylvania, in the duty of aiding in the attempt to deliver all parties from the consequences of this extraordinary verdict. If there had been reasonable ground for suspicion of slow poison during professional attendance, or a trustworthy observation of symptoms of acute or active poisoning at the time of death, as shown by the evidence of skilled or unskilled witnesses on either side, we should be very differently influenced in our discussion of the medical testimony. But the radical defects of this testimony for the prosecution are too clearly evident to admit of the slightest hesitation as to their utter insufficiency. In regard to the evidence of the experts for the defence, we are obliged to say, that, under ordinary circumstances among educated and intelligent men, it could hardly have failed to secure an acquittal for want of proof. The chemical testimony on that side respecting errors of analysis, the proper mode of avoiding these, and the true evidence of poison, was all that could have been desired, and such as would naturally be expected from its source. The testimony as to pathological questions, also, was in marked contrast with that presented by the Commonwealth. Although it might have been fuller and more decided and satisfactory on some points, it nevertheless afforded ample contradiction to the assertions of the prosecution. In short, the witnesses for the defence are entitled to the thanks of the College for redeeming the profession of our State from a large share of the mortification to which the medical testimony of the prosecution has subjected us.

As stated by the Judge presiding at the trial, the "Commonwealth allege that the death of Miss Stennecke was caused by dangerous and poisonous drugs, by prussic acid or by morphia, or the two combined, administered to her by the prisoner with the intent to destroy life." In order to establish this assertion they had to show:

- First*, That Miss Stennecke, *although sixty-five years old*, was in good ordinary health.
- Second*, That Miss Stennecke was seen and found by competent witnesses to be suffering, *beyond a reasonable doubt, and for a reasonable length of time* before her death, from symptoms of poisoning by one or both of the poisons named, or of poisoning by some other poison administered by Dr. Schoeppe, and that she continued to suffer until she died.
- Third*, That a post mortem examination had shown all the important organs and structures of the body of Miss Stennecke to be free, *beyond a reasonable doubt*, from serious disease; unless more or less alteration of certain parts and tissues had been found to justify, beyond a doubt, the suspicion of the poisoning, and thus to corroborate any evidence afforded by the symptoms before death; or unless the examination had become impracticable through post mortem changes caused by accidental disturbances, the effect of heat, or the length of interval after death.
- Fourth*, That sufficient traces of one or both of the designated poisons, or of any other poison, had been discovered and displayed, *beyond a reasonable doubt*, by chemical analysis of the body of the deceased; unless the absence from the body of these poisons, or the failure to discover any poison, could be explained by the circumstances of the case, and by the insurmountable difficulties of the examination through post mortem changes and exposures.

As there are two poisons named in the Judge's allegation, others might be excluded from consideration. But, as it would be extremely difficult to distinguish a knowledge of the fact

of the poisoning from that of the nature of the poison; and utterly impossible to do so beyond a reasonable doubt, there is a propriety in requiring the search in the symptoms, pathological appearances and chemical analyses, for every possible poison, without regard to previous suspicions.

We have already stated that the evidence relating to the attendance of Dr. Schoeppé does not come within our scope. We may call attention to the fact, however, on account of its diagnostic value, that the only medicine proved to have been administered to or taken by Miss Stennecke, was a powerful emetic; and this is shown to have operated not more than three hours previously to the apparent or first discovered onset of her attack.

The *first step* of the investigation—that in respect to health—seems to have been comparatively ignored by the prosecution, as unworthy of attention, although it is obviously a very material point. Whether or not it were necessary to prove that she was in undoubtedly good health, it was certainly important to prove that she was not in bad health; and, at all events, that she was undoubtedly not liable to sudden and serious, and probably fatal, illness, without the intervention of a poison. If there were good reason to doubt whether her previous state of health did not make her more or less liable to rapidly fatal illness or sudden death, then the burden of proof against that doubt was certainly upon the Commonwealth.

The *second step*—that is the proof of symptoms—is, in this case, as must happen in some cases, the only positive step in the trial; since it is that upon which alone the proof of the fact of poisoning can depend.

If the character of an alleged case of poisoning be truly portrayed by definitely clear description of ante mortem symptoms in the testimony of unimpeachable witnesses, whether technically skilled or not; then, unless it can be equally well shown that the ante mortem symptoms put in evidence are as likely, or at least more or less likely, to arise from bodily disease, the belief in the fact of poisoning is naturally justified; and the jury may be governed by the corroborating circumstances in estimating doubts against the prisoner.

If the post mortem or chemical examination have been defective or insufficiently presented in the medical evidence; then the whole burden of the proof necessarily rests and turns upon the pre and ante mortem history of the case as established in the trial; so that if an affirmative conclusion cannot be reached at this stage of the inquiry, the absence of corroborative evidence in the post mortem observations, leaves nothing for the charge of poisoning to stand upon.

The committee propose, therefore, to dwell at greater length on this, the ante mortem portion of the evidence, giving it in greater fulness and detail than will be needed for the third, and especially, the fourth steps enumerated. Of these latter, that is the post mortem examination and analysis, only a brief survey of the leading points need be presented in order to demonstrate the incompleteness of that testimony as corroborative evidence.

In making out their case the Commonwealth, as already intimated, take the liberty of assuming that Miss Stennecke, notwithstanding her sixty-five years of age, was in the enjoyment of good health until after nine o'clock of the morning of the day on which the final illness began. This assumption is proved to be erroneous by a letter (p. 17,) of Dr. Schoeppé, written some months previously to the decease, (and produced by the prosecution for another purpose); also by a witness for the defence, and through the cross-examination of a witness for the Commonwealth, who was related to Miss Stennecke and hence an old acquaintance. From this testimony it appears that she *had long been an ailing woman*; for months past she had been under treatment for dyspeptic symptoms; and had suffered from some weakness or other affection of the eye, on account of which she had placed herself under the care of



an oculist who was reputed to be very successful in curing blindness. She had been heard to "*complain frequently of giddiness in her head.*" She was a very hearty eater, generally taking little things with her from the table to eat between meals, in that way exposing herself to dangers against which Dr. Schoeppe's letter evidently warns her when it reminds her that the improvement which enables her to indulge her appetite may be illusory, and is probably short lived. She was met in the street, after breakfast, on the day before she died, which was the first of her illness, by a witness, to whom she complained of *feeling "very dull and bad,"* and that she was "*trying to walk off*" what she took to be an undigested supper. Her relative, who had known her the longest, acknowledged that *she was in the habit of complaining of ill health.* Her complaints were regarded by him as "*grunting,*" which he understood to be "*complaining without cause!*"

It is unnecessary, among medical men, to say much of this pernicious idea of "*grunting*" in its bearing on the vague, but all the more insidiously destructive nature of the languor, indefinite pains, and discomforts of the mal-assimilation and various other disturbances which attend on the downward progress of constitutional disorder, and cause the wretchedness of the chronic invalid, whether from disease of the kidneys or of other organs and structures. Who has not seen these sufferers from unrecognized disease, whose dangerous condition has been brought to notice only when too late for remedy, and whose lives have been still further embittered by this impertinent imputation of hypochondria or imaginary pain? Is not this case one of those which teach a lesson of the danger in which a physician may be involved by failure to comprehend the incipient warnings, and the neglect to apprise responsible friends? Let us, at all events, take care in time, lest, by meeting such appeals to us for aid and comfort with indifference or ridicule instead of sympathy and good advice, we do not some day subject ourselves to the charge of ignorance and cruelty, if not of murder, by the sudden termination of a case upon our hands.

The fact of this poor woman's ill health long before her fatal illness—as well as on the day of its onset—of a character bad enough to cause her rejection in every life insurance office—was established beyond a doubt; and hence demanded the scrutinizing attention of all the medical witnesses who were called upon to give their opinions as to the cause of her death.

The evidence of unprofessional witnesses shows that she was seen at breakfast, in the hotel at Carlisle, which was her residence, on the 27th of January, 1869. She was at the Carlisle Bank, at some distance from the hotel, the same morning, between nine and ten o'clock; and then seemed to be "*in the same state of health she always was,*" so far, at least, as was "*noticed*" by the teller of the bank. This is the only testimony as to her state of health produced by the Commonwealth. But it is shown by the defence that, shortly after leaving the bank, she was met on the Episcopal Church square, between ten and eleven o'clock the day before she died, by a waiter who had "*attended to her at the table,*" and had heard her "*complain frequently of giddiness in her head.*" In answer to his question "*how she was,*" she told him "*she felt very dull and bad;*" "*she had been eating beefsteak the evening before, and she was walking, trying to walk it off.*" Between ten and eleven o'clock again she is seen with the doctor, by the chambermaid, in her room; and asks this chambermaid for a spoon, which is handed to the doctor. After the doctor was gone, and "*after eleven o'clock,*" she thinks, the chambermaid is again called, this time to empty Miss Stennecke's bucket; being told that the doctor had given her something "*to throw the heaviness off her chest*" After the bucket was "*emptied, she laid down.*" (p. 5.)

This story of the bucket ends the history of her previous state of health, which constitutes the first part of the inquiry. It must be regarded, also, as the commencement of the illness ending in her death, which occurred about thirty-four hours later.

She was missed at dinner, and was next seen by a lady boarder (Mrs. Parker, p. 4,) who visited her room at two o'clock in the afternoon, and who then found her "completely prostrated," "very languid," and "very drowsy."

Here we have a distinct commencement of the serious symptoms of disorder of her system in the prostration, languor and drowsiness—all easily accounted for by the emetic, and the previous dullness and heaviness in the head and stomach.

The chambermaid (p. 5,) sees her at three o'clock, and finds her lying in bed, but thinks that she does "not seem very ill." Her room is visited a third time by the chambermaid, between seven and eight o'clock in the evening, after an interval of between four and five hours; she finds her "seeming to be very sick and sleepy." "She got up," says the chambermaid, "undressed, and went to bed; she had a wrapper on; I helped her to undress; I helped her to get out of bed; when I wouldn't speak to her she would doze off, sitting on a chair, when I would call her to arouse her; I did not see her then until the next morning at six o'clock; I then saw her in bed; I went to her, shook her, and called her, but she never moved nor answered a word; her breathing was very hard."

Another witness, the proprietor of the hotel, testifies that he knocked at her door, which had an open transom ventilator over it, and called her, between nine and ten o'clock, but could get no answer.

Mrs. Parker, the lady boarder, saw her again, a little after six o'clock, on this second morning. "She was lying insensible, breathing rather heavily. Thought her eyes a very little bit open when she first saw her. Saw her again at noon; her eyes were closed, and there seemed to be a perspiration on her face. She was lying on her left side, in an easy position." *The room seemed to be very close*, but there was no unusual odor. "Her breathing did not amount to a snore, but made quite a noise; it was not regular; it would apparently stop for a while." There were no convulsions and no distortion of the features seen by this witness.

We have other testimony, to a similar effect, some of which shall be submitted presently; but as these two witnesses complete the only, or rather the most precise history given, of the symptoms, these being unchanged to their observation, throughout the day until her death, we stop a moment to examine them.

She was first seen by Mrs. Parker in a languid, prostrate and drowsy condition at two o'clock; but the chambermaid had found her under the influence of an emetic, evidence of which was seen and taken away, soon after eleven o'clock. This more or less prostrating emetic had been taken thus early in the day, after a bad night, as shown by her conversation with the waiter. It was taken when she had but one meal to depend upon for nourishment and renewed strength in the morning, and after a walk in the cold of mid-winter, the walk itself having been taken—partly for business, perhaps—but quite as much, according to her statement to the waiter, to relieve her of a load of something which was weighing down her head and stomach—in other words, her frame. Eleven o'clock, therefore, may be regarded as the date of the commencement of the dangerous illness which had made the progress noted by dinner time at two. No well informed physician can deny that there is, here, enough described to account fully and naturally, without the slightest strain, for the first period of an invasion of apoplexy from indigestion; and that just such symptoms might occur in a person of weakened heart, fatty and softening brain, or degenerated kidneys, or, what is just as likely if not more so, of all three together in Miss Stenneke's case, since these conditions accompany each other.



Another witness (Mrs. Schindel, also a fellow boarder, p. 5,) saw her at the breakfast table on the 27th, and not again until the next morning, after seven o'clock. "She was then unconscious, breathing quite heavily, and so continued during the day, in the same position, breathing harder, of course. Her breathing was long and heavy, not rapid gasping. Frequent intervals of a moment or so in her breathing. Did not observe any convulsions; no distortion of the features or face. Her tongue and mouth were a little twisted on one side, the left side, she was lying on. Her tongue protruded the least bit. There was no contraction or rigidity of the hands and feet. There was no foaming at the mouth, but a little saliva escaped from it during the day. Her eyes were closed from the time I went in, before eight o'clock. I was there most of the day, and found her during the day about the same as she was in the morning."

A fourth unprofessional witness (Mr. Lochman, pp. 5, 6,) was called into her room about seven o'clock on the morning of January 28th, and found her "lying on her left side, insensible. Her respiration was slow and laborious; her muscles seemed to be very much relaxed; the mouth was partially open, some accumulation of saliva, and rather pendant, from its flaccidity, to the left." "Her eyes were closed; I made no examination of them, the lids being closed." This witness states that they looked for bottles and other articles "out of which she might have taken medicine; we found a bottle of sulphuric ether, partly filled, on a table near her bed." If the absence of medicines or phials need have increased suspicion of foul play, the presence on a table near her bed of a bottle partly filled with such a powerful narcotic as sulphuric ether, was at least sufficient to suggest a doubt as to whether that may not have been the poison administered by herself; not, of course, in intentionally poisonous doses, but imprudently and injuriously, as we have often known it to be taken.

Mrs. Parker further testifies (p. 18) that Miss Stennecke "breathed very heavily, amounting to a snore." Mrs. Parker had "seen some one under the influence of morphia, who breathed heavily, amounting to a snore; not such a snore as a person sleeping; it was rather distressing." This witness and Mrs. Schindel (p. 19) assert that "her cheeks remained quiet; there was no flapping or moving of the cheeks."

Mrs. Horn (a witness for the defence, pp. 22, 23,) testifies that she found Miss Stennecke, about seven o'clock in the morning, "in an unconscious state, lying with her mouth open, tongue drawn to one side, breathing heavily, short breaths, not very short, not natural, snores, occasionally very slight stoppage in her breathing; her nose drawn somewhat to the left side; did not examine her eyes; they were closed when I went in; they remained closed all day." This witness "noticed in the afternoon that she was in a profuse perspiration on the right side, and not on the left." She also insists that the left hand was cold and the right was natural, the left side of the face was cold and the right warm, at least during the afternoon, between three o'clock and five, which was the interval in the course of which she repeatedly observed the condition of the arms and hands and the sides of the face. Several other witnesses testify, in common with the four quoted from, to the symptoms already described, as well as to the fact of her death at six o'clock.

The puffing respiration, referred to as "flapping of the cheeks," might have been an indication of some value; but was not, as we all know, a necessary accompaniment of cerebral apoplexy, and hence its absence was significant of nothing but relaxation of the muscles of the lower jaw, and of the consequent open mouth which is described. The difference in temperature and perspiration of the two sides was more important; and so would have been a definite inequality in the muscular power remaining in the two sides



during the earlier part of the second day. This does not appear to have been tested; and, at all events, is left in doubt so far as positive observation among the witnesses is concerned.

The idea of hemiplegia, or palsy of one side; and that of uræmia, or urea blood-poisoning from Bright's disease of the kidneys, although very natural, do not seem to have improved the case for the defence; because the suspicion of each disorder failed for want of evidence sufficiently strong as to its probability, or even possibility, to impress the jury in contradiction to the strange assertions of the self-constituted experts for the Commonwealth. It is by no means certain that there was not some hemiplegia, resulting from a greater amount of disease upon one side of the brain than upon the other, but there is no positive evidence of this; and the failure of the attempt to show it, for want of proper observation before death and at the post mortem inspection, only reacted on the prisoner instead of increasing the doubt, as it ought to have done, as to the actual nature of the case.

Having thus presented all the material testimony of the unskilled witnesses who saw the most of Miss Stennecke during the last thirty-three or thirty-four hours of her life, let us once more review their account of her condition.

She is seen first at breakfast, attracting no attention; then at bank, apparently as well as usual; soon after this "trying to walk off" a load upon her stomach, and feeling "very dull and bad;" next, at eleven o'clock, after taking an emetic to get rid of "the heaviness;" and then at two o'clock, "very much prostrated, languid and drowsy;" afterwards, at three o'clock, when she does "not seem so ill, and is lying down;" lastly on that day, between seven and eight in the evening, she seems "very sick and sleepy," requiring to be undressed and put to bed, dozing off while undisturbed, but waking up when spoken to. This marks a decided, but not necessarily alarming increase, of the somnolence observed at two o'clock. It does not seem to have alarmed the chambermaid; nor does the inability to arouse her two hours later appear to have disturbed the landlord. The doctor, who left her (according to one witness) at twenty minutes past eight, could not have been much impressed with it, or he would certainly have made some demonstration of anxiety, were it only for the sake of appearances.

Ten hours elapse during the night, without any knowledge of her condition, until six o'clock of the next morning; when she is found to be in a profound coma, from which she cannot be aroused. Unless we choose to consider the call and knock of the landlord, between nine and ten o'clock P. M., a sufficient test, it is impossible to determine at what particular hour she fell into this state of stupor. We all know the frequency of these attacks at night; and how comparatively often this uncertainty exists, where the patient has been found either already dead, or several hours nearer to the end than Miss Stennecke proved to be at six o'clock.

The fair presumption is, that the coma discovered at six in the morning had begun its course in the afternoon or evening, and had been gradually overwhelming the patient throughout the night. The premonitory drowsiness, although not essential to a case of natural coma, appears to have existed, as it often does, especially in Bright's disease, and to have escaped particular attention from all observers, including the physician so far as show of apprehension was concerned; and this we have many of us seen in cases where there had been no previous reason for apprehending more drowsiness than weakness and fatigue might readily explain.

Whatever its precise duration, this coma lasted twelve hours longer, without convulsions and without the slightest proof of any special or peculiar phenomenon except those which

are common to all cases of cerebral apoplexy and to very many of moribund prostration. It is remarkable that the only intelligible history of the illness of Miss Stennecke, however superficial and even contradictory, is derived from unprofessional witnesses; although she was within the reach of professional observation during the last twelve hours of her life.

The sole professional witness of the phenomena of her attack was first called to see her at eleven o'clock of the second day, more than six hours before she died. What opportunities he sought to assure himself of her condition, and how he conducted his examination of the symptoms, cannot be gathered from his incoherent and meagre testimony.

It is impossible to convey a just idea of this strange medley of gossip and conjecture and of his confused impressions and unwarranted opinions, without quoting his evidence at length, as given in chief and under cross-examination, with the exception of his opinion (p. 19.) as an expert.

DR. A. J. HERMAN.—(*Affirmed.*)—I am a practicing physician in this place. I have been engaged in the practice since 1839. On the morning, about eleven o'clock, of the day she died on, I received orders to come to Burkholder's to see Miss Stennecke. I went to Burkholder's, and went up to her room; there I met Dr. Schoeppe; he told me he had a case of "half-palsy," and I think he said he wanted to know whether bleeding was called for in her case. She was lying there, inclined to her left side. I was standing at the foot of her bed at the time this talk took place. I wanted to be satisfied, her lying on her left side, knowing she was a mushy woman, whether her face was crooked or not. I then told in English what a half-palsy was, that the face would have to be lopsided to have it. A lady present said she always had a crooked face. I then made no other explanation about the "hemiplegia." I then went up to her bedside; wanted to feel her pulse. I felt both arms, and found no pulsation in either; then drew the eye-lids apart, to see if there was any difference in her eyes. I found them both alike, a contracted state of the pupils. That amounted to about all I did. The doctor told me he had applied warm applications to the feet. I told the doctor then I thought she was past bleeding, and there was no use to do any thing else, that she was past taking remedies. I did not look upon it as hemiplegia at all. I was puzzled to know what was wrong. I had never seen hemiplegia in that condition before. The singular expression was the matter that troubled me. When I opened the eyes it just put me in mind of a chicken hawk that was poisoned with a compound poison. That made me think that she was rather overdosed with medicine of the same kind. This hawk was so much relaxed with taking these drugs that the tongue would fall to either side the head was leaned to, and the contracted pupil. Her physiognomy showed about the same appearance. The drugs administered to the hawk were opium pills and prussic acid—opium pills, or laudanum mixed with bread crumbs; and gave it corrosive sublimate too. The hawk lived two or three days. The symptoms indicated no natural disease. I never saw a form of sickness like it before. I could not tell the cause of her death. It was a singular form of sickness, that I could not account for at all. Morphine is the active principle of opium. Dunglison says that prussic acid has a contractive effect upon the pupil of the eye. Dunglison on poison cases.

*Cross-Examined:*—The singularity of the case was, she laid there in a weak, relaxed condition, as a person feels after taking a prostrating dose of Tartar-emetic. I think I have stated all the particulars I recollect of. I saw the eyes very plainly. They were contracted in the same condition as they would be if poisoned by an overdose of opium or morphia. In many cases of death you often find the one eye dilated, the other contracted. I can't call to my memory at present. In all affections that come from the brain the eye would be dilated. In apoplexy I have invariably found the pupil dilated. I never saw a case in the human subject that I knew to be a case of prussic acid. I don't pretend to say that prussic acid has the same effect on hawks and other animals that it has on the human system. All experiments are made on inferior animals. I don't know that it is laid down in the books that experiments made on fowls are no criterion for the human system. I never saw Mitchell's work on experiments with opium on pigeons. I never saw a hawk poisoned with a simple poison. One poison is frequently used as antidote to another poison in the human system. This is laid down in all the books. Atropia is an antidote to prussic acid. A good many years ago the experiment was made on the hawk: it was be-



tween 1837 and 1842. One drop of the prussic acid, a pinch of corrosive sublimate—a couple of grains, and as much laudanum as would stay in a piece of bread was the mixture; doses of this were given at intervals of three and four hours until the hawk died. If my memory serves me right, atropia is the antidote to prussic acid. I will show the authority for this. Dr. Schoeppe, Mrs. Schindel and Mrs. Parker were in the room when I examined the eye; there was also another lady present. I don't remember any other lady; there may have been another. It was the lady I didn't know the name of who said she always had a crooked face. She spoke this out while I was at the foot of the bed. I passed no opinion. I merely expressed in English what the doctor told me. If I said it was half-palsy they must have misunderstood me as to what I explained to them the doctor told me. I couldn't say what I didn't think. They were sitting in a row back of me. She might have stood back of me, or at my side, which, I didn't notice. I did not reply to Mrs. Horn it is a stroke. I did not say, although it was so put down, that I was satisfied it was produced by narcotics; not at least in that way. All I meant was, it was not any one narcotic. I don't recollect that I said that. She was in *articulo mortis*, and there was no use to apply remedies. I did not think, nor did he, that she would live till we went out and came back again. I have used prussic acid. I would have given her combined antidotes if I had given her anything. I would have given iron, to turn it into Prussian blue. I would have used electricity to stir her up. But she was too old a subject, and too far gone to use anything. Could have used stomach pump, but it would have killed her, she was so far gone; he thought so too; we coincided. He told me he had done all that could be done. I noticed no peculiar odor.

*In chief*:—The eyeball had a kind of conical appearance; more elongated; that was the singular appearance of the eye. After we left the house, the doctor and I, we walked out towards my house. I told him that folks told me before I came to the house that she had too much morphia, and was dying in consequence of it. He told me he had not given her any; if she had any she must have got it somewhere else. It seemed to affect him very much when I told him that. He seemed to be kind of scared, and said if she had taken any morphia it might be found in her. I said I guess not, that I thought it would be all lost in the system before it could be found. Yes, says he, by post mortem examination there have already been found as high as three grains in the brain. He seemed to be scared, and I pitied him really, and said it was given for her benefit. These post mortem examinations, I said, would be left to physicians, and they wouldn't be over anxious to make the examination too soon, and the contents would be left lie around until they would be accidentally lost. That no person who had corns was apt to tread on other fellows' corns. That any accident that way would be overlooked, and I thought it consoled him very much, that it met with his approbation. At the time that he heard they were making a post mortem examination in Baltimore he met me in front of the Court-house; then spoke about this examination, the post mortem; asked me whether I had a work on medical jurisprudence. I told him that I had, but there were a lot of books taken from my office, and I couldn't lay my hands on them at present. I told him Shearer's office was handy; he could get one from him. We went in and got one. I then left Mr. Shearer's office, and he had the book. The doctor said, if they don't find anything in the subject what can they do?

DR. A. J. HERMAN (recalled to finish cross-examination):—I met the folks who told me, I think Mr. Burkholder one, and Mrs. Parker another, and several others, as I passed through the entry. I don't remember who the others were. I didn't tell Schoeppe she had taken morphia. I thought he knew that himself. I thought she had been taking it. If it uttered my lips that she didn't take morphia I didn't mean it. I don't believe I did say from the appearance of her eyes she had not taken morphia. If I did say it, I said it unthinkingly. I was not asked any portion of my conversation with Dr. Schoeppe. I don't think I detailed any of it in my former examination. I understood him medical jurisprudence. I didn't give anything definite. I don't think I could have said that. My feelings towards Dr. Schoeppe have not been at all of a bad kind. I have no feeling against him at all. I have said nothing to any one meaningly against him. If any one said anything against him I may have assented, but not with the intention of injuring him.

*Re-in Chief*:—The appearance of her eye indicated hydrocyanic acid, according to Dun-  
glison. I found the books the gentlemen asked for, and find them just as I stated.

The only available information to be extracted from this remarkable display is found in the following few words: "I felt both arms, and found no pulsation in either; then drew the eyelids apart, to see if there was any difference in her eyes. I found them both alike, a contracted state of the pupils. That amounted to about all I did."

The confession here made of the whole extent of his action in the case, whether as counsel or expert, may be safely taken as the most accurate and pointed statement in his testimony. It fully accounts for the confused and meagre nature of his recollections, as shown by the counter-evidence of others, as well as by his own self-contradictions, which he endeavors to disclaim.

The single examination of the eyes, which seems to have made so striking an impression on his sight as to have recalled to his memory the tortures to which he had subjected a chicken hawk so long ago as "between 1837 and 1842," was not sufficient to satisfy us, even as to the state of the pupils; and yet it appears to have been submitted to as conclusive evidence that the pupils were not only contracted, but contracted alike, throughout the last six hours, if not during the whole of the attack.

Admitting this fact, however uncertain; still we know from experience, as well as authority, that contracted, and equally contracted pupils, although most generally attendant on morphia or opium poisoning, are not invariably so. Dilated pupils are sometimes present, and sometimes dilatation of one pupil and contraction of the other, is the condition observed. And we equally well know that contracted pupils are sometimes met with in morbid coma, with other apopleptic symptoms, and are frequently seen in certain forms of cerebral disease which may end in fatal stupor. They are not sufficiently conclusive signs of opium poisoning to dissipate a single reasonable doubt; and, as the only additional symptom noticed, even on the one occasion, they must not be allowed to establish what is not otherwise proved by any or all of the phenomena observed—that is, either singly or as a whole.

We need not again review the history of the symptoms at the close of the medical testimony of the skilled, as well as the unskilled witnesses; but would merely call attention to the length of time during which Miss Stennecke survived. We are inclined to date the commencement of her attack at least so early as eight o'clock of the 27th of January, when she was left by the chambermaid in a drowsy condition, from which the landlord could not or did not awaken her, when he called her, before ten. Whether this be so or not, there is no question that she was in a hopeless stupor at six o'clock the next morning; and so continued gradually sinking until her decease, at six o'clock P. M. of the second day, the 28th of January.

Fully twelve hours of complete coma are thus demonstrated; and at least eight hours of previous partial coma, during which, as may fairly be presumed, no one had approached her. This would allow too much time for the smallest possible poisonous dose of prussic acid, supposing there were the slightest evidence in the appearances or other circumstances, as testified to, to justify the suspicion of this acid—which there certainly is not. The idea, suggested without knowledge or experience by Dr. Herman, (p. 19,) of the protraction of this time by the modifying influence of morphia, is a violent hypothesis, which the peculiarly depressing effects of both poisons, and the promptly fatal effect of one, will not allow us to entertain, even if the opinions given on the trial as to the signs of prussic acid poisoning were otherwise deserving of our serious notice. In short; as prussic acid is well known to kill its victim within a few minutes, or three or four hours\* at the furthest, and

\* One member of the committee once observed a case of prussic acid poisoning which survived four hours. The longest period on record hitherto is one hour.



was admitted at the trial to be generally fatal in its action in from five to twenty or thirty minutes, the prussic acid charge is out of the question, except under an imaginary and altogether unreasonable view; and as morphia or opium poisoning is equally fatal, in the very large majority of instances, in from six to twelve hours, the fact of opium poisoning is exposed to very reasonable doubt.

No one would pretend to say that morphia or other opiate might not have been given to her by some one, or taken by herself, through the mouth, skin, or rectum. Neither has any one the right to say that the history here detailed, so far as it could be by the only witnesses cognizant of facts, betokens that such poison was either given to or taken by her. There is no substantial reason furnished by the testimony on either side of the trial, for attributing the fatal coma, or other symptoms in the case, to opium, morphia, prussic acid, or to any other poison or poisons, single or combined, rather than to natural and everyday disease. There is no warrant for suspicion, notwithstanding the complete unconsciousness, the peculiar respiration, the relaxed muscles, the laterally fallen jaw, uncertain pulse and skin, and even the contracted pupils. Several of the witnesses were evidently possessed with the idea of narcotic poisoning; but they had nothing but their hearsay recollection of discussions among themselves, and their own inexperienced imaginations to sustain them in it. Nor does the only medical witness to the facts, in his theoretical and practical ignorance of the subject, prove himself much better off than his unskilled neighbors, in his opinions as to prussic acid and the compound poisoning.

The symptoms detailed are well known to be characteristic of various forms of apoplectic cerebral lesion. They may have been due to anæmia, or to ischæmia, no less than to what is called uræmia—to failure of the circulation in the brain through want of strength, or through obstruction, or through both. To embolism, or thrombosis—that is, to the plugging, with clots, of the cerebral arteries or veins, or to diseases of these arteries or veins; and especially to a fatty or atheromatous condition of the heart, or larger arteries, or of both; to impoverished blood and weakened nerve force, and to other causes, often connected with degenerated kidneys, but not necessarily always dependent upon the blood poisoning or other results of this often insidious disease. There is nothing in the case of Miss Stennecke, so far as the medical history is concerned, that cannot be fully accounted for on the supposition of asthenic or anemic cerebral apoplexy; or apoplexy, with or without softening of a portion of the brain, from failure of the arterial circulation with obstruction of the venous circulation, through gastric irritation and cardiac exhaustion—in other words, of nervous apoplexy from indigestion, in an aged and feeble person. There may have been fatty or other disease of the kidneys, accompanying and perhaps causing the general ill health and final catastrophe. There is no definite evidence either for or against these suppositions, and we can only regard the kidney disease and the disorder of the brain and vascular circulation as conditions which might have been detected, but which remain as much in doubt as the symptoms of poisoning, *for want of observation when the opportunity was afforded during life, no less than after death.*

Our opinion, therefore, at this stage of the inquiry in the case of Miss Stennecke is, that the medical evidence of poisoning, so far as the ante mortem history is concerned, amounts to nothing; that the unprofessional testimony (*which only proves a natural stupor*) is the only reliable evidence as to every fact but one; and that the testimony of the one professional witness of her illness is worthless and ought to be condemned by every member of our profession in the country.

The next step in the investigation brings before us the post mortem examination. This was made at Baltimore, on Ash Wednesday, not later than the eleventh day after inter-

ment, and the thirteenth after death. The time of year, January, must have aided more or less in preventing material decomposition; but the transportation by railroad, from Carlisle to Baltimore, over a hundred miles, with two or three changes of conveyance by the way, was likely to increase the difficulty in ascertaining even the proximate character and amount of whatever disorders of the circulation may have existed at the time of death; since the influence of position on the gravitation of the fluids in the body after death, even in cold weather, is well known to be so great as to require great care in its estimation in all instances where the body has been moved.

With this precautionary view, there was nothing to interfere with a thorough, careful, and scientific pathological examination of the whole body, and especially of all the important organs and structures; not in the search for the effects of poison only, but for all such lesions or traces of lesion as might reasonably have been looked for as among the possible causes of an unexpected death in one who was nearly seventy years of age.

Unfortunately, there is scarcely as much, in the results of the hasty and superficial examination actually made to enlighten us, as there is in the evidence of the unskilled witnesses in the first stage of our inquiry. There is, in that portion of the testimony, some positive proof of facts; of definite phenomena, which, however confused and incomplete in general character, affords, nevertheless, a sufficiently clear description of certain signs either of disease or of poisoning. In the reports of the post mortem examination no signs of either disease or poisoning are presented; and nothing of the kind is attempted except a sort of *ex post facto* comparison between the external appearances found, a week after the examination, to be described in the work of Wharton and Stille as characteristic of prussic acid poisoning, and those of the body, as the examiner was able to recall them after that interval of time. In short, there is very little to show but the neglect of an opportunity, highly interesting in itself and of vital importance to the case; a mischievous failure to discharge a duty, which no reasonable man would undertake unless amply qualified himself, and fortified with the assistance and presence of others equally well qualified.

It will be sufficient to point out some of the most striking defects of this examination so far as we can understand them from the printed report.

In the first place, a bad beginning must have been made, if the report be right, in his cutting through the dura mater with the skull, and removing the two together. "The membranes of the brain," he tells us, "were then cut to permit its removal." "The vessels of the pia mater, which cross the brain immediately, were gorged with blood, but were not distended, were not turgid, were flaccid." Here there is a contradiction of terms, which may be due to error in the printed report. "The brain itself was not disturbed in the removal. But the fourth ventricle was torn through, by its softening before the cord was cut which attached it to the spinal column." (p. 9.)

If not misrepresented, he destroys, by cutting through the dura mater, without remark or attention, the means of ascertaining the amount of venous congestion in the sinuses; and, at all events, he acknowledges that there "was a large amount of blood in the cranium; can not say how it came." (Cross-exam., p. 10). This was just the most important question, whether in view of narcotism or apoplexy. He says that this accumulation of blood (which he afterwards informs us was all dark fluid blood, not "ante mortem," and hence "post mortem blood.") "could not have been by hemorrhage, because there was no clot." There could be no stains of blood, in his opinion, without a clot, of which he could not have failed to discover stains, at least, if no other traces; and none of these existed, because he cut the brain to pieces, and was not able to detect any coagulum in the substance or elsewhere, or any effusion of blood, either in or on the brain! This absence of



clot and of other signs of hemorrhage or hyperæmia in the substance of the brain—except in the softened portion which he does not describe—is exactly what might have been expected, and we would have looked for, especially in conjunction with engorgement of the veins. Although he finds softening of the interior of the brain, which he tears in its removal, he omits the examination of this very important portion, mistaking it for the result of decomposition; and forgets to note the condition of the exterior of the brain, which is always the first to soften under the influence of post mortem change. He pays no attention to the arteries of the brain, in which he might have found some clots, perhaps, although with very small amounts of “hæmatin,” notwithstanding its importance, in his view, as a “positive evidence of apoplexy.” The condition of the vessels of the base of the brain might have been conclusive; and yet, in his process of chopping up, these channels of vitality were lost to the examination. The softening might have been increased by the serosity in the ventricles, an evidence of lesion if sufficient for that purpose; but it could not have been produced by chemical decay, when the body was in a state of general preservation expressly stated to be good, and when no change had taken place in many parts, the post mortem decomposition of which is well known to precede that of any portion of the brain. In fact, the interval after death was entirely too short, especially in winter, to explain any decided softening, in the brain or elsewhere.

No description is given of the heart, except that it was “healthy,” the consistence, size, color and the contents of the two sides not being noted except that “the blood in the heart was fluid;” the aim being rather to discover the presence or absence of “calcification or nodes” upon the valves, and the ability or inability to “prevent the water passing through,” when “poured into the aorta from a phial.” The aorta does not appear to have been inspected, notwithstanding this trial of the valves. The only reference to the lungs informs us that “sections of them were thrown into a bucket of water and floated, showing no consolidation.” The liver and spleen were examined by their “external appearance alone.”

No examination was made of the kidneys; and none of the bladder and its contents, of the uterus or of the rectum, or of any other part or parts, with the single exception of the stomach or a portion of the small intestine, “he is not positive which.” The contents of the abdomen were “examined by inspection,” “before any incisions were made into its viscera.” Although “distended with air, and rather pale, they appeared healthy on sight.” The stomach was “removed by two ligatures, first passed around its two openings and secured.” “It was placed in a bucket brought by Prof. Aiken.” “The liver appeared healthy—not enlarged or unnaturally small.” “The spleen was examined in the same way, with the same result.” These so called examinations were simply external “inspections;” no idea of color, consistence or other characteristics being thought of. Two sections of the small intestine, one of the ileum eighteen inches in length, and the other also of the ileum nearer the colon, were tied and removed like the stomach, and put into jars for chemical analysis; nothing having been seen of the interior of the canal except in the casual look at one or the other portions, which was “laid open upon a clean plate.”

This closes the account of the post mortem inspection; of which we have presented enough to show its insufficiency to prove anything but the incompetence of the examiner and the unfairness of the examination. There was but one other professional witness present, except the analyzing chemist under whose direction the investigation was undertaken. No representative of Dr. Schoeppe, or any third party, was present at the operation, except the professional assistant who seems to have been there to identify the body as that of a relation; and no written record of appearances noted appears to have been made. The professional assistant testifies to the softening of the brain, but cannot

say what part was softened! He was looking for "hemorrhages of the spine." He coincides with his principal in asserting that the "whole brain was examined" and that he "found no pathological lesions of any kind." He professes to have made "a cursory examination of the kidneys, but not a thorough one."

The failure to make a close inspection of the kidneys on the spot, and a subsequent examination of their structure with the microscope, as might doubtless have been done and ought to have been attempted, has been justly reprehended, as an omission that was fatal to the evidence, because it leaves us in the dark as to points which might have settled the question. This objection was made by the defence, with ample force, and should have had conclusive weight, as there was no answer worthy of notice to contradict it. There was nothing more likely than that Miss Stennecke had been suffering from Bright's disease in a more or less advanced condition; and hence had been—through fatty degeneration of those organs, and, incidentally, of the heart, liver and brain, weakening all her vital functions, impoverishing her blood and enfeebling her digestion—predisposed to the sudden illness, or at least the death, of which she died. There is certainly nothing uncommon or unnatural in such a termination of her life, especially at her age. Whatever really was the cause of her decease, it might have been much more sudden without justifying any reasonable suspicion of violence or poison, *unless under the very strongest corroborative circumstances*. As already intimated, a microscopical investigation of the structure of the heart, liver and brain, as well as of the kidneys, might have been practicable, and ought to have been attempted. A careful study of the softened tissues of the brain, both as to extent and structure, and of the arteries leading into and towards them, might have thrown great light upon the immediate cause of death. All the symptoms, including the contracted pupil, might have been conclusively explained, without resort to the old-fashioned "hemorrhages," coagula, congestions and blood deposits, or even to uræmic odors or effusions, referred to by the prosecution.

We have said enough to justify our view of the extremely indefinite and inadequate character of this hastily performed inspection of Miss Stennecke's remains; and now proceed to notice very briefly the last stage of the investigation, as exhibited in the testimony of the chemical expert for the Commonwealth.

The manner in which the chemical examination was conducted, and the negative results produced, through defective analysis in the search for prussic acid, have been already widely discussed and criticised. The fatal error of this examination was so clearly and ably exposed in the learned and skilful testimony of Professors Wormley and Himes, that it is needless to dwell upon it here.

It is enough to say that, owing to the forcible exposure of the fallacy, in the employment of sulphuric acid upon the tissues of the stomach, by which traces of hydrocyanic or prussic acid might have been developed in the saliva, the jury was directed by the Judge to "lay the question of death from prussic acid aside, so far as it is affected by the testimony of Professor Aiken and his chemical analysis."

Another illustration of the serious error, which seems to have been dangerously common among the witnesses for the prosecution, was the reckless manner in which this witness hazarded the notion that, although he had been unable to detect anything but a trace of prussic acid, and that only with his sulphuric acid, the presence of this "trace" "made it perfectly certain" to his "mind, as a matter of opinion, that a much larger quantity must have been present in that stomach ten or twelve days before!" We have here a striking instance of the mania for detection, so well described by Casper, in his great work on medical jurisprudence. It is a horrible species of sensationalism, against which



that great authority was taught by his experience, to warn his readers with an earnestness which this illustration of its evils will enable us to understand in full force.

After the failure in the proof of prussic acid poison, it is unnecessary to consider the remainder of the testimony, in which Professor Aiken states that he looked for all the mineral and vegetable poisons, and was unable to find them. He does not say how and by what processes he made the search. He "more particularly looked for morphia and strychnia," but did not succeed in discovering "any vegetable alkaloids or mineral poisons."

Here was a much more promising field; one in which, if any poisoning had taken place, morphia was the poison to be found; but his results were in the negative. He could discover no traces in a body only thirteen days after death, and in excellent preservation.

What remains, then, for the prosecution in the only solid medical foundation for their charge of poisoning, when no medical evidence, negative or positive, of that poisoning has been produced which is worthy of the name? None has been offered, either in the description of the symptoms before death, or in the results of the pathological examination of the body, or in those of the chemical examination of the body, after death.

We do not consider ourselves obliged to recognize the fictitious case propounded as "a hypothetical case" to several so-called medical experts. Nor are we inclined to consider the opinions professed to be given by these witnesses upon the hypothetical case. Such exhibitions are necessarily fallacious, and hence unfair and dangerous. They partake too much of an *ex parte* aspect, if not of the character of a foregone conclusion, to be worthy of a Court of Justice; above all, in a case of life and death, and where the benefit of the doubt must ever be on the side of the accused.

A very slight examination of the testimony of at least one of these special witnesses will show that he is quite as much influenced by testimony of Dr. Herman and by impressions derived from the evidence of other witnesses for the prosecution, as by the picture drawn by the constructors of the fancy sketch propounded.

In conclusion, your Committee would beg leave to say that a careful study of all the testimony for the Commonwealth in the case of Dr. Schoeppe, with a like study of the medical testimony for the defence, has satisfied us as to the sufficiency of the latter for its purpose. We are equally convinced of the incompetence of the former to prove anything whatever, except the death of Miss Stennecke after an illness of about twenty-three or four hours duration; in which illness, the only prominent and unquestionable symptom was a coma, which was much more likely to be the result of disease than the result of poison.

Much has already been said in regard to possibilities and probabilities of different forms of analogous disease, with which Miss Stennecke may have been affected; and we might still indulge in conjectures, and expend more time and labor in similar speculations; but they would answer no good practical purpose in their application to her case, for the plain and insurmountable reason that the premises are not sufficient to justify a positive diagnosis.

Having no substantial evidence for a scientific basis, we have absolutely nothing in the shape of genuine facts on which to rest an investigation, or through which to reach a definite conclusion. The utmost that we can affirm upon the evidence presented is, that there is much reason to believe she died a natural death from apoplexy, and very little reason to believe that she died of any kind of poison.

EDWARD HARTSHORNE, Chairman.

Committee. {  
ISAAC RAY,  
ROBERT BRIDGES,  
JOHN J. REESE,  
S. LITTELL.