

Arsenic, Familicide, and Female Physiology in Nineteenth-Century America

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Sarah Jane Whiteling was accused of fatally poisoning her husband and two children in Philadelphia in 1888. The case prompted public outrage over the appearance that Ms. Whiteling's motive was to collect life insurance. It was evident, however, that she was disturbed, raising a question of culpability. Dr. Alice Bennett, the first female physician in charge of an asylum, provided the defense with expert testimony on the defendant's mental state. Dr. Bennett, who had little forensic but much clinical experience, proposed a physiological theory of insanity among women with reproduction-related derangements. At that time, cultural ideas about "female poisoners" colored popular and journalistic perceptions of Ms. Whiteling. Familicide was considered unconscionable because a mother's duty was to nurture and protect her family. When Ms. Whiteling was convicted and sentenced to death, Dr. Bennett undertook a campaign for commutation. Her unsuccessful efforts to reduce culpability were followed by Ms. Whiteling's hanging in 1889, the first execution of a woman in Philadelphia since colonial times. This article recounts the Whiteling case, Dr. Bennett's involvement in it, and how it relates to what is known about familicide. It is argued here that Dr. Bennett was a pioneer in applying medical expert testimony to effect individualized mitigation.

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It was an unconscionable crime, the press said: killing a husband and two children, for a few hundred dollars in life insurance money.¹ The killings were spaced over months, with the perpetrator first claiming her husband poisoned himself, followed by the children's bad luck with intestinal problems. In reality, 40-year-old Sarah Jane Whiteling had purchased Rough on Rats (Fig. 1), a household arsenic-based pesticide. She then fed it to her unsuspecting family one by one, starting with her husband John. Was it cold-blooded murder or a product of insanity?

A Suspicious Doctor

Ms. Whiteling reported 38-year-old John's death as a suicide on March 20, 1888. The family doctor, George Smith, called the cause of death "inflamma-

tion of the bowels." Nine-year-old Bertha (Birdie), Ms. Whiteling's daughter from a prior marriage, died on April 25, 1888, the cause initially listed as "gastric fever." The baby, Willie, was Sarah's and John's, age two when he was poisoned on May 26, 1888. No one noticed the monthly pattern at first.

After Willie's death, Dr. Smith considered all the incidents suspicious. He spoke with Coroner Ashbridge, later reporting, "For some reason or other [the Coroner] thought it best to have [Willie's] body buried and then exhume the whole three."² Already considering Ms. Whiteling a criminal, he recalled:

The night the bodies were exhumed, Mrs. Whiteling came to me and asked me if I knew anything about the bodies. I gave her no satisfaction and she said she would go to the Coroner's the next day. She is a very level-headed woman, and as her husband always seemed to work I thought they lived happily together [Ref. 2, p 2].

The Investigation

Believing the victims poisoned, the Coroner tested their remains for chemicals. Dr. Formad, who performed the autopsies, and Prof. Leffmann, a chemist

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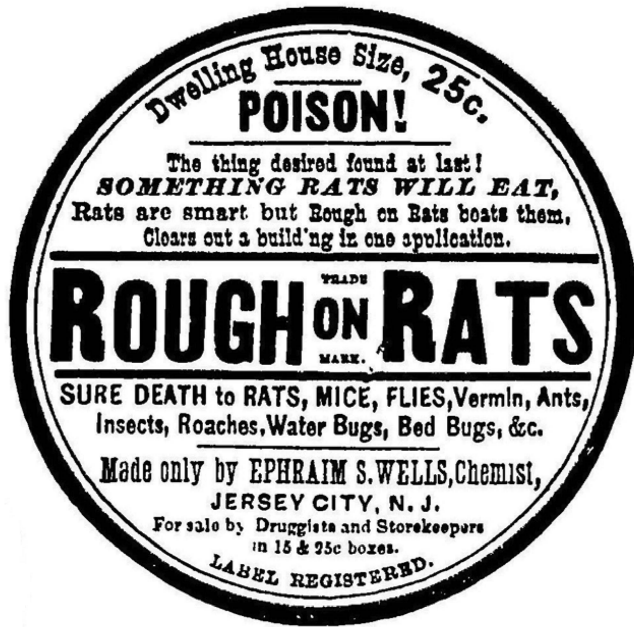


Figure 1. Label for the insecticide used in the Whiteling familicide, circa 1882. Available at: <https://www.loc.gov/resource/sm1882.06076.0?q=rough+on+rats&sp=4>. Accessed May 30, 2019

who conducted forensic studies, found arsenic in all three victims.¹ Meanwhile, Detective Geyer spoke with Ms. Whiteling's neighbors and family members. The drugstore clerk said she had bought Rough on Rats around the time John was ill. Her neighbor, Elizabeth Gilbert, testified at the Coroner's inquest on June 15, 1888, that Ms. Whiteling asked her to come to the house and to send Ms. Gilbert's son for the doctor.³ Later, Ms. Whiteling unaccountably gave her a box of Rough on Rats. The *Philadelphia Inquirer* reported Ms. Gilbert's observations:

Mr. Whiteling was in great pain and vomited frequently. [Mrs. Gilbert] suggested to put hot plates on his stomach, and it seemed to relieve him. Then the pains came in his back and [Mrs. Gilbert] rubbed his back and put hot irons on it. He said, "Oh, that feels so good!" These were his last words. He turned over on his stomach and while he was in that position Mrs. Whiteling went down stairs. [Mrs. Gilbert] saw that the man was dying, and she called to Mrs. Whiteling that her husband was dying. Mrs. Whiteling said, "Oh, I can't look at him die." Ten minutes afterward Mr. Whiteling was dead. His wife stayed out of the room at the time [Ref. 3, p 2].

Arsenic and Its Employers

Female perpetrators have been associated with poisoning as a preferred method. Reviewing the history of this phenomenon in 1899, Bombaugh⁴ (quoting Dr. Witthaus, a toxicologist), wrote: "Among the Greeks

[according to Antiphon], women appear to have been most addicted to criminal poisoning in the Grecian period, *as they are at the present time*" (Ref. 4, p 148, italics in original). From the time of its discovery in the late 13th century through the Renaissance, arsenic was "the king of poisons."⁵

Elemental arsenic ($_{33}\text{As}$), an infamous poison, occurs naturally as arsenic trioxide (As_2O_3) and has been used in homicides since antiquity.⁵ In 1825, Beck⁶ noted the dangers of extraction, with miners' lives being shortened: "This employment is a dangerous, and in a short time, fatal one; and, accordingly, convicts, whose punishment would otherwise be death, are condemned to it" (Ref. 6, p 382). Victims do not detect it because it resembles sugar and may leave a sweet taste. Death is swift and painful, marked by weakness and gastrointestinal distress.

The most famous alleged arsenic murders are those attributed to the Borgia family in 15th- and 16th-century Italy.⁷ The Borgias, originally Spanish, were more accustomed to murder by strangulation, whereas the Italian fashion was to employ arsenic (*cantarella*).⁸ Lucrezia (Lucretia) Borgia, daughter of Pope Alexander VI, has been regarded as the family's political assassin, though a recent biography does not support it.⁸ Despite Bombaugh's complaint that "modern iconoclasts . . . are bent on reversing history" (Ref. 4, p 149), Lucrezia Borgia is unlikely to have carried out serial homicides. Her name, nevertheless, became synonymous with treachery in the service of power consolidation. Women have thus been stigmatized by the characterization of female poisoner, before and after the Borgias.⁴ This trope was prominent in Donizetti's opera "Lucrezia Borgia" (1833), and it made an appearance in a farcical stage play (1939) and movie (1944), *Arsenic and Old Lace*, in which two ladies use poisoned elderberry wine to kill lonely men. A more recent example includes Showtime's "The Borgias" (2011–13), in which Lucrezia is described as "poisonously seductive."

There were several high-profile poisoning homicides by women in America before 1888. A Massachusetts trial spared a woman's life, and an Ohio case resulted in civil commitment.⁴ Arsenic, as a method of homicide, did not persist much beyond Ms. Whiteling's time because forensic chemical analysis had been perfected by 1836, easing the prosecution's burden.⁵ Medicinal uses of arsenic made appearances

in the 20th century, for example, Paul Erlich's Salvarsan treatment of syphilis, Fowler's solution for psoriasis, and wartime use as a chelating agent, dimercaprol.⁵

A Sensational Case

Vilified by the community and the press, Ms. Whiteling was called a "female fiend," "reformed harlot," "unnatural mother," "the modern Borgia," and "a Lucretia Borgia."^{2,9,10} Shipman,¹¹ retelling the Whiteling matter, noted the horror with which the press, even the *New York Times*, had regarded the news of the suspect's revelations. For example, the opening of the *Times*' front-page story on June 13, 1888 stated: "The woman's crimes, which will rank in conception and execution with the most diabolical murders on record, appear to have been committed for the pitiful sums of money for which the victims' lives were insured" (Ref. 12, p 14). The *Philadelphia Inquirer*, by publishing Ms. Whiteling's confession to the Coroner, diminished the possibility of her receiving a fair trial.^{1,11} Calling her a "murderess" five months before she would have her trial, the *Inquirer* labeled her statement "a full and absolute confession," quashing room for reasonable doubt.²

Cracking Under Pressure

On the morning of the inquest, Ms. Whiteling was "closeted" by Coroner Ashbridge and Detective Geyer. The "long and earnest talk" resulted, as the *Inquirer* put it, "in the second confession, which in its horrible details was fully as revolting as the first" (Ref. 3, p 2). Ms. Whiteling, who had told the undertaker, Mr. Kerr, that the children might have been poisoned by candy, was more forthcoming with Ashbridge and Geyer. The Coroner told her, "If you expect forgiveness, you must confess your sins. It will not avail you anything to confess part and hide something else" (Ref. 3, p 2). Grabbing Ashbridge's arm, the sobbing suspect exclaimed, "I want the prayers of you all, for God knows I need them. Get everybody to pray for me, and get me forgiven and then I don't care what you do with me. You can take me away" (Ref. 3, p 2). She hinted at the dynamic of her children's murders before breaking down and ending the confession: "We were very poor, so poor that we owed everybody—the grocer and everybody else. The insurance money I got on my husband only did a little while and then I thought what was placed on

Bertha's life . . ." (Ref. 3, p 2). Her statement was used against her in the criminal prosecution.

Eggnog and Agony

Although she had reported John's death as suicide, Ms. Whiteling, under interrogation, revealed her thought process.^{2,13} She had gone to the druggist for something to kill roaches. The druggist sold her a box of Rough on Rats, cautioning her that the substance could also kill a person. She recalled:

On the way home with this, I thought over what the man had said about it killing people. That was the first I thought, for the devil must have put it in my head for me to give it to my husband. I was tempted by the devil. I mixed for him a glass of egg nogg [sic] and put it in that [Ref. 3, p 2].

The Coroner's jury made this pronouncement on June 15, 1888: "The jury finds that John, Bertha, and Willie Whiteling came to their deaths from arsenical poisoning, administered by Sarah Jane Whiteling" (Ref. 1, p 3). Ms. Whiteling was held in Moyamensing Prison, from which she was transported to the Coroner's office for interrogation. There was no mention that she was represented by counsel, but it was reported that she cried a little before telling her story to the Coroner.¹

Dr. Bennett and the Criminal Proceedings

Alice Bennett, MD, PhD (Fig. 2) was appointed Resident Physician of the women's division of the State Hospital for the Insane, at Norristown, Pennsylvania, in 1880. The appointment was at the suggestion of Dr. Hiram Corson, an influential physician from the Norristown area who campaigned that female patients should have female doctors.¹⁴ Having planned a career as an anatomy teacher, Dr. Bennett learned psychiatry on the job, making a name for herself not only as the first woman in such a position but also as a devotee of using no mechanical restraint on her patients.¹⁵ In 1883, she delivered an impassioned argument against restraint to the Medico-Legal Society of New York, of which she was a member.¹⁵

Prior to the Whiteling case, Dr. Bennett was involved in at least two others as an expert witness, both *habeas corpus* cases (i.e., patients requesting release from hospitals), in 1883¹⁶ and 1885.¹⁷ Having been called "a woman of firsts" (Ref. 18, p 616), it is likely that Dr. Bennett was the first female psychiatric expert witness in a U.S. murder trial. By the time of the



Figure 2. Dr. Alice Bennett (1851–1925), date unknown, courtesy of her family in Wrentham, Massachusetts, 2014.

Whiteling case, she had examined women found insane for violent behavior and committed to her hospital for treatment. They included a teenage au-pair who attacked her mistress and the mistress's baby, and another was an infanticide perpetrator.¹⁹ Among her publications, she studied ophthalmological findings of insane patients, suggesting vascular inflammation (published in an early issue of the *Journal of Nervous and Mental Disease*),²⁰ the relation of heart disease to insanity,²¹ and insanity as a symptom of kidney disease (published in the journal *Alienist and Neurologist*).²²

The Trial

The trial in late 1888 included several days of testimony. Although Philadelphia courts had begun transcribing trials, the record of this one was not found in the City Archives. The *Philadelphia Inquirer* provided summaries of key witnesses.²³ Ms. Whiteling was defended by attorneys George W. Arundel and Henry D. Paxson. The prosecution, in addition to presenting both the defendant's confes-

sion and witnesses to whom she had admitted the killings, called a clairvoyant, Mrs. Walz. As the *Inquirer* reported, Mrs. Walz "said that the prisoner came to see her after the death of the children, and wanted to see if she would get her out of her trouble . . . Mrs. Walz told her that she couldn't see clearly into the future, but things looked dark for the prisoner" (Ref. 23, p 3).

Things looked dark indeed for Ms. Whiteling by the end of the prosecution's case. As the *Inquirer* described her, "Mrs. Whiteling . . . alternately gnawed her finger nails and wiped her inflamed eyes" (Ref. 23, p 3). That Ms. Whiteling committed familicide was not in dispute, but her sanity was. Mr. Paxson explained to the jurors, "If the faculty of distinguishing right from wrong is wanting, she ought not, should not, and cannot be held as a moral agent" (Ref. 23, p 3). The defense called Dr. L.J. Lautenbach,²⁰ who testified that the defendant had retinal congestion, consistent with cases of insanity he had studied. Dr. Alice Bennett, who had examined Ms. Whiteling three times, testified next. Her findings included "low mental organization . . . physically diseased (heart disease associated with insanity) . . . [and] undoubtedly insane" based on the defendant's functional derangement (Ref. 23, p 3). Rebuttal came from Dr. Charles K. Mills, who agreed that Ms. Whiteling was of weak mind but said she was not insane during the crimes.²³ Other prosecution psychiatrists included Drs. John Chapin, Edward Brush, and Thomas Morton.

Outgunned, the defense had little chance. Judge Allison charged the jury, in part, as follows: "[T]o acquit . . . on the ground of insanity, . . . the defendant's reason must be so dethroned or her mind clouded to such an extent as to prevent her from distinguishing between right and wrong, or . . . her mind was so deranged as to compel her irresistibly to take the life . . ." (Ref. 24, p 8).

The defendant was convicted after two hours of jury deliberation. The *Inquirer* pointed out that, if sentenced to hang, Ms. Whiteling would be the first woman to face the gallows in Philadelphia.²⁴ This claim was refuted by Shipman,¹¹ who discovered the execution of a woman in Philadelphia in 1737. In the 20 years before the Whiteling case, two other women had been convicted of first-degree murder. One was never executed, and the other's sentence was commuted.²⁴ Pennsylvania had abandoned public hangings in 1834.²⁵ Ms.

Whiteling remained incarcerated in Philadelphia, pending further developments.

Postconviction Developments

Dr. Bennett Behind the Scenes

Dr. Bennett continued to advocate for pardon or commutation as Ms. Whiteling awaited her fate. Governor Beaver signed the death warrant on January 11, 1889, fixing the execution date as March 27.²⁶ The Board of Pardons had not acted by that time, however, and the date was pushed back.²⁷ Told of this by her attorney, Mr. Paxson, Ms. Whiteling replied, “Let me die. Don’t spend any more money, nor waste any more time on my behalf. Let the matter rest where it is” (Ref. 28, p 3). Both attorneys tried to recruit public sentiment via publications of the Pennsylvania Prison Society and the Pennsylvania Peace Society.²⁹ Dr. Bennett’s opinions were incorporated.

Dr. Bennett, believing the execution to be two weeks away, delivered a paper to the Medico-Legal Society of New York on March 13, 1889, which was published in their journal, of which she was an associate editor.¹⁹ The paper concerned the Whiteling case, which illustrated “periodic insanity,” where Dr. Bennett argued that the killer was a victim of menstrual or menopausal symptoms. The article was followed by a copy of a letter Dr. Bennett had sent to the Pennsylvania Board of Pardons, in which she laid out her medical argument for commutation of sentence.³⁰ Dr. Bennett, at the time of addressing the Medico-Legal Society, was still hopeful of commutation, based on recent precedents. Reactions to her presentation, discussed below, were mostly positive,³¹ especially by the Society’s President Clark Bell, who wrote an impassioned editorial.³² Dr. Bennett’s activism as a psychiatrist in a forensic case had precedent in one of Isaac Ray’s cases,³³ also in Philadelphia, in 1867. Having discovered that a convicted murderer, George Winnemore, likely had undiagnosed epilepsy, Dr. Ray and other psychiatrists petitioned Governor Geary to delay the execution pending a complete assessment, but the governor declined.³³ Dr. Ray was infuriated that Mr. Winnemore was denied a basic right to present evidence that might spare his life.³³ So, too, did Dr. Bennett remonstrate in 1889.

Dr. Bennett’s Arguments

Like Dr. Ray’s arguments two decades earlier, Dr. Bennett relied on clinical observations to assert that

physical conditions (in this case, a woman’s special vulnerability during menses or menopause) could be associated with mental derangements.¹⁹ If the derangements were not excusing, they should at least have a mitigating influence on the harshness of punishment. It is not that women are inherently weak, but that nature places physiological burdens on them during critical periods of life, she told the group gathered in New York in 1889. In Dr. Bennett’s practice, she had seen cases of insanity associated with reproductive functioning. She characterized nascent scientific explorations of the subject, suggesting forensic applications:

Physiologists have measured and demonstrated an “increase of vascular tension” throughout the whole system, in addition to special localized changes attending this function, but there are effects which cannot be measured—scarcely described—a condition of unstable equilibrium, a weakened resistance to external forces, and a *potential liability* to explosive nervous phenomena, not sufficiently emphasized in any of the works I have met with on the nervous diseases of women, and almost wholly unrecognized in medical jurisprudence, in either practice or theory (Ref. 19, pp 438–9, italics in original).

Dr. Bennett was quick to add that menstrual periods must not be construed as episodes of temporary insanity: “[F]ar from it, but I do maintain it is a period no woman dare ignore” (Ref. 19, p 439). Risk factors for the expression of nervous disturbances in vulnerable women included:

A weakened resistance of the brain centers which may be either natural, the result of disease, or the result of defective training; valvular disease of the heart; local diseases of the generative organs and appendages, acting reflexly [sic]; any disease or conditions depressing the system generally; [and] all the external sources of irritation and nerve exhaustion incident to daily life (Ref. 19, pp 439–41).

Women’s behavioral aberrations during menstruation often go undetected because they are frequent and interpreted in the context of family life, Dr. Bennett observed. When the changes are great, however, physiological dynamics tend to be ignored and female perpetrators are demonized:

If there be a nerve explosion in the form of some act of violence, the woman at once becomes a criminal, and it is a matter of record that the most unnatural and monstrous deeds have been done by women at such a time, deeds the very unnaturalness of which should plead for the doer, but which on the contrary only serve to intensify the popular clamor for the blood of the unfortunate, so-called criminal (Ref. 19, p 442).

Dr. Bennett applied these premises to Ms. Whiteling, who had experienced adverse childhood experiences, poverty, petty criminality, and menstrual symp-

toms (i.e., pain, dizziness, and disability). When her husband became sick in February 1888, she had no help with him and the children over four weeks: “In her own words, she was ‘nearly wild’ with the strain upon her. At this time her menstrual period was due and did not appear, and her mental strain was aggravated by the fear that she was pregnant” (Ref. 19, p 443). In this context, when she was making eggnog for John on March 20, “something seemed to say to her: ‘go to the closet and get some of that [Rough on Rats] powder’” (Ref. 19, p 444). John died the same day. The next month, when nine-year-old Bertha was accused of stealing from her teacher, Ms. Whiteling dosed her, thinking “[I]t would make Bertha a better girl if she could give her something to make her weak and sick” (Ref. 19, p 444). In May, she poisoned Willie, reserving the last dose for herself, as “she wanted the whole family together under the ground” (Ref. 19, p 445).

When the causes and manner of the deaths were discovered, Ms. Whiteling was jailed. Dr. Bennett examined her three times and was struck not only by the weakness of the suspect’s judgment, but by the timing of the homicides in March, April, and May, when her menses failed to appear. Physical findings included uterine flexion, retinal congestion, and a heart murmur, all associated with insanity, in the doctor’s experience. Taking the other stressors into account, Dr. Bennett reasoned, “[W]e cannot fail to see that a combination of circumstances favorable to the production of insanity was present” (Ref. 19, p 447).

Dr. Bennett suggested a possibility of bias against Ms. Whiteling. There had been “a wave of indignation against the common practice of insuring the lives of young children [that] was sweeping over the community” (Ref. 19, p 448), but Dr. Bennett believed the killings were born of insanity, not greed. Moreover, the lay and expert testimony proffered by the prosecution unduly persuaded the jurors that no insanity had been present. Dr. Bennett disclaimed her own bias: “I would have no woman excused from the consequences of her acts merely because she is a woman. I would not have even insane women always pardoned for their offenses” unless they were truly delusional (Ref. 19, p 455). Concluding her argument, Dr. Bennett suggested that society give disturbed persons the benefit of the doubt, not sentence them to death, and not equate an insanity verdict with immediate release; instead, such persons can recover, and contrary to the practice in Massachu-

setts of lifetime commitment, “[s]uch a practical denial of the possibility of recovery from disease of the brain is both cowardly and unscientific” (Ref. 19, p 456).

Defense counsel presented arguments to the Board of Pardons on February 20, 1889, including Dr. Bennett’s findings. Mr. Arundel suggested that execution would be “judicial murder.”³⁴ The pleadings were to no avail, and the press mercilessly continued to cover the case. Ms. Whiteling was portrayed as wanting to die, even after Governor Beaver granted her several more weeks to live. Friends of the murderess urged the formation of a commission of experts to judge Ms. Whiteling’s sanity,³⁵ and Dr. Bennett suggested that executing an insane woman would be an act of murder.³⁶ The *Inquirer* reported every detail of Ms. Whiteling’s demeanor, attitude, and meeting with counsel.³⁷ The execution took place on June 25, 1889. Ms. Whiteling was buried next to her family.¹¹

Discussion

Familicide in Perspective

Parental killing of children has been treated diversely among cultures, legal systems, and time frames.³⁸ Though little is known about the incidence of maternal filicide in 19th-century America, it has increased since the Whiteling case, especially with victims less than one year old.³⁹ Malmquist⁴⁰ used the term familicide in this journal in 1980, and Dietz⁴¹ described “family annihilators” in 1986. Usually, family annihilation is carried out in a single act of mass violence, by a male, and with clear motives, sometimes followed by suicide.⁴² In his recent review, Martinez⁴² described the permutations of familicide, reserving annihilation for the killing of all family members including the perpetrator by suicide. Recent data on murder-suicide describe a modal pattern of a male killer using a firearm in the home.⁴² In the Ohio sample of 30 filicide-suicide cases, studied by Hatters Friedman and colleagues,⁴³ the 11 men who attempted to kill the whole family had depression, paranoia, or alcohol use. Their cases were in accord with the psychopathology found in other samples, especially regarding depression. Fascination with familicide is evident in popular media. An atypical pattern, i.e., poisoning of a family at the dinner table, was portrayed in a 2019 television series, *Prodigal Son* (episode entitled “Annihilator”).⁴⁴ As it

turned out, the perpetrator was a secret son of the murdered father, who then attempted suicide.

The Whiteling family murders are atypical familicides, in the sense that the perpetrator was female, suicide was contemplated but not attempted, and the individual killings took place over several weeks. The serial poisonings were not likely carried out for money because the insurance proceeds were paltry. Ms. Whiteling said she had planned to take her life, to join her family in heaven. Instead, she eventually came to terms with what some viewed as judicial homicide, so that she could rest with her family. Dynamically, as Dr. Bennett explained, the murderer was overwhelmed, in keeping with Malmquist's observation that such persons "feel trapped in situations which they initially handled by active devices" (Ref. 40, p 302). All told, the Whiteling familicide is a variant of family annihilation, with the finale being the execution of the perpetrator.

In 1889, professionals and citizens alike struggled to understand Ms. Whiteling. In his editorial for the Medico-Legal Society, attorney Clark Bell took the folk-psychological position that the defendant must have been insane:

There never was a woman born into this world who, in a normal mental state, could or would kill her offspring, for such a reason as is here falsely and brutally asserted, because this death, a reproach upon the civilization of Philadelphia, seemed even from this low standard to demand an excuse before the world; a man might possibly, a mother never. Sex does modify sometimes. Unexplained, the act itself indicated insanity, even in a father (Ref. 32, p 288).

Dr. Bennett took a less dramatic tack, based on available clinical evidence and contemporary science. Given evidence of irrational thinking and hallucinations, as well as physical findings that included a heart murmur, misaligned uterus, and congested retinal blood vessels, she concluded that there was a strong association with psychosis (i.e., insanity) that she had seen in other women. Her sincerity conferred credibility on her opinion, irrespective of how her views would have fared in a later era. Even so, her conclusions were not unanimously endorsed by the members of the Medico-Legal Society.

Dr. Bennett's Paper Debated

At the meeting of the Medico-Legal Society of New York, where Dr. Bennett discussed the Whiteling case, there were a variety of opinions about the defendant's culpability, the evidence for insanity, and the moral question of whether women should be

treated differently under the law.³¹ The group considered several letters to Mr. Bell by members in absentia. Dr. William Whitney Godding wrote:

[I]t is a fact well known to every one familiar with insanity that sexual disorder is a frequent cause of insanity in women, and that the type of insanity depending on disordered menstruation is emotional, often suicidal, sometimes homicidal. If, as Dr. Bennett intimates, hallucinations of hearing are present in Mrs. Whiteling, there can be no question of her insanity (Ref. 31, pp 490–91).

Dr. Peter Bryce of the Alabama Insane Hospital (after whom Bryce Hospital of *Wyatt v. Stickney* notoriety would be named) declined to diagnose Ms. Whiteling from afar but suggested, from what he had read, that there was reasonable doubt of her sanity, adding, "I trust that your efforts in behalf of Mrs. Whiteling . . . will prove successful and that we shall hear no more in this humane and enlightened age of the barbarous and disgraceful practice of condemning the insane to death" (Ref. 31, p 492). Dr. C.A. Rice of the East Mississippi Insane Asylum said of the offense, "Certainly no sane person would do this" (Ref. 31, p 492), suggesting that the Board of Pardons commission experts reevaluate Ms. Whiteling before submitting such a person to execution.

There was also commentary during Dr. Bennett's session. Dr. Lucy M. Hall, having been a physician in a women's prison, said she did not find menstruation as a cause of insanity, although the majority were menstruating at the time of their offenses.³¹ Dr. Hall, alluding to a slippery-slope problem, nearly accused Dr. Bennett of intellectual dishonesty:

I must say that I do not admire the tendency of scientific people, who are invariably finding scientific reasons, such as heredity, inebriety, and the subject under discussion, for all sorts of disorderly conduct, and we are in danger of arriving at a state where we will hold no one responsible for his misdeeds (Ref. 31, p 497).

Dr. Matthew Field, who was involved in another Rough on Rats filicide case,⁴⁵ took a harder line:

I do not think that because Mrs. Whiteling was a woman and menstruated that this should be construed as an excuse for the crime [I]t appears from the paper of Dr. Bennett that sexual causes played only a small part in the causation of this crime I do not believe that I have met more cases of periodic insanity among women than men (Ref. 31, pp 497–99).

Dr. Elizabeth N. Bradley, likewise did not appreciate Dr. Bennett's position:

I do not think that there should be a separate law for women and one for men, and I do believe that if a person commits murder, they should suffer by the law of the country in which the murder was committed (Ref. 31, p 500).

Mrs. M. Louise Thomas, who led the Medico-Legal Society to form a committee to address the Pennsylvania Board of Pardons, reframed Dr. Bennett's arguments in their intended light:

[A]ll [women] are not alike weak nor all strong, nor all good, nor all wicked, but in the case of Mrs. Whiteling she is a woman of low mental grade, and of very feeble character; that she was friendless and alone; that she did nurse her husband through a long sickness; that to the best of her capacity she did care for her children, and there does not seem to have been any quarrel in the case (Ref. 31, p 500).

Conclusions

The Whiteling case is significant not for its advancement in forensic science but for its highlighting of topics that continue to fascinate professionals, pique emotions, and raise questions about individualized justice. Dr. Bennett welcomed the challenge to meld science and justice in what can be viewed fairly as a call for therapeutic jurisprudence (e.g., problem-solving or treatment courts).⁴⁶ She understood that the facts were against Ms. Whiteling but also that there was something compelling in the defendant's pathetic narrative. Resisting categorical, broad-brush approaches to women's mental health, she acknowledged the need for individuals' accountability, while insisting that, on balance, the evidence of mental derangement should represent reasonable doubt as to deathworthiness. Dr. Bennett refused to compromise her position with impressionistic notions about the intrinsic insanity of a mother killing her children. Her opinions represented a nuanced and professionally informed approach to individualized jurisprudence.

Meanwhile, at her hospital in Norristown, Dr. Bennett prescribed ovariectomy on patients with treatment-resistant insanity.⁴⁷ This led to complaints⁴⁸ (described in the *American Journal of Insanity*) and an investigation into the treatment of six patients a few years after the Whiteling case.⁴⁹ In defense of her methods, expressing advocacy for insane patients who could not speak for themselves, she said:

In other and similar cases in the future I cannot reconcile it to my conscience to be merely a passive observer and recorder of their decline. If, in Pennsylvania, insanity is to be a barrier to the treatment of bodily diseases, it will be my duty to urge upon the guardians of these helpless ones, incapacitated for speaking on their own behalf, the necessity for taking their suffering charges, outside the state limits if need be, wherever they shall be free to receive the treatment adapted to their needs (Ref. 49, p 12).

Dr. Bennett was exonerated but resigned from her position a few years later. Debates on the merits of the role of women's reproductive physiology in explaining aberrant behavior continued in the literature of feminism and premenstrual syndrome for a century after the Whiteling case.⁵⁰

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