Evidence of the cause of death.

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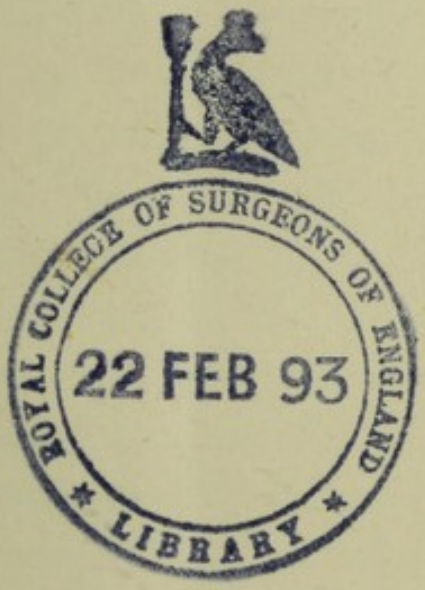
"EVIDENCE OF THE CAUSE OF DEATH."



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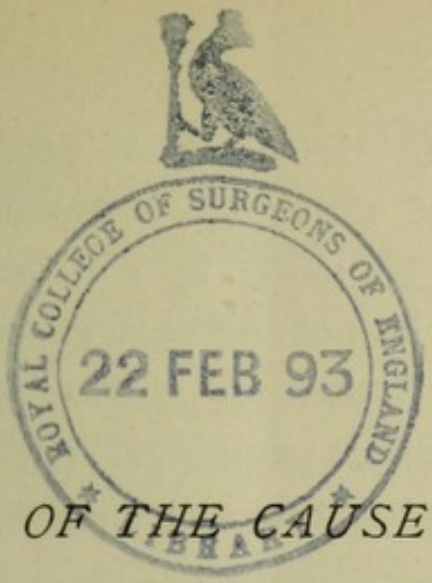

"*EVIDENCE OF THE CAUSE OF DEATH.*"

To S. F. B******, Esq.,

DEAR SIR, AND BROTHER CORONER, —

BEARING in mind that the primary object of the Coroner's enquiry is to find *whether any be culpable*, . . who, and in what manner, — How is the *Cause of death* to be found, in the absence of a Medical witness to describe it? The County, in which your district lies, is not the only County, where the Council are considering the expense of Medical evidence, and whether such evidence is necessary, unless violence is known or suspected.

How the Jury are to find, . . who is to blame, and how far? . . without a Lawyer to advise them of the fine distinctions of the law, in such questions as degrees of culpability, — you have no need to ask.

Under the Registration Act of 1874, the Jury are to find the particulars required to be registered concerning the death, — that is, the day of death, the name, the sex, age, and rank or profession, of the

the deceased, and the cause of death. Under the Coroners Act of 1887, the statements in the Inquisition "may be made in concise and ordinary language." It is not necessary to put into the Inquisition the barbarous words sometimes used in Medical evidence and certificates. They are often symptoms of the last stages of life, — the effect, indeed, of disease: the disease, which is the cause of them, — the *causa causans*, — not being named; and the question, — of importance in an enquiry before the Coroner, . . whether, or not, the death was from "natural causes"? . . is put aside: natural causes having no place in the "nomenclature of diseases."

The terms for sickness, — in ordinary language, — are what the friends of a deceased person give to the Registrar, when they bring information of a death, without a Medical certificate: and he enters them, — or many Registrars do, — without question, in the Register as the cause of death, . . unless something falls from the friends, to make him think the Coroner ought to be informed that application has been made to register the death.

In these "uncertified" cases, — and even in those which are "certified," — it would, in many cases, save trouble and expense, if the Coroner was furnished with the particulars, immediately the death is registered. "A person may now be buried," — wrote Mr. Herford in 1877, — "without any Certificate

tificate whatever; — the Clergyman being merely bound to give notice of such burial: and then the scandal of disinterment, in case of violence, or suspicion of it, has to be resorted to."

If the testimony of casual "Informants" is sufficient for Registration, it is sufficient for the Jury, who have the duty, under the Coroner's direction, of finding the cause of death, from the testimony before them: and the words, — "in all matters to which they apply," — so used, are, under the Act of 1887, "sufficient in law," — though, perhaps, not enough to fill the blanks in the printed form used for the Medical Certificates.

If the Coroner and Jury are satisfied that the death was from natural causes, without the act of man contributing, it is enough to record that. "In violent deaths," Mr. Herford remarks, "the question is seldom the *cause of death*, which is obvious; but only whether any one is at all to blame in connection with it." The same may be said of other deaths, — sudden, or not, — where the cause of death is not so obvious.

The Registration Act of 1874, — under which Certificates were for the first time required from Medical Practitioners, — came into operation shortly before I was appointed Coroner. The object, as it seemed to me, was that the best proof that could be readily had of the particulars required, should be

be produced to the Registrar; and that equally good evidence should be brought to the Coroner's Court, in case of an Inquest.

The Nurse, or other person present at the death, was the best witness to prove the day of the death: the Medical Practitioner, who prescribed the treatment, was the Witness to prove his attendance, and to give his opinion of the nature of the last illness, and the cause of death. No other testimony would be admitted as evidence against a Prisoner on trial for manslaughter: and I required it at the Inquest.

Being afterwards in communication with persons connected with the Register Office, I found it was thought that, if the particulars were anyhow proved to the satisfaction of the Jury, other testimony need not, as a general rule, be sought. Under such a system of Registration, the true and full description of the cause of death may, no doubt, be now and then recorded. But it does not seem to me perfectly consistent with what was contemplated by the Legislature in the elaborate system established.

Where a Medical Practitioner has been in attendance on the deceased, I call him as a Witness. If he is not present, to give evidence, the cause of his absence ought to be explained to the Jury: the absence of the Practitioner suggests that more might be known, if his evidence was taken.

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The necessary attendance of a Medical Practitioner at an Inquest requires, on his part, so great a sacrifice of time, that he ought to be excused, whenever it can be, from the discharge of a duty so burdensome. The first to be in attendance, . . that he may identify the body, . . and the last to be discharged, . . giving his evidence after he has heard the other witnesses, . . the duty presses more heavily on him than on others.

Part of the bridge over a stream fell, when some children were upon it; and several of them fell into the water, which was deep, and running rapidly. All escaped, except one, — a girl about 12 years of age; she was carried under the flood, and was not seen again. Three years afterwards, some bones of the trunk, with one of the legs and part of the other, were found in still water, not far from where the Child was last seen. From their appearance, I was satisfied, as a Surgeon, that they were part of the body of a female Child about the age of the Child who was missing. I desired a Medical Practitioner to examine the parts fully, for the purpose of giving evidence. He was present at the opening of the Inquest; and he heard the evidence of all the witnesses, — giving his own evidence the last of all, with his opinion, that the remains examined were parts of the body of a female Child, about 11 or 12 years of age, and that it was highly probable that they had been under water the whole time. After the Inquest,

Inquest, he told me that he had some doubt about the identity: but, being present throughout the whole enquiry, and hearing the evidence of the witnesses, he was satisfied; and he gave his opinion, with confidence, that the remains found were part of the body of the Child who had fallen from the bridge.

Now and then, a Practitioner says he is not able to give an opinion of the cause of death, without opening the body. I have asked, — Whether he would be able to do so, after the body has been opened? A Practitioner ought to be able to give an opinion of the cause of death, — "to the best of his knowlege and belief," — in evidence, as well as in a certificate under the Registration Act. He would not undertake the treatment of a Patient, without forming an opinion of his case. . . . "Don't you know what he died of?" a woman said to a young friend of mine, when he asked permission to open the body. "Then what business had you to attend him?" she added.

I do not give an order for opening the body before the Inquest, unless I have cause to suspect the death to have been from an unnatural cause with the hand of man contributing,

If from evidence at the Inquest, it appears necessary that a *post-mortem* examination should be made, an adjournment is unavoidable, with the corresponding

corresponding expense and inconvenience. It is seldom that the examination can be made during the sitting of the Jury.

If the examination is not desired by the Jury, — but rather for questions arising about Insurance, or for satisfaction of the Police, — the usual authority from the Coroner for the burial can be withheld, till these, or other, questions, not within the cognizance of the Coroner's Court, are settled.

When there is cause to suspect violence, — whether, or not, a Medical Practitioner has seen the deceased during life, — I require that the body shall be opened, . . . that evidence may be forthcoming, that the death was caused by the violence supposed, and not from other causes, or from disease. Some Judges at the Assizes have refused to allow a Prisoner to be convicted of Murder, or Manslaughter, without such evidence being produced at the trial: and in the absence of such evidence, the Prisoner has been discharged.

When the deceased has been seen by a Medical Practitioner once only, or only in his last moments, I seldom call the Practitioner as a Witness. It does not seem right to ask a Professional man for an opinion, when he has not had a sufficient opportunity of forming it: nor can the opinion, so formed, be satisfactory as evidence in the enquiry.

In cases of Death from violence, where the deceased is not sensible, or does not live long enough to be able to describe it, a sufficient description of the injury and its effects, — if not apparent at the view, — can generally be had from those who saw him first, or soon after death. If the evidence shows that the violence was accidental, and that nobody was to blame, I leave the case to the Jury: medical evidence is not wanted, in addition.

Questions arise in the case of the bodies of young and new-born children, found dead, — sometimes in a state of decomposition. In these I require that the body shall be viewed by a Medical Practitioner; and if there is any appearance of violence, he proceeds to open the body, and make such an examination as he finds necessary. The examination may also be necessary to show whether, or not, the child was born alive.

Other questions arise where a young Child, in good health, in bed with Parents, is found dead by their side, when they wake in the night, or early morning. The death may be from convulsions, from sudden and natural causes. Death is not uncommon in young children from sudden disturbance of the breathing. It may be from the want of fresh air, under the poisonous gases, of Carbonic

Carbonic acid, breathed out by the Parents, and gathering about the mouth and nose of the Child — not strong enough to rouse itself, when the poison begins to take effect. Death from such a cause can seldom be satisfactorily proved by a *post-mortem* examination, however minute and carefully made.

In the cases before me, I have never been satisfied, as a Surgeon, that the Child so found dead was smothered by the bed-clothes, or "overlaid," (as the phrase is,) by a Parent. Such modes of death are said to be common.

Where poison has been taken, — accidentally or intentionally, — and where the poison was the cause of death, I do not think it necessary to find the nature and chemical composition: and I do not require the body to be opened, and an analysis made of the contents of the stomach and intestines, — unless there is cause to suspect that the poison was administered by the act of other persons.

A man, over 70 years of age, a hard drinker, living alone, was seen going home late one night, and was found dead in bed next day, when the neighbors broke into his house. A drinking glass, with some watery fluid, was on the table at his side. Upon examination, this was found to be a strong solution of Prussiate of Potash, — the Cyanide of Potassium, of Chemists. The man

man was a Photographer: he used it in his business: and he had several bottles of it in his house.

The questions at the Inquest were, — When he died; overnight, or next day? from natural causes? from violence? from drink? from poison? A light had been seen through the window in the bed-room by a neighbor, early in the morning: the doors and windows were all fast on the inside: he was not drunk, when last seen: he was not known to have any constitutional disease likely to end suddenly. The Jury wished the body to be opened. The Medical Practitioner, who examined the contents of the drinking glass, found the same poison in the stomach, in a quantity more than enough to destroy life. There was not any appearance of death from constitutional disease.

Cases of sudden death, or death unexpected, and the cause not known, — where a Medical Practitioner has not been in attendance in the last illness, — where symptoms of illness have not been observed, or have been neglected, sometimes concealed, though known, — where the deceased was not thought to be the subject of disease likely to end suddenly, — where he died without a friend, or other person, present in his last moments, — where he died in the street, or in a place of public resort, — where he was found dead,

dead, or insensible when first seen, — come under the notice of the Coroner, and under the Coroners Act require an Inquest.

Such cases in grown persons are more frequently seen in diseases of the heart, the lungs, or the brain, — less frequently in diseases of the kidnies: in advanced life, as in early childhood, from general weakness, (asthenia,) — failure of the powers of life under trifling causes. Life suddenly stops, under over-exertion, or unaccustomed exercise, under a fit of excitement, of anger, of fear, under an attack of bodily pain, under exhaustion for want of accustomed food, under the increased cold between midnight and sun-rise. The Patient faints, . . without constitutional power to rally, as the attack, or the urgency of the occasion, passes off.

In these cases, where the death is sudden, — except perhaps in diseases of the kidnies, — some history of symptoms can generally be given by friends and neighbors, — not persons always ready to acknowlege what is constitutional as a cause of disease and death; and these, though slight, may help the Jury to form an opinion of the cause of death. In disease of the kidnies, — often obscure in the symptoms, — it will generally be found on enquiry that the Patient has been sometime under the care of a Medical Practitioner;

and

and that he, or his friends, have had warning of what may be the result of his symptoms.

These are some of the causes of death, given in evidence before me by credible witnesses, — friends and neighbors of the deceased, — and found by the Jury to be from natural causes, — some of them, cases of sudden attack, or sudden death: — Disease of the heart, the lungs, the stomach, the kidnies, the brain; bronchitis, whooping cough, measles, spitting of blood, vomiting of blood, asthma, difficulty of breathing, cold and cough, consumption; inflammation of the lungs, the chest, the head; fit of apoplexy, epilepsy, teething, convulsions, paralysis, giddiness, fainting; dropsy, swelling of the legs; diarrhea; vomiting; constitutional weakness; old age; obstruction of the bowels; exhaustion from pain in the chest, in the bowels, from continued, or excessive, drinking, from loss of blood from veins, from old ulcer, after over-exertion, after child-birth, after exposure to excessive cold, — to excessive heat. All, I think you will agree with me, "sufficient" terms for the cause of death, — and intelligible.

Excluding cases of death from violence and from accidental causes, and those from debauchery, and attributed directly or indirectly to excess in drink, there are some cases of death, — sudden and unexpected, — where the Jury have to find the cause of

of death, — or to name, (if they can,) the disease, or morbid state, without the help of scientific evidence. Most of them are from disease of some kind, — acute or chronic, — in the chest, . . the heart or lungs. Some few are from disease in the head, — the brain, or the blood-vessels supplying the brain and its coverings.

In disease of the heart, death is immediate: the organ ceases to act, and life is at once at an end, — by "syncope," in medical language, . . " all of a heap," in English. In "fainting," as often seen, in young persons, as well as in older, the action of the heart is at rest for a time; and it returns, — in a person otherwise in health. The "lipothymia," "deliquium," or "collapse," is not fatal: the Patient "comes round."

These causes in the heart are not always preceded by the warning, — the shortness of breath, the spitting of blood, the loss of flesh, the disinclination to exertion, which are popularly known as symptoms of disorder in the lungs, — symptoms which seldom escape the observation of neighbors. The Patient dies rapidly, if not suddenly, from want of breath, — the "asphyxia" of nosology, — want of *pulse*, in English. The circulation of the blood does not go on through the disordered lungs: the action of the heart in pumping the blood is impeded; the heart ceases to beat, and the pulse stops.

A person, advanced perhaps in years, of failing power

power in body, is found dead in bed, after a heavy supper taken overnight. The stomach is distended, — loaded with a meal which it can neither vomit, nor digest; the action of the heart and lungs is impeded by the pressure from below, made by the unusual swelling of the stomach. The Patient dies from want of breath, . . he has been suffocated, — as much as if his breathing had been stopped by a cloth over his mouth and nose. It is a case of "asphyxia."

A man, under my care, was about to take the vapor of chloroform for relief of a Rupture, when vomiting set in, — a thing of frequent occurrence in a Patient with rupture. Part of what was cast by the stomach was drawn into the wind-pipe; and he died at once, in my presence.

A man received a fracture of the leg, during a scuffle in a Public House. Every thing connected with the injury was in progress toward recovery. One day, when taking his dinner, he began coughing rather freely; and a piece of his plateful "went the wrong way," and was drawn into the wind-pipe. He died at once, choked by the sudden obstruction to his breathing. The Surgeon gave evidence that the cause of death was not any way dependent on the injury received.

Disease of the kidnies advances, slowly or rapidly, without much knowlege or observation of

of strangers; not so often, without the opinion of a Medical Practitioner being sought by the Patient.

The Chamber-maid at an Inn, went to bed one night, in good health as supposed; and was found dead in the morning. The Practitioner, who had attended her, reported to the Coroner that she was suffering under disease of the kidnies in an advanced state, and that suddenness of death was a common end of such a case. There was a rumor of some scuffle in the Coffee-room the evening before; and the Coroner required that the body should be examined. I assisted the Medical Practitioner at the examination. There was no appearance of violence: the kidnies were, as supposed, in an advanced state of disease, sufficient to prove the cause of sudden death.

It happens sometimes that a Patient while taking chloroform for the purpose of undergoing a Surgical examination, or a Surgical operation, dies suddenly, or dies during the operation, or before recovering from the effects. When such a case becomes publicly known, and is brought to the knowlege of the Coroner, it is, I believe, generally expected that an Inquest should be held.

Soon after I was appointed Coroner, I was present in the Hospital here during a Surgical operation, performed, — as usually the case, — while the

the Patient was under the influence of chloroform. When the operation was over, I left the House, — before the Surgeon and his Assistants had completed the dressing of the wound. Soon after I got home, the House-Surgeon came, by direction of the Surgeons, and informed me that the Patient died before being removed to bed. It was a case where a Patient died during medical treatment by qualified Practitioners, under their personal direction, and in their presence: there was no concealment, no mystery made, no suspicion raised. Though the question was proper, to be submitted to me as Coroner, I did not think it necessary to summon a Jury for enquiry.

The Chairman of the Committee afterwards at a Public Meeting at the Hospital, gave his opinion publicly, that an Inquest was refused, "at the sacrifice of the rights of the Patient and his friends, the public, and the Institution."

Cases of death after Vaccination are sometimes brought to the notice of the Coroner, — almost the only cases, where the performance of a Surgical operation becomes the subject of his enquiry. It is the only instance of a Surgical operation undertaken by authority of the Legislature. Most Coroners would be satisfied with a report from the Surgeon. But, while there is so strong a feeling among the poor and ignorant against vaccination, and against the operation, it may be well to let the

the cases come before a Jury, in a public enquiry. The presence of the Surgeon, who performed the operation, will, of course, be required.

There are cases of death from Poison, — sometimes running a short course, popularly known as *Delirium tremens*, — or under a slower, but equally fatal, form, — "certified," and "registered" as Alcoholism, — a barbarous word, Arabic made Greek, and concealing the fact of the deceased having been poisoned by Brandy, — the Life-water of France, the Fire-water of Spain, the Spiritus rectificatus of chemistry, — a poison seldom administered feloniously by the hand of an other. The poison is taken voluntarily, in divided and in increasing doses: the death is by Suicide. The Registration, and the Certificate, — as in other cases of "un-natural death," — are unjustifiable in law: the same may be said of the Burial, — without the knowlege of the Coroner.

Cases of doubt may arise, and questions, requiring Medical evidence.

A young man, a hard drinker, drunk every day for a week, and threatening to kill his Wife, was sent to Prison, for want of sureties. Two days afterwards, the Governor, — a man who had seen much of such cases, — thought the Prisoner was suffering from Delirium tremens; and he called the attention of the Medical Officer to the case.

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He recognized the symptoms of Delirium tremens, though not severe in character. In two days more the man died suddenly, — not an unexpected end in Delirium tremens. At the Inquest, he gave this evidence, with his opinion that the man's death was from disease of the heart, caused by intemperance. After the Inquest, I was informed that the man had fallen from a horse; that he had bleeding from the ear, and was insensible, after the fall, for two hours. He sold the horse; and got drunk with the money he received. This was not known to the Police, nor to the Officers of the Prison. No opportunity was offered at the Inquest of asking whether the fall, and the injury to the head, had led in any way to the death.

Though Medical Practitioners may be excused from attending the Coroner's Court, they are not exempt from the duty, — common to all the Queen's subjects, — of giving the Coroner information of facts within their knowlege.

A Medical Practitioner received early one morning a message from a Lady, begging his attendance at once; the Maid-servant had died suddenly. The Girl had risen in the morning, as usual: she had been heard at the pump; and soon afterwards, she had fallen dead, after some kind of scream. At the pump, was a mug, having some undissolved powder in it, and a paper with some of what seemed to be the same. He told the Lady that the

the Coroner ought to be informed; and he left it to her to do so. An Inquest was held the same day; and the Assistant of an other Practitioner, who happened to be then in the neighborhood, was called as a Witness,—to interpret the evidence given. He gave his opinion that the sudden death was from disease of the heart; and the Jury, in the absence of other evidence, found that as the cause. A different Verdict might have been found, if the first Practitioner had himself told the Coroner of what had been seen immediately after the death. The Court was scarcely dissolved, and the Jury discharged, when the Father and Mother of the Girl came in haste, having had a letter that morning from their daughter that she was going to poison herself.

In taking evidence, I avoid, if I can, calling two witnesses, — especially scientific witnesses, — to prove the same fact.

A man in large business, with much trouble in domestic affairs, locked himself into one of the rooms of his house, and was heard groaning, as if in pain. His servants sent to a friend of his, who came at once, with a neighboring Medical Practitioner. They broke open the door, and found him dead. In the bed-room he had just left, they found a glass with fluid, which seemed to them, beyond doubt, to be a solution of Strychnia. The Gentleman's Solicitor offered to bring the Practitioner,

tioner, who had attended him, to prove the weakened state of his mind. I told him there was evidence to satisfy the Jury of the unsoundness of mind; and that if an other Practitioner was called, he might, perhaps, be asked whether the fluid in the glass before the Jury was Strychnia; and he might say, — what, as a Professional man, he would be entitled to say, — that it seemed to him to be so; but that, before giving a professional opinion, he should like to have the opportunity of a further examination of the fluid. Such an answer would throw a doubt around the evidence of the other witness.

In these notes you will, I hope, find sufficient for an answer to the question you have put.

I am, my dear Sir, Yours truly,

E. L. HUSSEY.

OXFORD, *January* 1893.

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