First report of the Departmental Committee appointed to inquire into the law relating to coroners and coroners' inquests, and into the practice in coroners' courts.

CORONERS COMMITTEE.

FIRST REPORT

OF THE

DEPARTMENTAL COMMITTEE

APPOINTED TO INQUIRE INTO

THE LAW RELATING TO CORONERS AND CORONERS' INQUESTS, AND INTO THE PRACTICE IN CORONERS' COURTS.

PART II.

EVIDENCE AND APPENDICES.

Presented to Parliament by Command of His Majesty.

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DEPARTMENTAL COMMITTEE

ON

CORONERS.

MINUTES OF EVIDENCE.

At the Home Office, Whitehall.

FIRST DAY.

Tuesday, 19th January 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I. *(Chairman).*

Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S. Edin.
Sir HORATIO SHEPHARD, LL.D.
Mr. WILLIAM H. WILLCOX, M.D.
Mr. J. F. MOYLAN *(Secretary).*

Mr. JAMES BROOKE LITTLE examined.

1. *(Chairman.)* I think you are a barrister of some 30 years' standing?—Yes.

2. And I think you contributed the article on Coroners to Lord Halsbury's Encyclopædia?—Yes.

3. And also I think you are author of a standard work on the Law of Burials?—Yes.

4. You are kindly going to give us some information about the origin of the office of coroner?—The origin of the office is very doubtful, as to its antiquity I mean. What is supposed to be the first trustworthy knowledge of the office is a direction in 1194 by the Crown to the justices in Eyre, that they should choose in each county three knights, and a clerk, for the keeping of the King's Records. There are allusions before that time to the office of coroner, but the allusions are really made by authors of a later date; they refer to the time of King Alfred, who seems to have had a predilection for hanging his coroners because they did what was unjust; but these allusions to the word coroner are apparently not to be trusted, and we cannot find any genuine authority before this precept to the justices in Eyre in 1194.

5. "Coroner" probably meant simply Crown officer?—Yes; the coroner was, in the early times, a revenue officer of the Crown. He was the person who was to find out the criminals, and to extort their confessions if he could, and confiscate their goods to the Crown, and he is connected with the escheator, the Exchequer man of the time. We find that in Magna Charta, the 24th chapter, it is specially laid down there as one of the safeguards against the Royal usurpation of authority that no sheriff or escheator or coroner shall hold pleas for the Crown; that is to say, they should not act as criminal judges in any sense at all. Before that there are one or two early charters, one by Henry I. to the citizens of London, to elect among themselves a justiciarius who should hold the Pleas of the Crown, and another by Richard I. to the burgesses of Colchester that they should elect a justiciarius to hold and keep the Pleas of the Crown; and probably the justiciarius in those charters was equivalent to the coroner of those two boroughs. But after the time of Magna Charta, at all events, it was not lawful for the coroner to sit as a criminal judge, that is to say, to hold Pleas of the Crown, although there are many records of their doing so, notwithstanding the prohibition in Magna Charta. That, shortly, is all that is known as to the origin of the office of coroner.

6. Then we start with 1194?—Yes, about that time, 1194.

7. Then what at that time was the jurisdiction of the coroner when it became a regular office?—At that time the duties of the coroner were not quite as well defined as they are now, but they were far more numerous in the very early Norman times, and the early Plantagenet times, than they are at present. Perhaps I may say what they are confined to at present. At present their chief, if not practically almost their only office, is to hold inquests, *super visum corporis*, upon dead bodies. Their other duties are to hold inquests on treasure trove, and to act in the place of the sheriff when the sheriff for some reason or other cannot act, that is to say, when he is interested himself, either in execution of the Crown process, or, what I think, is rare (I have never known a case myself) under the Lands Clauses Consolidation Act, where the coroner instead of the sheriff has to summon a jury to assess compensation in certain cases when the sheriff is prevented, on account of being interested.

8. May I take it in this way, that in an ordinary case if the sheriff himself was sued and was defendant in a civil action, the process against the sheriff would be issued by the coroner and not by the sheriff's officer?—Yes, it goes to the coroner and he issues execution and all the process. And in the same way, under the Lands Clauses Consolidation Act, if the sheriff's lands were being taken he would not summon the jury, but the coroner would.

9. Those cases are very rare, are they not?—I think so. We meet with cases in the Reports in the time of the Stuarts and so on, where the coroner acted for the sheriff in the execution of process, but I have never known a case under the Lands Clauses Consolidation Act.

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10. And in modern times, I suppose they are almost unknown?—Such a case has not come within my personal knowledge at all. I think it is very rare. The only other possible function, I think, that the coroner can have is to pronounce judgment in outlawry, but judgment in outlawry is now almost extinct.

11. Outlawry in civil cases is now abolished; it is only in criminal cases that outlawry remains?—The last case, I think, is reported in Law Reports, 3 Chancery Appeals, 1868.

12. That was a criminal case where a man fled the kingdom, was it not?—Yes. The coroner only comes in in outlawry after the sheriff has done all his duty. The sheriff has to call the defendant into the county court five times.

13. That is the old county court, not the modern court?—Yes, the old county court of freeholders; and if the defendant does not appear upon the *quinto exactus*, then the coroner is called upon to pronounce judgment of outlawry, or waiver in the case of a woman. Those are the only four functions, I think, that a coroner can be called upon to perform in modern days.

14. (*Dr. Willcox.*) Is there not investigation of fires?—Yes, in London; but I was speaking of coroners generally. In London the coroner may investigate the origin of fires in certain circumstances that are set out in the Act that governs the case.

15. (*Chairman.*) The general powers of coroners were formerly much more extensive?—Yes, they were much more extensive in the early middle ages. Although their chief function was to hold inquests on the bodies of those who were supposed to have died either by violence or accident, and on the bodies of those who died in prison, yet according to Britton, volume I., page 8, they also held inquests in cases of serious bodily injury, rape and prison breach, and according to Bracton, vol. II., page 280, in cases of breaking of houses.

16. Practically nearly every felony?—Yes; they assumed at all events the power of inquiry into felonies generally, although there are many cases where they were reprimanded for doing so. They also inquired in cases of treasure trove and wreck, concerning which if any laid hands on it he was to be attached, and the prices of the wreck valued and delivered to the town, that is to say, the town where the wreck was found. I should say that inquiry into wreck was specially forbidden by the Coroners' Act of 1887. Then, again, their duties in holding inquests on dead bodies also were more comprehensive, because they had to value the goods of the person accused; that is to say, if a jury found that there was murder or manslaughter or *felo de se*, then the jury had, under the direction of the coroner, to value the chattels of the person accused, and they were handed over to the town in which the dead body lay to retain. Then when the accused was prosecuted at the Eyre, if he was convicted the goods were forfeited to the Crown. That forfeiture of the felon's chattels was abolished, and the function of the coroner with regard thereto ceased to be operative.

17. If I remember rightly, forfeiture for felony was only abolished in 1870?—That is so.

18. Up to that date the coroner had to find the value of the goods; or had this become obsolete?—In cases of murder the practice was abolished by 1 Ric. 3, c. 3, but in cases of *felo de se* continued until 1870. Then also they valued the deodand up to the abolition of deodands; that is to say, when any person was killed the object by which he was killed had to be valued, and the value of the deodand was forfeited to the Crown.

19. For instance, if he was killed by a bull?—If he was killed by a bull, or even run down by a ship. The bull was valued and the price of the bull was forfeited to the Crown. The bull itself was killed. It was not exactly by direction of the coroner that the animal was killed, because I think there was a notion that it came under the Levitical law. But it was a serious matter when it came to a question of the running down of a man by a ship and of confiscating the ship.

20. It would be more serious almost than in the case of a railway accident if you confiscated the engine?—It would be now. Deodands were abolished in 1846. Up to that time the coroner's jury had to value them.

21. Theoretically at any rate the law was as you say, though practically it was not enforced in the case of ships, was it?—Yes; there was a great case where the jury did assess the value of a steamboat, and it was only by getting the inquisition quashed on a technicality that the owners got off having it confiscated. No doubt that brought attention to the matter. Then the coroners in old times received declarations of approvers, persons who had information to give about crimes; they heard ordinary appeals, that is to say, criminal accusations brought by one person against another, the final trial being reserved for the Eyre; and in that way they acted much in the manner of modern justices—that is to say, the receiving of these declarations of approvers was like receiving complaints in a police court.

22. Then they committed the persons for trial?—Yes, they were tried at the Eyre.

23. How have those jurisdictions been shed, apart from statute?—They never had, so far as one can find, any statutory authority; they may have had a common law authority; they seem to have had common law authority, and in fact the great statute relating to the coroners, 3 and 4 Edward I., is only declaratory. It is said to be a declaration of the common law. It is very much the same as the account given of coroners, quite independently of it, in Britton, which is about the same date. These functions have dropped off bit by bit. For instance, one of the coroner's offices was to attend sanctuary and receive confessions of felony and abjuration of the realm. When a criminal was pursued he could take sanctuary in a church, or later, even in some other less sanctified places than churches, and as long as he stayed there he was safe. If he wanted to come out he had the choice either of being caught and handed over to justice or making his confession of felony and abjuring the realm, in which case he was seen to quit the country, and it was the coroner's duty to receive his confession and abjuration, and to see him out of the country. Those are duties which the coroner undertook and performed in the old time, all of which have gone, and the four only that I mentioned at first remain.

24. Can you tell us anything about his original jurisdiction as to fires?—He had no jurisdiction as to fires at all, and there was prohibition in the case of The Queen *v.* Herford (3 Ellis and Ellis, page 115) where a coroner was going to hold an inquest on fires.

25. (*Sir Malcolm Morris.*) Without a death?—Yes.

26. (*Chairman.*) Would he have had any jurisdiction if the fire was by way of arson?—Not unless there was death. Under his old assumed jurisdiction he might inquire into almost any felony, but that was never a recognised duty.

27. By the courts?—It was rather a usurped function.

28. Would you now kindly tell us what the various classes of coroners are. First of all there are certain coroners by virtue of their office?—Yes, those are the judges. They were formerly the judges of the King's Bench only. The Chief Justice of course was the sovereign coroner. As Chief Justice Glyn and other of the chief justices have said, "I can hold an inquest in any part of the kingdom." And that was true of all judges of the King's Bench.

29. They were all *ex officio* coroners?—They were all *ex officio* coroners; and now, since the Judicature Act, the office of each individual judge of the King's Bench may be performed by any judge of the High Court.

30. Is a commissioner of assize *ex officio* a coroner while he is in commission?—I do not think so. I think he must be a judge of the High Court, and the fact that you are commissioner of assize would not make you coroner, I think—there is no authority to that effect. I could be made a commissioner of assize or any member of the inner bar may be sent round as commissioner of assize, but I do not think that would make me a coroner unless the patent specially said I should be a coroner.

31. I am asking for this reason: if the coroner's jury cannot agree the inquest is adjourned to the assizes. Supposing instead of a High Court judge holding the

assize an assize commissioner was holding it, can he sum up to the coroner's jury?—Yes, no doubt. I think he could advise the coroner's jury. They go there really not to hear the evidence again, there is no holding the inquest again, no view of the body or further evidence, but the judge tells the jury what the law is and what sort of view they ought to take of it, and that they should act as reasonable persons; and if they will not agree——

32. He discharges them?—Yes, he discharges them; and that function, I think, would still be exercised by a commissioner of assize, for this reason, that a judge of the old Common Pleas was not a coroner—only the King's Bench judges were so—and of course the Common Pleas judges went circuit, and they exercised that function in the same way as now, I think, any commissioner of assize could do. But that did not make them coroners.

33. They could not have held a substantive inquest?—No. If a man had fallen down dead in court, I do not think there would have been any jurisdiction in a Common Pleas judge or an Exchequer baron to have summoned a jury and to have held an inquest.

34. (*Dr. Willcox.*) Is there any instance of a judge having held an inquest?—I think not. I do not know that there is, but they have always laid claim to the jurisdiction.

35. (*Chairman.*) Are they the only coroners *ex officio*?—Yes, the only *ex officio*.

36. Then we next come to county coroners?—As the name imports they are the coroners for the various counties of the kingdom or for districts of the counties. The counties are now divided up into districts. I think all the counties are divided into districts with the exception of one or two; at all events, the general practice is now that the county should be divided into districts and a coroner appointed for a particular district, but although he is appointed for a particular district he nevertheless is the coroner for the whole county, and in certain cases he can act for the coroner of another district who is unwell or unable to attend.

37. He has something like the jurisdiction of a justice who only acts in his own division, but is a justice for the whole county?—Yes, that is so; but being appointed for a district the coroner must reside within the district or within two miles of it. He is under that obligation.

38. And the fact of being a coroner does not enable a man to act, as being coroner, say for a coroner ill in an adjoining county?—No, he cannot act out of his county.

39. Nor can a coroner for a county if a borough coroner is ill act for the borough coroner, I imagine?—The borough coroner would have a deputy. Every coroner is bound by statute to appoint a deputy, and his deputy would act.

40. I ask for this reason. Some time ago we had an application to the Home Office to know what was to be done because both the coroner and his deputy were down with influenza and I am afraid we were not able to solve the difficulty?—The statute is precise on that point: "In a borough with a separate court of quarter "sessions no coroner, save as is otherwise provided by "this Act, shall hold an inquest belonging to the office "of a coroner except the coroner of the borough or a "coroner or deputy coroner for the jurisdiction of the "Admiralty of England."

41. Are you reading from the Act of 1887?—Yes, section 7, subsection (2). The term "coroner" includes a deputy coroner appointed under the Act of 1892, and, apart from the Admiralty coroner, no coroner other than the borough coroner or his deputy can hold an inquest within the borough.

42. And for county coroners is it not so under the Act of 1892?—Yes, and deputies are appointed now under that Act for county coroners as well as borough coroners.

43. Now as to the appointment of county coroners, would you tell us about that?—There has been a great change in the appointment of county coroners. That change was effected by the Local Government Act, 1888. Previous to that the coroner for the county was elected by the freeholders of the county. The election was always put in train by a writ from the Lord Chancellor, really a writ from the Crown, issued by the Lord Chancellor *de coronatore eligendo*, and all county coroners were elected in pursuance of that writ. That writ used to be addressed to the sheriff. The sheriff then held the county court, that is, the old county court, and at the county court the freeholders attended and the coroner was elected. There are minute provisions in the Coroners' Act, 1887, as to how that should be carried into effect. Those were all repealed.

44. Next year?—Yes, by the Local Government Act of 1888, and now the writ *de coronatore eligendo* goes to the county council to elect a county coroner and upon the receipt of that the county council must elect within a certain period: "on the receipt of the writ it is the "duty of the county council to appoint a fit person, not "being a county alderman or county councillor, to fill "such office and in the case of a county divided into "coroners' districts to assign him a district," and any person so appointed has the like powers and duties, and is entitled to like remuneration as if he had been elected coroner for the county by the freeholders.

45. I suppose the clerk to the county council applies to the Lord Chancellor to issue a writ?—Yes, if the previous coroner is dead, he sends up the certificate of death with an affidavit of identification. If the previous coroner has been deprived by the Lord Chancellor there is a writ to remove him.

46. *De coronatore exonerando?*—Yes, and that is accompanied by a writ *de coronatore eligendo*, and the County Council take proceedings upon the *eligendo* writ: "However, the county council may postpone the "appointment of a coroner to fill the vacancy for a "period of three months from the date at which the "vacancy occurred."

47. Before we go on to your next head, the coroner, you say, must be a fit person?—Yes.

48. Is the obligation now repealed that he must be a freeholder in the county?—That is still in force. He must have certain land in the county.

49. He must be a freeholder in the county?—Yes. Section 12 of the Coroners Act, 1887, provides: "Every "coroner for a county shall be a fit person having "land in fee sufficient in the same county whereof he "may answer to all manner of people."

50. Apart from holding freehold land, I suppose the county council may appoint anybody they like?—They may appoint any person they like, except a councillor or an alderman.

51. There is no definition either judicial or otherwise, is there, of a fit person?—There is a judicial description by Lord Coke as to what should be a fit person.

52. That will be very interesting?—According to Lord Coke, in the Second Institute, page 174——

53. That will be about 1620?—Yes, he says "A "coroner should have five qualifications, he should be "*probus homo, legalis homo*"——

54. That means that he is not an outlaw or bankrupt?—Yes, a man who stands *rectus in curiâ*, neither outlawed, excommunicated, nor infamous.

55. Is it not the old "lawful man"?—Yes. Then it goes on, "of sufficient knowledge and understanding; "of good ability and power to execute his office accord- "ing to his knowledge; and, lastly, of diligence and "attendance for the due execution of his office. And "this for three purposes: (1) The law presumes that he "will do his duty, and not offend the law, at least for "fear of punishment, whereunto his lands and goods "are subject"; that is why he should have land with which to answer all men. "(2) That he be able to "answer the King all such fines and duties as belong to "him, and to discharge the county thereof; and (3), "that he may execute his office without bribery."

56. No professional qualification is required?—At present there is none required.

57. Theoretically, the coroner might be a soldier or sailor or anybody?—Yes.

58. (*Sir Malcolm Morris.*) Is there an example of any outrageous person being appointed?—I think you will find that some franchise coroners are persons of no attainments either medical or legal.

59. (*Chairman.*) As a matter of fact, the great majority of coroners are solicitors; there are a few barristers, and a certain number of medical men?—Yes,

I do not know of any except those; but I have heard of a franchise coroner who was nothing at all.

60. (*Dr. Willcox.*) Is the amount of land that he must hold fixed?—I do not know. I have heard that a man who wished to be elected coroner bought a grave in Kensal Green Cemetery. I know as a fact that he bought it and put it in his candidature for the coronership. I do not think he got it, but I know it was considered then that if you bought a freehold grave in Kensal Green Cemetery it was technically sufficient.

61. (*Chairman.*) Is the coroner a justice of the peace?—It is said that the coroner—at all events, the county coroner—by common law is a justice of the peace. That case came up for discussion before the Queen's Bench in 1881. You will find it in 7 Queen's Bench Division, page 513, Davies *v.* The Pembrokeshire Justices. There the question came up the reverse way round. An application was made to set aside a conviction by the bench of justices—two justices—on the ground that one of them was a coroner, and therefore he could not be a justice of the peace, and the conviction was bad. The court went into the matter, and on old authorities came to the conclusion not only that the argument was bad, but that the other argument was good—namely, that the coroner was a justice of the peace; that the county coroner at all events was a justice of the peace, and could act as a justice of the peace anywhere.

62. That he was a justice *ex officio*?—Yes.

63. In that particular case the man was an appointed justice, was he not?—Yes.

64. Appointed in the ordinary way?—Yes; but the argument was that a coroner could not be appointed a justice; that was the ground of the appeal.

65. That the two offices were inconsistent?—Yes. There was a passage in Dalton's Justice, c. 3. p. 12, and one in Hawkins P. C., Bk. 2, c. 8, p. 48, in which a doubt on this matter is expressed, and on that basis the endeavour was made to set aside the conviction.

66. But the conviction was upheld?—The conviction was upheld, and it was upheld upon the ground that the authorities showed that he was a justice *ex officio*.

67. Are you satisfied yourself that a county coroner is *ex officio* a justice, or has he only powers as a justice when he is acting as coroner?—I think it would only be while he was coroner. If he ceased to be coroner, I think he would cease to be a justice.

68. Could he act as a justice, for instance, in taking a statutory declaration, or could he only act as a justice when sitting in court *qua* coroner?—I think he could act as a justice generally. In fact, when acting *qua* coroner whether he was holding an inquest or sitting as coroner, he would have no scope of action as a justice, because issuing a warrant and so on are all matters within the jurisdiction of the coroner himself.

69. I was thinking that a justice's warrant can be backed from one county to another; if he was *ex officio* a justice could not his warrant be backed from one county to another?—He does not issue his warrant as a justice; he issues his warrant as coroner. It is very doubtful whether a coroner's warrant can be backed from county to county, as he issues it in the name of coroner, not as one of His Majesty's justices of the peace.

70. In discussing the local jurisdiction of coroners, perhaps you could tell us if there is any difficulty in a coroner's process, say, to summon a witness, or to arrest a person, issuing outside his own district?—Yes. His warrant does not run, of course, beyond his own county, and you would have to apply, I think, for a Crown Office subpœna outside his county. That, I think, is the better opinion. It has never been put to the test, I think, whether you can back a coroner's warrant out of his county, but there is very considerable objection to it on the ground of want of jurisdiction, and that has always been solved by getting a Crown Office subpœna.

71. Supposing that a county coroner holds an inquest in the county and a witness whose attendance he requires may be living in one of the boroughs of the county close by, would he then have to apply for a Crown Office subpœna or to one of the justices of the borough that is situated in his county?—I think his warrant would run in the borough, because the only statutory objection to the execution of the office of coroner in the borough is that he shall not hold an inquest in the borough. The Act does not say that he shall do no act pertaining to the office of coroner within the borough, but that he shall not hold an inquest; and I think the practice has always been that the coroner's warrant runs throughout the whole county.

72. Now will you tell us something about the salary and fees of a county coroner?—Originally, the coroner had no fees at all; he was appointed without payment and it was considered a very onerous office indeed, and everybody tried to get out of being coroner.

73. It was worse than being sheriff, because it was for life?—Yes; there was no pay, which the sheriff had, and the coroner had not much means of peculation, as the sheriff had; in fact, the sheriff could make a good thing out of his bailiwick.

74. In old days?—Yes. It was common for the sheriff to farm his bailiwick—he lived in London and farmed out Northumberland or Hertfordshire, and his deputy made as much out of it as he could. At first the coroner served his office without reward, as appears from the form of the oath; he takes an oath to serve without reward. The statute, 3 Henry VII., chapter 2, established a coroner's fee of 13*s.* 4*d.* for each inquest held upon a person slain of the goods and chattels of him that is the slayer and murderer, and, if he had no goods, of such amerciaments as should fortune any township to be amerced for the escape of such murderer; that is to say, the criminal had to pay 13*s.* 4*d.* if he was found, and if he could not be found, then they used to levy the fine upon the borough or town or vill where the dead body lay, and then the vill had to find the 13*s.* 4*d.* And the statute, 1 Henry VIII., chapter 7, forbad the practice that had arisen of the coroner requiring such fee to be paid for inquests upon persons dead by misadventure. Because, when he once got his 13*s.* 4*d.* for persons slain or murdered, then he began to exact fees for persons who were killed by misadventure. The statute of Henry VIII. forbad that. However, the statute 25 George II., chapter 29. ordained payment of a coroner's fee for all inquests upon view of dead bodies; that would be for death by misadventure as well as death by violence or natural causes; such payments to be made out of the county rates except in certain excepted cases; that is to say, they were paid out of the county rates in all cases except where the franchises did not contribute to the county rates at all. There were certain cases where boroughs with various franchises had their own little rates and did not contribute to the county; in those cases the coroner for such franchise did not get his money out of the county rates—it had to be provided for by fees, and you will find that there are some still paid by fees surviving to this time. Then these fees, which were payable out of the county rates, were replaced by salaries by the operation of the Coroners Act, 1860, 23 & 24 Victoria, chapter 116.

75. That is the Act now in force?—That is the Act now in force subject to its modification by the Local Government Act, 1888.

76. What is the result?—The result is that now all county coroners are paid a salary in lieu of fees, mileages and allowances to which they were entitled before the year 1860. The amount of the salary is such as may be agreed upon between the coroner and the county council of the county for which or some part of which the coroner acts. It is payable quarterly to the coroner by the treasurer of the county out of the county rate, and his representatives are entitled to a proportional part in case of death. Then if the coroner on his appointment and the county council cannot agree as to the salary, the question comes here to the Secretary of State, who has to make inquiry and determine what the salary shall be, having regard to the number of inquests which have been held on the average and so on; and if at the end of five years the coroner thinks he is getting too little he can then appeal again to the Home Secretary, the Home Secretary again must have an inquiry and can make an alteration in the salary; but in this case he must not go into all the circumstances of the case, he

can only see whether or not the increase in the number of inquests held in the county during the last five years has, on the average, been sufficient to warrant an increase.

77. Can the county council decrease the coroner's salary?—Only by agreement with the coroner; but the Home Secretary may at the end of any five years decrease it on the application of the County Council, and the Home Secretary's decision in such case is final.

78. Does the county coroner get any fees in addition to his salary?—When the county coroner admits a person charged with manslaughter to bail he is entitled to the same fee as the clerk to the justices of the peace (Coroners Act, 1887, s. 16); or when he acts in place of the sheriff he is entitled to all the fees that the sheriff would have. (*Ibid.* s. 15.)

79. That is when he is acting as an executive officer?—Yes; but then except to the extent that he may be authorised by statute (and those are the only statutes that give him any authority) the coroner may not take any fee or remuneration in respect of anything done by him in the execution of his office.

80. If anyone applies to the coroner for a copy of depositions, does he get any remuneration?—There is a statutory charge for that. (*See* S. 18 (5) of the Coroners Act, 1887.)

81. We now come to the question of the removal of coroners. There are two statutes, I think, relating to that?—There is a common law liability and a statutory liability to removal. The old common law liability was for any inability or misbehaviour in the discharge of his duty; he was then removable by the Lord Chancellor; and that common law liability still remains.

82. Are not those exact terms embodied in the statute?—That is so; but the Lord Chancellor may if he think fit remove any coroner from his office for inability or misbehaviour in the discharge of his duty. That has been included in the Coroners Act, but that has always been the common law jurisdiction of the Lord Chancellor.

83. It has been embodied in section 8 of the Coroners Act, 1887?—Yes, that is an affirmation of the common law jurisdiction of the Lord Chancellor.

84. Is there any explanation of the fact that a coroner who is what one may call a common law criminal officer, an officer concerned with criminal law, comes under the jurisdiction of the Lord Chancellor and not under that of the Lord Chief Justice. The Lord Chancellor having been an equity judge, how does he get seizin of the coroner? Perhaps as keeper of the King's conscience?—I think it must be in that way. I cannot account for it at all. I can only record the fact that the Lord Chancellor has always had that jurisdiction. It was specially laid down by Lord Eldon that it was a common law jurisdiction. That you will find in *ex parte* Parnell in the year 1820, Jacob and Walker, page 451. Lord Eldon laid down there what the powers of the Lord Chancellor are and what they always have been.

85. And they are now embodied in the statute of 1887?—Yes.

86. So that the two grounds of removal are inability and misbehaviour?—Yes. Then the common law inability and misbehaviour went really beyond that, because if a man was too much occupied that was one of the grounds for removing him; if he became a merchant and was always travelling about and was mixed up with business, that was a ground for removing him; and you will find in the variations of the writ *de coronatore exoneraudo*, that one of the grounds stated is that he is too much occupied.

87. On that may I ask you this: Apart from inability or misbehaviour a coroner holds his office for life?—Yes, a county coroner does, certainly. I believe there are franchise coroners whose office is an annual one.

88. Just at present we are discussing only the county coroner. He holds his office for life?—Yes.

89. When he becomes old and feeble it is a very strong step to remove him. There is no provision for pension?—No, there is no pension.

90. Therefore a man is naturally inclined to hold on as long as he can?—Yes.

91. (*Sir Malcolm Morris.*) What happens in the case of insanity?—That would be inability.

92. (*Chairman.*) But unless a man's own good sense tells him that he is getting somewhat blind and deaf and somewhat incompetent, there is no power of retiring him on pension?—No. Perhaps I may give you the grounds that have been held sufficient to remove a coroner under the common law jurisdiction of the Lord Chancellor. A coroner may be removed if he have no sufficient knowledge and capacity; if he be so engaged in other business that he has not sufficient time to attend to his duties; if he be a *communis mercator*——

93. That is to say, a general merchant?—Which apparently means that he is occupied by other business; if, being county coroner, he live in an extreme part of the county so that he cannot conveniently exercise his office; if he be disabled and broken by age or disease; if he be elected or appointed to some incompatible office such as sheriff or verderer; or if being a county coroner he be found not to have land in fee sufficient in the same county whereof he may answer to all manner of people. Imprisonment on civil process, when there was such a thing, for a period of 12 months has been considered sufficient ground for removal, although the duties of coroner are meanwhile discharged by another coroner of the same county. None of those things of course are misbehaviour.

94. Probably that was imprisonment for debt?—Yes.

95. (*Sir Malcolm Morris.*) Is there any definition of misbehaviour?—No, there is no definition; the Lord Chancellor has a great discretion in the matter. You will find that exemplified in a judgment of Lord Selborne when he was asked to remove a coroner; that was the case of *re* Hull, 1882, 9 Queen's Bench Division, page 689, which gives a very ample account of the Lord Chancellor's powers in this matter. He was very nearly removing a coroner for misbehaviour on the ground that he would never go and hold an inquest; he used to say, "Oh, bother! it is not worth while going to that. I do not think the man died from anything outrageous," and so on, and he would not go; or sometimes he would wait about a week or ten days, and then when the man was in the state of Lazarus, and was very objectionable, he would go. Lord Selborne read him a long homily, but said, "I will give you one more chance"—showing that there is no definition of what is misbehaviour. There are certain offences, however, specified in section 8, subsection (2) of the Act of 1887, of which, if a coroner be convicted, he may be removed from his office by the court before whom he is so convicted.

96. (*Chairman*). The salary was originally fixed, was it not, with regard to the number of inquests, and then afterwards varied?—Originally there were fees according to the number of inquests held; but in 1860, when the alteration was made and a salary fixed in the place of fees, it was a kind of *quid pro quo* for giving up the fees.

97. (*Sir Malcolm Morris.*) But supposing there happened to be more inquests, would the salary vary from time to time; have they the right to do that?—Yes, they have. The coroner can appeal to the Home Secretary for that purpose.

98. (*Chairman.*) Every five years there is a *locus penitentiæ*?—Yes.

99. (*Dr. Willcox.*) Is the coroner compelled to hold inquests himself?—He must act, unless he is unavoidably absent; that is to say, from illness or because he is doing other work—holding another inquest.

100. With regard to the age limit, the coroner might delegate his duties practically to his deputy and he would still remain coroner, would he not?—He may have a deputy, and he who acts by a deputy is acting by himself; he can always act by his deputy.

101. There is no limitation?—There is this limitation in the Act of 1892 with regard to a deputy; that the deputy may act for the coroner during his illness (and if he were incapacitated by old age that might possibly be a ground for saying that he was ill), or during his absence for any lawful or reasonable cause, or at any inquest which the coroner is disqualified from holding; but not otherwise; that is to say, you must get your coroner out of the way before the deputy can act—either by illness or for some good reason.

102. (*Chairman.*) May we put it in this way, that the coroner may act by his deputy unless and until somebody moves the Lord Chancellor to remove him on the ground of inability?—Yes, on the pretext that he is ill.

103. Will you now tell us something about borough coroners?—I should have said, perhaps, when I mentioned county coroners, that county boroughs which do not have a separate court of quarter sessions are considered as counties and appoint county coroners, so that when the district of any county coroner is coincident with or wholly situate within such a county borough, the council of that county borough will appoint its own coroner. If the district of a county coroner is situate partly within and partly without such county borough, the coroner, if the council of the borough so desire, is appointed by a joint committee of the councils of the county and the borough, but otherwise is appointed by the council of the county, that is provided by the Local Government Act, 1888. But if the county borough has a separate court of quarter sessions, it then comes under the Municipal Corporations Act, 1882, and the coroner is then appointed under section 171 of that Act.

104. Did the same rule apply to the ancient cities which are counties of cities and counties of towns?—I do not think we had such a thing as a county borough before the Local Government Act, 1888. They had their borough coroners, but they were not county coroners.

105. It is a statutory creation?—Purely. It is not all boroughs with separate courts of quarter sessions that appoint coroners, although it used to be so, because that privilege was taken away from them by the Local Government Act, 1888, and now those do not appoint a coroner that have less than 10,000 inhabitants.

106. According to the census of 1881?—Yes, so that at present county boroughs not having a separate court of quarter sessions of their own appoint a county coroner (subject as stated above); county boroughs having a separate court of quarter sessions of their own appoint a coroner under the Municipal Corporations Act; and all other boroughs having a court of quarter sessions of their own, and having a population according to the Census of 1881 of more than 10,000, also appoint their coroners under the Municipal Corporations Act. The appointment is not in consequence of any writ from the Lord Chancellor, but simply when a man dies or resigns the council for the borough appoints a new man without any writ at all; it does not require a writ.

107. It appoints in the same way as to any other municipal office on a vacancy?—Yes; it is governed entirely by the statute, section 171.

108. Then what are the qualifications for borough coroner?—There are none, except that he must not be a councillor or alderman. No special qualification of estate, residence or otherwise, is required for being appointed to or holding the office of borough coroner; all that is required is that the coroner shall be a "fit person," and shall not be an alderman or councillor of the borough. Apart from that the borough can appoint anybody.

109. What is the local jurisdiction of a borough coroner?—It is confined entirely to the borough, and with the right of keeping any other coroner out from the borough, except where there is a county prison. If there is a county prison which is locally situated within the borough, the county coroner has the right of ingress into the borough for holding inquests on persons dying in prison in the county.

110. Or being hanged in prison?—On any person dying or executed in prison.

111. Is that concurrent jurisdiction or exclusive jurisdiction?—Exclusive; a borough coroner has no jurisdiction within a county prison in the borough.

112. Even though all prisons now are vested in the Secretary of State?—Yes; that question was decided in the case of The Queen *v.* Robinson, 1887, 19 Queen's Bench Division, page, 322, where no rules had been made by the Home Secretary regarding the jurisdiction of coroners. The Home Secretary, I believe, has power under the Prisons Act, 1865, to make certain rules modifying the jurisdiction of coroners, and if he does not do that (and I think there has been no rule made in that direction) the county coroner has jurisdiction there.

113. Will you tell us as to the salary or fees of a borough coroner?—He is entitled to have, by order of the recorder, the following remuneration: For every inquisition which he duly takes within the borough, 20*s.*; for every mile exceeding two miles he is compelled to travel from his usual place of abode to take such inquisition, 9*d.* Those are statutory fees provided by the Municipal Corporations Act. Then, as this remuneration is only payable by order of the recorder for inquests duly taken, it is within the discretion of the recorder to disallow it in any particular case when in his judgment the inquest was unnecessary or otherwise not duly taken.

114. He, so to speak, taxes the bill?—No, he cannot tax down the fees; he cannot tax the amount.

115. He can disallow items?—He can only allow or disallow the whole statutory amount, he cannot reduce it, in respect of any particular inquest. When a man tried to hold an inquest on skeletons found in one of the burrows near Abingdon, I think the recorder disallowed the coroner's fees.

116. If I remember rightly, a coroner did hold an inquest on a mummy that was passing through the country—And in addition to these fees you have mentioned?—In addition to these fees of 20*s.* and 9*d.* a mile, he is entitled to a further fee of 6*s.* 8*d.* for every inquest, which fee the borough council must order their treasurer to pay to him on being satisfied of the correctness of the account rendered by the coroner of the expenses paid by him in respect of such inquest. That is given by the Coroners Act, 1887, section 27, subsection 2.

117. Is that subject to disallowance by the Recorder?—No, the coroner is absolutely entitled to that. The only thing is that he must satisfy the council that his accounts are correct. That is to say, the coroner of course has various expenses to pay; sometimes for the hire of a room, the attendance of witnesses, and so on; he pays these expenses and renders his account to the council, and on their being satisfied that his account is correct they are bound then to pay him the 6*s.* 8*d.*

118. (*Sir Horatio Shephard.*) Those are disbursements really?—Yes.

119. Not fees?—No.

120. (*Chairman.*) The 6*s.* 8*d.* is a fee?—Yes. That is by section 27, subsection 2, of the Coroners' Act, 1887.

121. So that practically for an inquest a borough coroner gets 1*l.* 6*s.* 8*d.* for his trouble in holding the inquest?—Yes.

122. That is a uniform fee?—Yes, for borough coroners it is, and it is statutory too.

123. It is a uniform statutory fee?—Yes. Then there is, of course, the travelling allowance of 9*d.* a mile, which may vary.

124. In some boroughs, as, for instance, Birmingham, by a special Act the coroner has a fixed salary?—I think there are many local Acts to that effect.

125. In the case of Birmingham I think you will find that the Birmingham coroner under a local Act has a fixed salary of a thousand a year.

(*Sir Horatio Shephard.*) And Liverpool city 1,400*l.*

126. (*Sir Malcolm Morris.*) What is the practice in the London districts?—The present London districts were established by Order in Council in 1892, as amended by a further Order in Council of 28th May 1894. They are districts of the county of London, and the coroners are county coroners.

127. In a Home Office List* giving particulars of the jurisdictions, salaries, &c., of the coroners of England and Wales, I see that as regards Birmingham it is stated: "The coroner is paid by salary in lieu of "fees by virtue of section 291 of the Birmingham "Corporation (Consolidation) Act, 1883." Apart from special Acts, we may take it that the borough coroners are paid a fee of 1*l.* 6*s.* 8*d.* for each inquest?—Yes.

* This List of Coroners' Jurisdictions is shortly to be published in a revised form, and will be obtainable of the Sale Office for Official Publications, Messrs. Wyman & Sons, Fetter Lane, E.C.

128. If they are professional men they are allowed private practice?—Yes.

129. There is no disqualification from private practice if they are professional men?—No.

130. Then what is the state of the law as regards the removal of a borough coroner?—He holds his office under the Municipal Corporations Act during good behaviour. He is removable by the Lord Chancellor, not by the borough council.

131. He is under exactly the same terms as the county coroner?—Yes, because the borough coroner although appointed by the borough is not an officer of the borough; he is an officer of the Crown.

132. (*Sir Horatio Shephard.*) Must the appointment be for life?—The appointment is during good behaviour; he holds office during good behaviour.

133. Then it is practically for life?—It is for life.

134. That is under the Act?—Yes.

135. (*Chairman.*) Is there anything else you wish to say with regard to the removal of a borough coroner?—I have only spoken of the power of the Lord Chancellor with regard to removal. There is another statutory power of the court that tries a coroner for misdemeanour under section 8 of the Coroners Act, 1887, sub-section (2): "A coroner who is guilty of extortion or of corruption or of wilful neglect of his duty or of misbehaviour in the discharge of his duty shall be guilty of a misdemeanour, and, in addition to any other punishment may, unless his office of coroner is annexed to any other office, be adjudged by the court before whom he is so convicted to be removed from his office."

136. What is the meaning of those words "unless his office of coroner is annexed to any other office"?—The only case in which I know of the office of coroner being annexed to any other office is the office of King's coroner and attorney, and also a judge of the High Court.

137. And certain franchise coroners, perhaps?—In the case of franchise coroners I do not know that the franchise coroner would hold his office with any other jurisdiction. Of course he may do so.

138. I was thinking of the case of Hungerford Manor. The high constable for the time being of the town of Hungerford is also coroner?—Yes, that might be a case in point.

139. And there is another curious case, the Romney Marsh Liberty. The coroner for the Romney Marsh Liberty appears to be, according to the Home Office List, "the four justices of the peace for the Liberty of Romney Marsh." If a justice of the peace was convicted he would be removed from that office as well?—Yes, the Lord Chancellor would remove him from the Commission of the Peace, and as soon as he was removed from that he would be removed from his office of coroner.

140. Will you now come to the fourth class of coroners, the franchise coroners?—The franchise coroners are defined now by statute; in the Coroners Act, 1887, you will find a definition of a franchise coroner, which, however, is a bad definition, as so many statutory definitions are. It is merely by enumeration.

141. *Per enumerationem simplicem?*—Yes; all one can say is that there is no principle underlying the franchise coroner except that he holds by charter from the Crown or prescription.

142. Which presumes a grant?—Yes, a franchise coroner is defined in the Act as the coroner of the King's household, a coroner or deputy coroner for the jurisdiction of the Admiralty, a coroner appointed by the King in right of his duchy of Lancaster, and a coroner for any town corporate, liberty, lordship, manor, university, or other place the coroner for which before 1887 was appointed by any lord, or was appointed otherwise than by election of the freeholders of a county or part of a county or by a borough council.

143. It is done by exclusion?—Yes.

144. However, it is correct in fact, it covers the whole?—Yes, it covers the whole with one exception, so fas as I can make out, and that is the King's Coroner and Attorney, which is not enumerated.

145. Perhaps you will tell us something about the King's Coroner and Attorney?—He exercises functions which have very little to do with the coroner's functions. As a matter of fact, while there was a King's Bench prison he did hold inquests on the prisoners dying in prison; but since there is no such thing as a King's Bench prison now, his functions with regard to holding inquests on dead bodies are gone entirely. I do not know how far the combination of King's Coroner and Attorney goes back; it goes back something like 200 years, Master Mellor tells me.

146. The senior Master of the Crown Office has always been also King's Coroner and Attorney, has he not?—He may be appointed. There may be two persons appointed for it, but, as a matter of fact, the same person has held the two offices for the last 200 years. As the King's Attorney he holds the office as Old Clerk of the Crown, and as King's Coroner he holds the office as Revenue Officer of the Crown.

147. But he holds no inquests?—No, and he is appointed by the Lord Chief Justice now and not by the Crown.

148. But as King's Coroner he receives a Royal Warrant from the Crown, does he not?—He tells me that he does not, that he was appointed by the Lord Chief Justice, and that is the only appointment he has. He has no patent.

149. And no duties *qua* coroner?—Not now.

150. If a man dies in the King's Bench Division, who would hold the inquest?—It would go to the county coroner to hold the inquest unless the judge chose to do it himself. I thing the King's Coroner had no jurisdiction in the Courts of Justice at all—his jurisdiction only extended to the prison. It is said that he used to refuse to allow the body of any person dying in the King's Bench prison to be taken away by his friends unless they paid him a fee.

151. In the old days?—Yes.

152. As an instance in point, when the late Mr. Whitaker Wright committed suicide in Court, any question of jurisdiction was solved by removing the body to the Westminster mortuary, and the Westminster coroner held the inquest?—Yes, where the body lay. The question was discussed at that time, I remember, but I know the body was removed.

153. At the Royal Courts there are no facilities for holding inquests—neither a mortuary nor a post-mortem room?—The question might have arisen whether the Royal Courts were not part of a Royal Palace, in which case the coroner of the verge or coroner of the King's household would hold the inquests; but his jurisdiction is very closely defined now by the Coroners Act, 1887. But all the other functions of the King's Coroner and Attorney are practically office functions of the Master of the Crown Office.

154. Then we come to the coroner of the King's household?—The functions of the coroner of the King's household are strictly defined by the Act of 1887, section 29. Perhaps I might explain how this comes to be. At common law the coroner of the verge was the coroner who had jurisdiction in the royal palaces; he had exclusive jurisdiction within the verge, which was the King's residence and a circuit of 12 miles round the residence, but owing to the frequent removal of the King's court, great delay and failure of justice often arose from such exclusive jurisdiction, to remedy which the statute of 28 Edward I., chapter 3, provided that the coroner of the county should be associated with the coroner of the verge to hold inquests on matters arising within the verge. By the statute 33, Henry VIII., chapter 12, section 3, a discrimination was made between inquests on deaths within the precincts of the palace, and those without the precincts but within the verge. The former were placed within the exclusive jurisdiction of the coroner for the King's household, while the latter remained within the common jurisdiction of the coroner of the King's household and the coroner of the county. The jurisdiction of the coroner of the King's Household is now confined to the precincts of the palaces as stated in the statute, and the verge beyond such precincts is within the exclusive jurisdiction of the coroner for the county or franchise within which it lies; so that you have them now transferred from the coroner of the verge to two coroners, one having exclusive jurisdiction within the palace, and the other

having exclusive jurisdiction within the verge outside the palace.

155. I think, at the present time, the coroner of the King's household is a solicitor appointed by the Lord Steward?—Yes.

156. Passing from the coroner of the King's household, will you now tell us something about the coroner of the Admiralty?—The coroner of the Admiralty is rather a mystery at present. I have been at some trouble to find out the facts. I have gone through the Patent Rolls to see how the coroner of the Admiralty ever was appointed, and I find that there is no special jurisdiction given to the Admiral except by a statute of Richard II., chapter 15, I think it is. He seems to have had a common law jurisdiction over the open sea, but the difficulty is that there was no such thing as an Admiral for the whole kingdom in the old days; the Lord High Admiral does not, I think, appear before the 15th century.

157. The office of Lord High Admiral which is now in commission?—Yes, and has been ever since 1708, except for a short time in 1827 when the Duke of Clarence was Lord High Admiral. The personality of the Admiral in early times is rather a difficulty to be solved. But we know this, that in 1482, there was an Admiralty Court and the first judge we know of was appointed in that year 1482; he is the first judge whose patent appears on the Patent Rolls; but he does not appear to have been appointed coroner, because his patent is merely "*ad cognoscendum procedendum et* "*statuendum de et super querelis causis et negotiis* "*omnium et singulorum de his quæ ad curiam princi-*" *palem Admirallitatis nostræ pertinent.*" The judge had really to look after the causes and complaints in the Admiralty. This is a very short patent and that is the whole of it. I cannot find patents between that and Sir Leoline Jenkins in 1674; but in 1674 there is a patent appointing Sir Leoline Jenkins judge of the Admiralty Court, and that contains a clause which has been continued in the patents appointing the Admiralty Judges down to the time of Sir Robert Phillimore.

158. When you say down to the time of Sir Robert Phillimore, that is down to the Judicature Act, in fact?—Yes; Sir Robert Phillimore was the last.

159. He was appointed before the Judicature Act?—Yes, his patent gave him jurisdiction "to take "cognisance of and decide of wreck of the sea, great "and small, and of the death drowning and view of "dead bodies of all persons whatsoever in the sea or "public rivers, ports, fresh waters or creeks whatsoever "within the ebbing and flowing of the sea and high "water mark throughout our Kingdoms and Dominions "aforesaid, and the jurisdiction of the Admiralty of "England together with the custody and conservation "of the statutes concerning wreck of the sea and the "office of coroner made in the third and fourth year "of the reign of King Edward the First." That gives him by patent, direct jurisdiction as coroner. There may be a similar patent before that of Sir Leoline Jenkins, but I cannot find it.

160. That was put into the patent of judge of the Admiralty down to the time of Sir Robert Phillimore?—Yes; and when Sir Robert Phillimore died, in 1877, Sir James Hannen was appointed. Sir James Hannen was at that time a judge of the Queen's Bench, and his patent simply says that he is to exercise the office of President of the Probate, Divorce, and Admiralty Division.

161. That was under the Judicature Act?—Yes. The words are, "We hereby give and grant to our "trusty and well-beloved Sir James Hannen, one of the "justices of our High Court of Justice, the office of "President of the Probate, Divorce, and Admiralty "Division of our High Court of Justice, to have the "same so long as he shall well behave himself there-"in." That is all, so that that gave him no jurisdiction as coroner.

162. And since that time no President of the Admiralty Division has been appointed Admiralty coroner?—No; the patents have all been in that form. A judge of the King's Bench has always been moved up to the Presidency. Then it depends upon the construction that is to be put upon section 12 and section 16 of the Judicature Act, 1873, to decide what has become of this coronership. Two views may be taken of that. One is, that it was an office which by custom was held by the judge of the court whose jurisdiction was transferred to the High Court of Justice, and therefore is exerciseable by all the judges of the High Court of Justice. The other view is that it was not at all an office held by custom, because it was held by a separate patent on express grant on each occasion; and as there is no express grant now, there is no such person as coroner of the Admiralty.

163. The coroner of the Admiralty always acted by deputy, did he not?—Yes.

164. He appointed deputies in various ports?—In three specially, though there may have been an odd one from time to time. But the three ports are the Medway River, Plymouth, and Southampton and the Isle of Wight.

165. There was no Admiralty coroner in a big place like Liverpool?—No; there is no record of any Admiralty coroner up there. Those three places are the only ones that I can find.

166. And now there are no Admiralty coroners; they have all died out?—The last one was appointed by Sir Robert Phillimore, in 1875, and he is dead.

167. So that any Admiralty coroner does not exist?—He does not exist, and there is no reason for him to exist, because now, by section 7, subsection 1, of the Coroners Act, 1887, the coroner may hold an inquest within whose jurisdiction the body is lying dead. The words of the subsection are: "The coroner only within "whose jurisdiction the body of a person upon whose "death an inquest ought to be holden is lying, shall "hold the inquest, and where a body is found dead in "the sea or any creek, river, or navigable canal within "the flowing of the sea where there is no deputy "coroner for the jurisdiction of the Admiralty of "England, the inquest shall be held only by the "coroner having jurisdiction in the place where the "body is first brought to land." So that that gives the county coroner or the franchise or borough coroner, as the case may be, the jurisdiction to hold the inquest where the body is brought to land.

168. As soon as the body is brought above high-water mark?—Anywhere.

169. Take the case of a person in port dying on board a ship?—If he is in port he would be within the body of the county.

170. Would that apply to a person dying on a foreign ship? I suppose it would, unless it were a ship of war?—I suppose there would be no right to board a foreign ship of war.

171. Supposing a man was killed in a foreign ship of war; that is extra-territorial, and no inquest can be held. But in the case of an ordinary ship, what would be the procedure?—The coroner can board a ship if it is in port.

172. Supposing, for instance, a man is murdered at sea on, say, an American ship which comes into Southampton, and the body is on that ship in Southampton water, I assume that the Southampton coroner would have jurisdiction?—Yes, I think so; he would be entitled to go anywhere within the county, and that is within the county.

173. (*Sir Horatio Shephard.*) It would not matter where he was murdered?—No.

174. (*Chairman.*) As soon as the body came into the county the coroner could hold an inquest?—I have not yet gone into that part of the subject. There was a distinction in law between where a body was murdered and where that body was found; so that in some cases neither the coroner of the county in which the deceased received his death wound, nor the coroner of the county where he died could hold an inquest.

175. But that is all gone now?—Yes, it is where the body lies.

176. There were, I believe, some rather unseemly conflicts of jurisdiction in old days between the Admiralty coroner and the county coroners?—One case especially you find cited in Umfreville on the Law of Coroners. It was the case of a body drowned at St. Katherine's in the Thames, just below London Bridge. The coroner of the Admiralty made an inquisition on

the body, which was found to have been drowned by accident. The coroner of the county afterwards demanded the body that he might make an inquisition, which the coroner of the Admiralty refused and had the body buried. This was complained of to the King's Bench as an abuse, as the Admiralty had no jurisdiction unless the death occurred in a great ship, and an attachment was granted against the coroner of the Admiralty and they put him in prison. But that was only one of the incidents that were always happening between the Admiralty and the common law courts. There was great jealousy shown by the two sets of courts, and they were frequently having trouble with each other; numbers of prohibitions were applied for against the Admiralty to prevent their trying cases, and it was only by little and little that they got their jurisdiction in cases of charter parties, bills of lading and so on.

177. There were continual conflicts in fact between the Admiralty Court and the ordinary common law courts?—Yes, there were unceasing conflicts from the beginning of the 14th century down to the end of the 16th.

178. And that friction applied to all subject matters cognisable by those courts?—Yes.

179. Passing from the Admiralty coroner, can you tell us something about the ordinary franchise coroners?—The franchise coroners generally are coroners appointed by virtue of some charter granted either to an individual or a corporation to appoint a coroner. The terms on which a franchise coroner holds the appointment are defined by the charter, and the fees and so on would follow from the charter, so that there is no general rule at all with regard to either the tenure or the remuneration of a franchise coroner; it depends entirely on the individual charter upon which his appointment is based. The only point, I think, that is generally recognised is that unless there is a special clause enabling him to appoint a deputy, a franchise coroner cannot appoint a deputy, because it is a judicial office, and the general rule is that a judicial office cannot be delegated unless special power is given for that purpose, and I think the better opinion is that a franchise coroner cannot appoint a deputy unless he has it in his charter, or can at all events show a prescriptive right to do so.

180. Which is held to imply an original grant?—Yes.

181. If you look, for instance, at the Home Office Return, you will find a case in point in the Walton-le-Dale Manor, where the lord of the manor is coroner, and there is a deputy and acting coroner?—Yes.

182. Probably there would be some power, either by grant or prescription, to appoint a deputy there?—Yes; the lord of the manor himself is coroner.

183. But he acts by his deputy?—Yes, and Princess Henry of Battenberg is coroner for the Isle of Wight, and she appoints a deputy—that is to say, the governor of the Isle of Wight is *ex officio* coroner and acts by deputy.

184. Is he *ex officio* coroner, or has he the right *ex officio* of appointing a coroner?—The clerk to the county council tells me that the governor is *ex officio* the coroner.

185. So that the acting coroners of the Isle of Wight are properly deputy coroners and not coroners?—That is so; governors of the island are appointed coroners by letters patent, and so the Princess is coroner and appoints a deputy.

186. (*Sir Horatio Shephard.*) The governor has always appointed a deputy there?—Yes, and that deputy could not appoint another deputy, which is apparently what they have tried to do.

187. (*Chairman.*) Will you tell us something now about deputy coroners, because that is a very important point?—The deputy coroners now are entirely governed by the statute of 1892, section 1, subsection (1); there is nothing outside that statute, I think, which can be added to it.

188. That statute only applies, I think, to county and borough coroners?—That is all. The words of the subsection are: "Every coroner, whether for a county or "a borough, shall appoint, by writing under his hand, "a fit person" to be his deputy. He must appoint a deputy.

189. (*Sir Horatio Shephard.*) Is section 13 of the Act of 1887 repealed then?—Yes.

190. That only provides for a deputy for actual emergencies, not a regular deputy?—Yes.

191. (*Chairman.*) I think the Act provides that when a coroner dies the appointment of his deputy continues?—Yes. Sections 11, 13, and 14 of the Act of 1887 are all three repealed. In the same way a deputy coroner must not be an alderman or councillor, and the appointment may be revoked, so that it is not an appointment for life, it is an appointment at the will of the borough coroner or the county coroner; but it is provided that "such revocation shall not take effect "until the appointment of another deputy has been "approved." So that if the county council or borough council object to the coroner's action they may say, "We will not approve of anyone else," and that would prevent it.

192. The council would have no power then to overrule the coroner; the appointment must be made by the coroner himself?—Yes.

193. So that if the deputy coroner misbehaves it is in the discretion of the coroner to remove him?—I think the Lord Chancellor would have power to remove him because the deputy coroner is himself a coroner.

194. You think that the statute relating to coroners would cover the later provision with regard to deputy coroners?—Yes, he is subject to the same liabilities as the coroner. Section 1 subsection (5) provides: "For "the purpose of an inquest or act which a deputy of "a coroner is authorised to hold or do, he shall be "deemed to be that coroner."

195. And one of his liabilities is the liability to be removed from his office?—Yes, and if convicted of a misdemeanour to be removed by the courts: "he shall "generally be subject to the provisions of the Coroners "Act, 1887, and to the law relating to coroners in like "manner as that coroner"; so that his appointment could be revoked by the coroner himself.

196. (*Sir Horatio Shephard.*) And there is a special provision in the Act of 1887 reserving the power of the Lord Chancellor?—Yes.

197. (*Dr. Willcox.*) One important point is that the deputy coroner has no fixed salary of any kind?—That is so.

198. (*Chairman.*) Is there any provision anywhere for any salary or payment to the deputy coroner?—There is no statutory provision.

199. Therefore the coroner would have to pay him out of his own pocket?—Yes; it is entirely for the coroner's benefit that he has a deputy.

200. Just as a deputy county court judge is ordinarily paid by the county court judge?—Yes.

201. There is no scale fixed?—No; it is a mere matter of arrangement.

202. Between the coroner and his deputy?—Yes.

203. But the coroner is bound to appoint a deputy and then he makes an arrangement as to how he is to be paid?—Yes.

204. Is there any power for a county council to pay the deputy, or would it be *ultra vires?*—It would be *ultra vires* for a borough council, certainly, because they are strictly limited by the Municipal Corporation Acts.

205. He cannot be paid out of the borough rate?—No. In the case of a county council I should not like quite to say that—I have not considered that point; but I do not think there is any power to pay him because there is special power to pay the coroner, and I think it would require statutory power to do it.

206. Then coming to the deputy for a franchise coroner, he only exists in very few cases?—There are very few cases where he does exist at all and then only by prescription or the terms of a charter.

207. In some counties you have a little island which is the jurisdiction of a franchise coroner. Supposing he is ill or away, could the ordinary county coroner hold an inquest or could he not? What happens when the franchise coroner is taken ill?—I think simply you come to an *impasse* then; there is no power to the county coroner to go into the franchise.

208. Although it is in his county?—Although it is in his county. I take it in this way: that in the caption of the inquisition you have to describe your jurisdiction, and if it is shown that you are not the coroner for that jurisdiction the inquisition can be set aside.

209. It is not a case of acting as deputy; it is a case of one coroner acting for another, and so long as the whole jurisdiction is within the limits of the county I was wondering whether it would be possible for the county coroner to hold an inquest if the franchise coroner is unable to hold it?—They would have to remove the body into the county.

210. That would be the practical way out of it?—Yes. That was the old plan always. In common law cases if a man was wounded to death in county A and died in county B it was held that the coroner of county B could not hold an inquest because the stroke of death was given in county A; so the result was that they took the man back from county B to county A and then the coroner of county A would hold the inquest.

211. That is now done away with?—Yes. But the difficulty you put before me now would be solved in that way. If a man died within the franchise and there was no possibility of the coroner of the franchise holding the inquest, the coroner of the county could not go into the franchise and hold it, but they must take the body out of the franchise into the county and then he would have jurisdiction.

212. (*Sir Horatio Shephard.*) The county coroner would have no power to go and take it out?—No.

213. (*Chairman.*) It would have to be done by arrangement?—Yes.

214. (*Sir Horatio Shephard.*) But it could not be done otherwise?—No; it must be by arrangement as in the old county A and county B cases.

215. In the Act of 1887 I see that the language about appointing deputies is negative and prohibitive. There is an obligation to appoint a deputy and then the deputy shall not act except in certain circumstances?—Yes, that is continued.

216. In the Act of 1892 it is just the other way?—It uses the words "and not otherwise."

217. But as a matter of fact, I suppose it is true that the deputy does the ordinary work alongside of the coroner; the deputy takes part of the work in one district while the coroner is doing another district?—If the coroner is holding an inquest in one part of course the deputy coroner could be holding an inquest in another part, but if the coroner is not ill or holding an inquest, then there is no right for the deputy coroner to act at all. You will see that, I think, by subsection (3): "In the case of a borough coroner the "necessity of his so acting shall be certified on each "occasion by a justice of the peace;" so that clearly he could not act simply to let the coroner have a day off.

(*Chairman.*) The two provisions are rather hard to construe together, are they not?

218. (*Sir Horatio Shephard.*) Supposing three or four inquests to be held on one day, which one coroner could easily do if he choose to travel round, but he chose to say I will do these two in the morning in such and such a place, and you do the rest of them somewhere else in the afternoon—or in the morning if you like—would that be permissible?—That would be covered. The deputy coroner would properly hold an inquest in another place, because the coroner would be holding an inquest somewhere else, and that would be a lawful or reasonable cause.

219. That was not intended. The object was to make the coroner do his own work and only to allow a deputy to be employed when the coroner could not do his own work?—Yes.

220. (*Dr. Willcox.*) Assuming that the coroner was rather deaf, and that he had a very important case, he might delegate it to his deputy. I am thinking of a concrete instance?—Supposing that it happened to be in a borough, you would have to get a justice of the peace to certify that the coroner was ill.

(*Sir Horatio Shephard.*) Not in the case of temporary illness but permanent incapacity, Dr. Willcox means.

221. (*Dr. Willcox.*) That is really illegal, but things like that are done?—Yes, it is illegal, because it is so clear what the spirit of the rule is: that it is only during his illness or absence for any lawful or reasonable cause.

222. Who could take action in that particular case?—If there was a certificate by a justice nobody could take action. I am taking the case of a borough where you require a certificate. If there was a certificate by a justice that the coroner was ill or absent for an unavoidable cause, nobody could object. Supposing there was no certificate, and supposing a man was presented at the assizes for trying one of the coroners's inquisitions, you could apply to have the inquisition quashed, and the inquisition would be quashed; it would be taken to be *coram non judice*. You could apply to the King's Bench to have it quashed too.

223. (*Sir Horatio Shephard.*) I see with regard to the certificate that it has to be given before the inquest is held, not afterwards?—Yes, so that the deputy must have a certificate before he can hold an inquest.

224. The deputy coroner must read the certificate to the jury; therefore it must be obtained before the inquest, must it not?—He has to read his certificate, but if he gets a certificate it is all right. If a justice gives it to him, I think that the reason for giving it to him cannot be inquired into if a justice chooses to certify.

225. (*Chairman.*) It is a matter in the absolute discretion of the justice?—Yes.

226. (*Sir Horatio Shephard.*) But it is intended to be done beforehand, because the section says that it shall "be openly read to every inquest jury?"—Yes, he must have a certificate. If he has not got it and holds an inquest without it, it is *coram non judice*, and the inquest can be quashed.

227. (*Chairman.*) Now we come to another branch of the law of coroners, that you kindly said you would give us some information about, namely, their duty to hold inquests *super visum corporis?*—The duty with regard to that is put into a statutory form in section 3 of the Act of 1887; that is his general duty, I should say: "Where a coroner is informed that the dead "body of a person is lying within his jurisdiction"—he need not have been killed within his jurisdiction; the fact that the body is within his jurisdiction is sufficient —"and that there is reasonable cause to suspect that "such person has died either a violent or an unnatural "death, or has died a sudden death of which the cause "is unknown, or that such person has died in prison, "or in such place or under such circumstances as to "require an inquest in pursuance of any Act" (there are certain Acts which require inquests), "the coroner, "whether the cause of death arose within his juris-"diction or not" (that gets over the old case of two counties), "shall, as soon as practicable, issue his "warrant for summoning not less than 12 nor more "than 23 good and lawful men to appear before him "at a specified time and place, there to inquire as "jurors touching the death." That is the general duty of coroners, and that has been supplemented by certain judicial remarks, especially by the judgment of Lord Selborne, in the case of *re Hull* in 1882, 9, Queen's Bench Division. The various judicial remarks of Lord Selborne and the judges he quotes may be summed up rather in this way. A coroner has not an absolute right to hold an inquest in every case in which he chooses to do so; nor is it in general the duty of coroners voluntarily to obtrude themselves into private houses when they have not been sent for and have received no notice from the police or other authority that death has occurred in circumstances which appear to them to call for an inquest. Such officious interference would be in many cases a censurable excess of duty. And if notice of the death is accompanied or followed by information that it was probably due to such cause as apoplexy or other visitation of God, so as to show that an inquest is not necessary, the coroner may reasonably exercise his discretion by not holding an inquest. But if a coroner receives from the police authorities information of a sudden death in order that an inquest may be held, and there is no medical certificate of death from any natural cause, or other ground

on which he can reasonably form an opinion as to the actual cause of death, it is his duty to hold an inquest; and in such case he cannot properly exercise any discretion to the contrary unless by inquiry or otherwise he has obtained such credible information as may be sufficient to satisfy a reasonable mind that the death arose from illness or some other cause rendering an inquest unnecessary. If a coroner has information which if true makes it his duty to hold an inquest, he is bound to hold such inquest; his jurisdiction to inquire does not depend upon the actual result of the inquiry. That latter part is by Sir Henry Hawkins. The first part is by Lord Selborne and the last part by Sir Henry Hawkins.

228. In fact you may sum it up as regards non-violent deaths in this way, that the coroner is bound to hold an inquest in the case of every unexplained death which is called to his notice?—Yes.

229. He is not precluded from making preliminary inquiries?—No.

230. He may make preliminary inquiries, and if they satisfy him that there is a reasonable natural explanation of the death he need not hold an inquest?—That is so.

231. And he ought not to hold an inquest?—That may have some bearing upon a question which I see you have for consideration, namely, whether you should have an autopsy.

232. Can a coroner direct a post-mortem examination and not subsequently hold an inquest?—No, he cannot direct a post-mortem examination unless he acts as coroner at an inquest—unless he is holding an inquest, in fact.

233. As part of the inquiry?—Yes.

234. As preliminary to an inquest?—As part of the inquest.

235. He can do this, I take it. Supposing a man drops down dead suddenly and no medical practitioner is present, and the relatives are anxious to avoid an inquest and offer themselves in consultation with the coroner to have a post-mortem made, there is nothing to prevent the coroner, if he is satisfied on the report of that post-mortem that the death was due to natural causes, deciding not to hold an inquest?—No, it is a matter of discretion.

236. But he could not order a post-mortem and he could not pay the man who makes it?—No.

237. As soon as he orders a post-mortem, then it is a matter preceding an inquest, and he must hold an inquest?—Yes, it is part of the inquest.

238. However satisfied he is with the result?—Yes.

239. Supposing he has ordered a post-mortem, and it is perfectly clear that it is a death from natural causes, still, having ordered a post-mortem, he is bound to go on?—Yes.

240. And he is bound to call a jury, who must view the body?—Yes.

241. Even though the post-mortem that he has ordered shows beyond all doubt that it is a death from perfectly natural causes?—That is so, but that is not altogether irrational. If the coroner had power to say, "This man is dead, and I do not quite know how—I shall hold a post-mortem," the friends might object very strongly to having a post-mortem made, and he might say, "Very well, then, I shall hold an inquest," and then, of course, you can have a post-mortem.

242. (*Sir Malcolm Morris.*) But it would be halving the troubles of the family if they had a post-mortem without an inquest, if the coroner was satisfied. He has no power to do that, but if he had the power he would be able to say, in many instances, "It is not necessary now to have an inquest"?—But very often it may not be necessary to have a post-mortem at all.

243. What are the cases in which it would not be necessary?

243*a*. (*Chairman.*) Assuming that a post-mortem is made, is it not painful for the friends or relatives in the case of a perfectly natural death that there should be an inquest in addition to the post-mortem?—If it is quite necessary that there should be a post-mortem.

244. (*Sir Malcolm Morris.*) Supposing that the family doctor cannot certify, and yet he holds a post-mortem, I mean?—My view rather was that the coroner might sometimes order a post-mortem which he would not do if he had to come before the public and have a public inquiry.

245. Does he pay that doctor?—He is paid by the county.

246. But not when there is no inquest?—No, he cannot do it at all then.

247. (*Chairman.*) Unless there is an inquest there is no power to pay for a post-mortem?—No, not out of the county rate.

248. That is clear law?—Yes.

249. (*Sir Horatio Shephard.*) There is no objection to the coroner saying to the family, "If you like to "have a post-mortem and satisfy me, there will be no "inquest; if you will not have a post-mortem on your "own account, then there must be an inquest"?—No, there is no legal objection to that.

250. Is there any practical objection?—I take it rather the other way, that the coroner, if he had the power of ordering a post-mortem without an inquest, would very often do it when he would be very loath to do it if he was *coram populo*.

251. (*Chairman.*) May I say that you would put it in this way, that you think there is a danger of the coroner ordering a post-mortem for what you may call purely scientific reasons, as opposed to public reasons?—Yes, instead of making preliminary inquiries he will say, "I will have a post-mortem at once."

252. On the other hand, you may have very hard cases where a medical man properly refuses to certify, but where there is no reasonable doubt that it is quite a perfectly natural death, which yet would be made absolutely certain by a post-mortem?—Yes.

253. (*Dr. Willcox.*) May I ask one important question, as it seems to me, on that. In the case of sudden death of a person, or death from, say, a surgical operation, whose property is the body?—There is no property in a dead body.

254. Supposing a person dies suddenly under a surgical operation, may the medical man who does that operation make a post-mortem on the body, or is he bound to get the permission of the coroner?—The coroner could not give him permission.

255. (*Chairman.*) The relatives can?—Yes, the relatives can; unless the coroner determines to hold an inquest. Directly he determines to hold an inquest he can instruct the medical man who was attending the deceased or any other properly qualified medical man to make a post-mortem.

256. (*Dr. Willcox.*) In a case of sudden death, say, under a surgical operation, is there any objection to a post-mortem being made with the consent of the relatives without the coroner being communicated with?—There is no legal objection.

257. I ask the question because it is usually thought that there is?—The coroner may still hold his inquest, but there is no legal objection to a post-mortem being made with the consent of the executors or relatives.

258. I have always understood, and it is a rule which is adopted in nearly all hospitals, that in case of death during an operation, or things of that kind, a post-mortem should not be made until the coroner is informed.

(*Sir Malcolm Morris.*) That is because of the person dying in a public institution.

259. (*Dr. Willcox.*) The same thing cropped up with me a few months ago, when some rather distinguished person died under the operation of tapping the chest in his own house. I was asked to make an examination and I declined unless the coroner was communicated with?—That is quite reasonable.

260. (*Sir Malcolm Morris.*) Has the coroner necessarily any jurisdiction in such a case?—None whatever. If a person dies in a public institution, under a special Act of Parliament the coroner is bound to hold an inquest.

261. But if the death occurs in a private house, surely the coroner has no jurisdiction under such circumstances when the post-mortem is done by a properly qualified medical man?—The coroner ought not to hold

his inquest at all if the post-mortem is done by a properly qualified man; but if he thinks that a possible case of negligence might be made out against the medical man he would be justified in that case in holding an inquest.

262. (*Chairman.*) If he had any complaints, for instance, of negligence from the relatives?—Yes; but if he had no such complaints he comes under Lord Selborne's judgment and ought not to interfere.

263. But still, whenever there is a doubt about the cause of death it is a reasonable and proper course for the relatives to have a post-mortem made in consultation with the coroner in order to satisfy him that an inquest is not necessary?—I think the usual practice would be to have a post-mortem made first and to communicate the result to the coroner. I do not think they would go to the coroner first and ask him. I do not see any ground for doing so.

264. Unless the coroner is likely to intervene?—Unless you have reason to believe that the coroner is going to intervene. There is one other objection, I may say, to the coroner ordering a post-mortem in lieu of an inquest, and that is that the Act of Parliament specially provides for bringing in a second opinion when you are not quite certain that the first post-mortem is a good one. That can only be done in the case of an inquest. The jury, having seen the man who has made the post-mortem, can say: "We are not satisfied with this "gentleman's evidence, we insist upon having a specialist "appointed to make a further post-mortem," and, of course, if the coroner can satisfy himself that he will not hold an inquest at all on the evidence of the one practitioner who has made the post-mortem, you would rather do away with the safety of the public, because now the jury, having heard that man, can say: "We do "not consider your evidence satisfactory, we want to "have better evidence on the subject."

265. (*Sir Malcolm Morris.*) Would not that equally apply to my question, whether the coroner has held an inquest or not?—In such a case as that he ought to hold an inquest, no doubt.

266. (*Sir Horatio Shephard.*) Under the words of the Act, I suppose that a man who dies under an operation dies a violent death?—I do not think that comes within the meaning of a violent death. The usual death certificate of a doctor is "syncope from shock." I think that is the general formula when an operation is being done and the patient dies.

267. (*Dr. Willcox.*) Still it is an unnatural form of stimulus to produce a shock?—You give the symptom, appendicitis, and the immediate cause of death you give as syncope from shock or heart failure, so that it would not be a violent death.

268. (*Chairman.*) Now coming back to the jurisdiction to hold an inquest, there are one or two points that I should like to clear up. It must be *super visum corporis*, of course?—Yes.

269. Although apparently credible witnesses describe death by violence, no inquest can be held unless you recover the body?—No.

270. To take a case which is now occupying attention in the papers, two witnesses have described the death of Miss Charlesworth?—Yes.

271. But no inquest can be held unless the body is recovered?—No.

272. For instance, supposing a balloon is seen to fall into the sea, until the body is recovered there is no means of ascertaining by law the death of the occupant of the balloon?—No, but there may be an application to the Court of Probate to presume the death.

273. Can that application be made before a considerable period has elapsed?—Some period must elapse.

274. There was a case the other day where a man disappeared from a Channel boat. There, of course, no inquest could be held?—No.

275. Where there is simple and clear evidence of a man's death, would it be convenient in any way that an inquest should be held to, so to speak, perpetuate the testimony and to clear up the point?—I do not see any good reason for that.

276. You think that application to the Court of Probate is all that is required?—Yes, to presume death.

277. May I put another difficulty to you. Take the case of the man who disappeared from a channel boat. Presumably he is dead, but his widow would be in great difficulty if she married again?—Yes, she has got to take her chance and wait for seven years. She does not commit bigamy if she marries again after seven years if she has had no notice of the life of her husband and reasonably believes him to be dead. If she happens to marry again within the seven years she does it at her risk.

278. Even although the Court of Probate has presumed the death?—Yes. There would of course be no punishment.

279. But still she might be indicted for bigamy?—Yes, and she would not be the wife of the second man.

280. You do not think, however, that there would be any public convenience served if, in the case of what may be called a presumed death, the coroner could take evidence, and the jury could find the fact?—I think the Court of Probate is a better court to decide that than a jury.

281. For the purposes of probate; but for other purposes?—To alter the status of the widow, you mean?

282. Yes, and the survivors?—Supposing the man did come to life again that would alter the status. If he came back he would not get his wife—Enoch Arden.

283. You think the law is right as it stands that it must be *super visum corporis*?—Yes.

284. (*Dr. Willcox.*) One point that is rather of importance, I think, is what is meant by *super visum corporis*. Supposing, for instance, there was a fire, as there was at an asylum a little time ago, and a few ashes were all that remained, is there any definition of what is meant by *super visum corporis*?—There is no definition of actually what the *corpus* must be, but it is as much as can be found, and in such condition as it can be found in.

285. This leads up to a very important point, and that is that in many cases people die, and two or three months afterwards there are allegations of foul play, then there is a great amount of discussion and so on, exhumation occurs, evidence is taken, and the case is cleared up by a coroner's jury. I was engaged in two or three such cases a year or two ago, when the whole thing was absolutely cleared up by investigation. The point I want to put to you is: could such an investigation be made on a cremated body; would the viewing of the ashes of the body be deemed to be *super visum corporis*?—If the coroner refused to hold an inquest, I think in that case there is a special provision for applying to the High Court and getting an inquiry held without a view of the body.

286. (*Chairman.*) The High Court can dispense with the view—at any rate, in the case of a second inquest?—Yes.

287. And probably in the case of a first?—I think in any case where the coroner refuses to hold an inquest that ought to be held. The Cremation Act has no provision applicable to such a case as that.

288. (*Dr. Willcox.*) No; and the need of it is felt?—I do not myself see the difficulty, really, in holding that the ashes would be the *corpus;* it is very little different from just what the worms have left of an infant child which has been buried three months. Very little remains of the child, and yet there is no doubt that you can have it exhumed and an inquest held upon it.

289. (*Chairman.*) You mean that the remains might be quite unrecognisable and incapable of identification as being those of that particular child, and yet you can hold an inquest?—Yes. You can identify it in this way: you can prove that the body was placed there and dug up from there.

290. (*Dr. Willcox.*) In your opinion, then, the cremated ashes would be a sufficient *corpus*?—I think there is little difference between ashes and the mere remains of a body, but I do not think any useful purpose would be served by holding an inquest upon them.

291. (*Sir Malcolm Morris.*) I should like to ask you a question about the jury visiting the *corpus*. By law,

at the present moment, they must all see the *corpus*?—Yes; the coroner and the jury must.

292. (*Chairman.*) To take rather the contrary case to *super visum*. There is a case in to-day's paper—or yesterday's paper—which raises it. A woman confessed to having obtained the insurance money upon medical certificates of death in the case of three people who are alive and well. Have you any comment to make on that—on the mode of certification that renders that possible?—That is purely a matter of the Births and Deaths Registration Act. You take your doctor's certificate to the registrar, and he makes an entry in his book in a certain particular form, giving the age, profession, and so on, and of what the person died, and he gives you a copy of it. It is quite possible to forge that, and take it to an insurance office; and I do not see anything for it except strongly putting into effect the law of forgery. It is like anything else that you can forge.

293. May I ask you this: Before a body is buried, what permit from any public officer is required to bury it?—You should produce the registrar's certificate to bury it.

294. We see in the Registrar General's returns a certain number of uncertified deaths, and presumably those people are buried. How do they get buried?—You must get the certificate of the registrar, and every registrar has to see whether the cause of the death is proved to him or not. He has to inquire, under the Registration Act, of the person who was in attendance, or, if there was no medical man in attendance, of the relative or person in whose house the individual died, who must attend before the registrar and affirm the cause of death, and then the registrar makes his certificate. Without that certificate, or a reasonable explanation why the certificate is not produced, the body should not get buried.

295. Either in a public cemetery or in a churchyard?—Anywhere.

296. Now take this case. Apart from sanitary reasons in boroughs, you may bury a body in your back garden?—Yes.

297. Is there any penalty attached to burying that body in a back garden without a certificate?—Yes, under the Registration Act, 1864, there must be a register for every place of burial, and a place of burial is defined by that Registration Act of 1864 to include a grave.

298. So that as soon as you bury a person a grave becomes a place of burial?—Yes. It is rather absurd, of course. It works out in this way: if you bury a person in your garden you must have a register of burials and an officer to enter the burials in it.

299. (*Dr. Willcox.*) But is not the person who is responsible for the production of the death certificate at the time of burial the clergyman?—The person who performs the service, if there is a religious ceremony, should require production of the certificate.

300. What I mean is that the clergyman may forget that part of his duty?—That is so.

301. And in that case the body might be buried without a death certificate?—Yes.

302. (*Chairman.*) And if there is no minister of religion present, who is responsible?—Then it has to be delivered to the person who conducts the funeral.

303. What is the penalty for burying without a certificate?—If the burial takes place without a certificate the penalty is 10*l*., unless notification of the burial is sent to the registrar within seven days after the burial. If that is done there is no penalty.

304. Who is the person who technically buries the body?—The person who performs the service. Before he performs the service he should require the registrar's certificate. If there is no minister who performs it, the certificate has to be handed to the person conducting the funeral, or responsible for the funeral.

305. That would mean the friends then?—One would have thought that the duty ought to be imposed upon the keeper of the ground who allowed it to be done.

306. In the case of a churchyard it would be the minister whose freehold it is, and in the case of a cemetery it would be the officer of the cemetery?—Yes.

307. (*Sir Malcolm Morris.*) If you bury a body in your own back garden, are you responsible?—Yes, you come under the Registration of Burials Act, 1864, and must register the burial under that Act.

308. (*Chairman.*) At any rate you are liable to a penalty of 5*l*. if you do not register it?—Yes. If there has been an inquest the coroner gives the order for burial instead of the registrar. The section is section 17 of the Births and Deaths Registration Act, 1874: "Every order of the coroner and certificate of the "registrar shall be delivered to the person who "buries or performs any funeral or religious service "for the burial of the body of the deceased; and any "person to whom such order or certificate was given "by the coroner or registrar who fails so to deliver or "cause to be delivered the same shall be liable to a "penalty not exceeding forty shillings. The person "who buries or performs any funeral or religious "service for the burial of any dead body, as to which "no order or certificate under this section is delivered "to him shall, within seven days after the burial, give "notice thereof in writing to the registrar, and, if he "fail so to do, shall be liable to a penalty not exceeding "ten pounds."

309. In the case of an unnatural death seven days after burial is rather late; seven days before burial would be more useful?—The certificate ought to be there at the time; but if a body is brought there and it is buried, then the person who buries or conducts a religious service over the body must give notice of the burial to the registrar within seven days. If he forgets it——

310. Nothing happens?—He is fined 10*l*.

311. If anybody chooses to put the law in force?—Yes.

312. But who would be likely to put the law in force. We find that there are, as a matter of fact, a great many burials without any certificate?—In the case of a burial without a registrar's certificate, the registrar would probably come to know and would put the law in motion. In the case of burial without registration of the burial I suppose the police would take action.

313. And they would not know probably?—The registrar might come to know and he might inform the police.

314. (*Dr. Willcox.*) If a person dies abroad—say he dies on a ship or dies in France or anywhere—and the body is brought to England there will be no certificate of death for that body which will be an English certificate of death?—That is so.

315. In fact I understand that the registrar of deaths cannot register it. I do not mean a case of a person dying in one of our ports; I mean dying abroad or well out at sea?—The Act of 1887 applies to that. If a death takes place at sea you have to register the nationality and last place of abode. The jury in such a case have to find what is to be registered, and, under the Registration Act, the particulars required to be registered are, the time and place of death, the name, surname, sex, and age, the rank, profession or occupation of the deceased at the time of death, and the nationality and last place of abode of the deceased. That, however, does not apply to a person who does not die at sea, but dies abroad.

316. Then, according to that, every person who dies at sea must have an inquest held upon him?—No.

317. But you spoke of a jury?—If the body is brought to land and an inquest is held, then you have to prove the nationality and last place of abode.

318. Supposing an inquest was not held, would a death certificate which would be applicable in this country be available?—When you register the death, supposing you are the parent or relative of the person dying at sea and you wish to register the death——

319. Could it be registered in this country?—Yes, there are special provisions for that purpose. The Registration of Births and Deaths Act, 1874, says that when a person dies at sea, when you register that death you must give the nationality of the person and the last place of his abode, and that appears in the Register of Deaths, and what you get is a copy of that.

320. Then there is no provision for registration of deaths where a person has died abroad on land in a foreign country?—No. You have to comply with the foreign law in that case.

321. (*Chairman.*) Supposing a man dies in Paris and his body is brought home to England, what forms have to be complied with before burying that body?—The death cannot be registered in England, as the Registration of Births and Deaths Act, 1874, only applies to deaths occurring in this country or at sea. The body would therefore be buried without a registrar's certificate, but notice of the burial would have to be given to the registrar within seven days thereafter.

322. (*Dr. Willcox.*) If the body is brought home from abroad, I understand that a registrar cannot register it?—No, he can only register deaths of persons dying in this country.

323. (*Dr. Willcox.*) That death would not be included in the Registrar General's statistics of deaths for the year in this country. I take it that really the reason why there is a Register of Deaths is to have a proper estimate of the statistics; that is one of the main reasons?—It may be so.

324. And if such a death should not be included in the deaths in England and Wales *ergo* the registrar would not register it?—That may be so.

(*Sir Malcolm Morris.*) How do you answer the question whether there should be an inquest or not?

325. (*Chairman.*) There would be no inquest unless somebody informed the coroner that there was reason to hold an inquest?—That is so.

326. (*Sir Malcolm Morris.*) Supposing there was suspicion of foul play abroad would the coroner hold an inquest if the relatives desired it?—Yes.

327. (*Dr. Willcox.*) You would agree with this, that when the body of a person who has died in a foreign country is landed here it is not obligatory for anyone to register that death in this country?—It is not only not obligatory, but the death cannot be registered in this country.

328. These points crop up in cases of cremation. It is impossible under the present law to cremate a body of a person who has died abroad because you cannot get a certificate of death.

329. (*Chairman.*) It would not be impossible to bury it you say?—No, because if you do not produce the certificate the person who performs the burial then has to give notice to the registrar within seven days after burial, and if he does not, he may be fined 10*l.* There must be one of two things: either he must have a certificate delivered to him before burial, or if that has not been done he must notify the registrar within seven days.

330. And if it is an ordinary case of a person dying abroad the registrar takes no further action?—That is so.

331. That leads to a point that I want to ask you. What machinery is there in law for calling these violent or sudden or unexplained deaths to the notice of the coroner?—None, with the exception of the provisions of certain Acts relating to particular cases, to which I will presently refer. The only thing is that you find in the Constabulary Regulations for various counties that the chief constable tells the constables of each county that if they find or hear of any matter which leads them to suspect that there has been either a violent death or a sudden death it is their duty to inform the coroner. But there is no statutory obligation on them, it is merely a matter of departmental obligation on the police to do it. And with regard to the individual—any of us—it is a moral obligation and nothing else. There is no such thing as misprision.

332. If we hear of a suspicious death it is our moral duty to tell the coroner: "I have heard this—you make inquiries"?—Yes.

333. Has the registrar or registrar-general any duties with regard to the coroner. If he sees an unusual form of death certificate or does not get a death certificate, can he communicate with the coroner?—There is no statutory provision for it. He would be much in the same place as the police or an individual.

334. It would be his moral duty; if he was asked to register a death and thought there were suspicious circumstances, he ought to communicate with the coroner?—Yes; supposing the registrar gets notice within seven days or finds out a little after seven days, if it is after the seven days he says, "Why have I not "had this notice within the seven days? I shall let the "coroner hear of this," and if he does, the coroner may then possibly in his own discretion order an inquest and have the body exhumed.

335. May I take it that the coroner has power to order exhumation without going to the Home Secretary?—I think he has. There is, however, section 25 of the Burial Act, 1857, which says: "Except in "cases where a body is removed from one consecrated "place of burial to another by Faculty granted by "the Ordinary for that purpose it shall not be lawful "to remove any body, or the remains of any body, "which may have been interred in any place of burial, "without licence under the hand of one of Her "Majesty's principal Secretaries of State"; but the coroner for so many centuries has exercised the special jurisdiction of ordering (subject to certain control by the King's Bench) any dead body to be exhumed for the purpose of holding an inquest thereon, that in my opinion it could not have been intended by the legislature to affect that jurisdiction by an enactment relating to the *removal* of dead bodies, or to place the coroner in a very important exercise of his office under the administrative control of the Home Secretary.

336. Practically when a coroner wants to exhume a body and applies to the Home Secretary, he does so, does he not, for this reason, that in exhuming a body, you may interfere with other bodies buried in a common grave which would not be allowable and therefore it would be safer for him to have a Home Secretary's order?—I do not quite agree that disturbing other bodies in such a case would not be allowable; but, no doubt, the coroner may think that in such a case he would avoid possible trouble by obtaining an order of the Home Secretary.

337. Very often a person is buried in a common grave in which there are other bodies, and therefore the Home Secretary's licence is obtained to open that grave, as it may involve interfering with other corpses?—The licence is not obtained for merely opening the grave; it only makes lawful the removal of a body which would otherwise be unlawful; and as a question may arise as to the temporary removal of some body from the common grave other than that on which the inquest is to be held, all possibility of trouble is avoided by obtaining the licence.

338. But you have no doubt as to the jurisdiction of the coroner?—No; the coroner certainly has power to order exhumation.

339. And is sufficient?—Yes, and is sufficient; although it may be better to get the Home Secretary's order in cases where other bodies may have to be disturbed in order to exhume the body required.

340. (*Sir Malcolm Morris.*) Is there any penalty on a constable who fails to report to the coroner when he knows of something that has gone wrong?—Only a disciplinary penalty.

341. (*Chairman.*) He is reported to his superior officer and his superior officer would punish him?—Yes.

342–6. (*Dr. Willcox.*) He would not get rapid promotion, would he?—Probably not.

The witness withdrew.

Adjourned to Friday, the 29th inst., at 3 o'clock.

At the Home Office, Whitehall.

SECOND DAY.

Friday, 29th January 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S. Edin.
Sir HORATIO SHEPHARD, LL.D.
Mr. WILLIAM H. WILLCOX, M.D.
Mr. J. F. MOYLAN (*Secretary*).

Mr. JAMES BROOKE LITTLE further examined.

347. (*Chairman.*) Since our last meeting I understand that you desire to supplement the answers that you have given, and to state briefly the general effect of the law on the subject of the registration of death and burial?—The Acts relating to registration of deaths apply only to deaths happening in this country or at sea; therefore the death of a person who dies abroad and whose body is brought into this country is not capable of being registered. The requirements with regard to the registration of death are these: When a person dies in a house there is a duty to give to the registrar of the district within five days of the death information of the required particulars concerning the deceased. The giving of such information and the signing of the register is the duty (1) of the nearest relatives of the deceased present at his death, or in attendance at his last illness; (2) in default of such relatives, of every other relative of the deceased dwelling in the same sub-district; (3) in default of such other relatives, of each person present at the death, and of the occupier of the house in which to his knowledge the death took place; and (4) in default of all such persons, of each inmate of the house and of the person causing the body to be buried. When a person dies or is found dead in a place which is not a house, the giving of such information is the duty (1) of every relative of such person having knowledge, if any, of the particulars required to be given; and (2) in default of such relative, of every person present at the death and of every person finding and of every person taking charge of the body and of the person causing the body to be buried. And the particulars which are required to be given are (1) the time and place of death; (2) the name and surname, sex, and age of the deceased; (3) the rank, profession or occupation of the deceased at the time of death; and (4) (if the death took place at sea) the nationality and last place of abode of the deceased; and if any person whose duty it is to give this information to the registrar sends written notice of the death and a medical certificate of the cause of death, the information of the required particulars need not be given until 14 days after the death. If the death has not been registered within 14 days from the death or finding of the body, the registrar, if he comes to know of it, may at any time within 12 months require any of the persons whose duty it is to give the information to attend personally before him and give the information to the best of his knowledge and belief and to sign the register. Any person required to give information who wilfully refuses to answer any question put to him by the registrar relating to the required particulars, is liable to a penalty of 40*s.*; and any person whose duty it is to give information in the first instance, and not merely in default of some other person, is liable to a penalty of 40*s.* if the information is not given; that is to say, the relatives who are present at the death and in attendance in the one case, and where a person is found dead out of a house or dies out of a house, the relatives having knowledge of any of the particulars required to be given, are liable to a penalty of 40*s.*, but the persons who ought to give information in default of them are not liable to any penalty at all.

348. On that, may I ask this: If a man dies alone in a flat, has the law contemplated that case?—Yes, it just comes under that provision—in default of all the other persons, the person who causes the body to be buried.

349. (*Sir Horatio Shephard.*) Or the occupier?—Yes. If he is the only tenant there would be no person in the house of course to give it; but anybody who caused the body to be buried is the last person mentioned.

350. (*Chairman.*) Assuming that there was such a person?—Yes.

351. (*Dr. Willcox.*) Could that person who caused the body to be buried be fined?—No, he could not be fined; it says the only persons liable to fine are the persons who, in the first instance, are bound to give information, and not those who are bound to give it in default of other persons.

352. (*Chairman.*) That is the law so far?—That is the law with regard to the registration of persons dying on land. With regard to the registration of deaths occurring at sea, the captain or master or other person having the command or charge of a British ship shall, as soon as may be after the occurrence of the death of a person on board, record in his log book or otherwise the fact of the death and the required particulars concerning such death, or such of them as may be known to him, and shall upon the arrival of the ship deliver a return of the fact so recorded to the Registrar-General of Shipping and Seamen. And where the ship is not a British ship, but carries passengers to and from any port in the United Kingdom, those provisions apply to the captain or master or other person having command or charge of such ship in like manner as if it were a British ship. There are other details that I do not think it is necessary to go into, with regard to a bastard child. That is the general provision.

353. In the case of a violent death at sea there is no obligation on anybody to communicate with the coroner when the body is brought to land?—There is no positive obligation, but notice of the death has to be sent to the Registrar-General of Shipping and Seamen, and he or any person having knowledge of the death may inform the coroner.

354. Even if the body is brought to land; and if the body is buried at sea *à fortiori*, there is no duty to communicate with the coroner?—There would be no advantage in doing so, as no inquest could be held in the absence of the body.

355. (*Dr. Willcox.*) Within what distance of the English coast does the Act confine it?—It is on board ship. As long as you are on board, whether you are at sea or not.

356. Must it be an English ship?—No, I said in two cases—first, where there is a British ship, that was the first case I mentioned, and there the captain, master, or owner having command of it, must make this return; and in the second case, where it is not a British ship, but trades or comes into a British port, then the captain, master, or other person having command has to give the information in the same way as though it were a British ship.

357. (*Chairman.*) Will you continue your statement?—Then there is one case where it is not necessary to give information to the registrar, and that is

where an inquest is held on the body. In that case the certificate of the coroner giving information of the death, and specifying the finding of the jury with regard to the required particulars and the time and place of the inquest, must, within five days from the verdict, be sent to the registrar, who will then register the death. In such case, no other person is required to give information to the registrar. No death may be registered after 12 months from the death, except with the written consent of the Registrar-General; and if it is registered contrary to that provision, there is a penalty of 10*l.*

358. (*Dr. Willcox.*) You told us about deaths at sea, and that the Registrar-General of Shipping should be communicated with. Would there be a certificate of death?—No.

359. There would be no death certificate issued?—There is no death certificate. All there is to do is to deliver or send, in such form and manner as the Board of Trade may from time to time direct, a return of the facts recorded in the log book.

360. That is very important, because that prevents cremation. The body cannot be cremated unless there is a certificate of death?—I think perhaps with regard to that, I had better give a few more words from the Act: The Registrar-General of Shipping and Seamen shall from time to time send to the Registrar-General of Births and Deaths in England a certified copy of every such return, or of that part of every such return which is not so sent to the Registrar-General of Births and Deaths in Scotland or Ireland, and every Registrar-General of Births and Deaths to whom a copy of any return or a return is sent in pursuance of this section shall cause the same to be filed and preserved in or copied in a book to be kept by him for the purpose, and to be called a marine register book, and such book shall be deemed to be a certified copy of a register book within the meaning of the Acts relating to the registration of births and deaths.

361. So there is no special individual certificate for each person?—No; the death of a person who dies at sea is registered in that way. That book is a register, according to the Acts relating to the registration of deaths.

362. My point is that there is no individual death certificate for each body?—That is not required. I shall come back to that presently.

363. (*Chairman.*) Will you just finish what you were saying?—So far, we have got to the registration of the deaths in a book. The registrar is bound, on request, to give a copy of the entry—that is to say, to give a certificate of the registration, and in addition to that, if there is an inquest the coroner may, at any time after view of the body, make an order that the body shall be buried before the registry of the death, and in such case he must deliver the order to the relative of the deceased, or other person who causes the body to be buried or to the undertaker or other person having charge of the funeral. So that there are two things, either a coroner's order or a certificate issued by the registrar, which are available for anybody who desires to cause a body to be buried.

364. A coroner's order can authorise cremation as well as burial?—The Registration of Deaths Act coupled with the Coroners Act, 1887, only authorises the coroner to make an order for burial.

365. But the regulations made under the Cremation Act?—Under the regulations* made by the Home Secretary as authorised by the Cremation Act, a coroner may give a special certificate which will enable the body to be cremated instead of buried. We have then the two things, a coroner's order or a certificate of registration of death issued by the registrar, and that certificate or coroner's order has to be delivered to the person who buries or performs any religious service at the burial of the deceased. If the body is buried in consecrated ground without Church of England rites, under the Burial Laws Amendment Act, 1880, the certificate or order must be delivered to the relative, friend, or legal representative of the deceased having the charge or being responsible for the funeral, and not to any person performing a religious service. Any person to whom such certificate or order has been given who does not deliver it to the proper person, as above stated, is liable to a penalty of 40*s.* It is not necessary to have the order or certificate of the registrar actually at the time of the burial, but any person who buries or performs any religious service at the burial of any person without a registrar's certificate or a coroner's order, must within seven days after the burial give notice of the burial to the registrar under a penalty of 10*l.*

366. So that you can bury without a registrar's certificate or a coroner's order?—Yes, but in that case notice must be given within seven days after the burial to the registrar under a penalty of 10*l.*

367. What becomes of the certificate?—It is returned, I think, to the nearest relative who wants it. As a matter of practice, I know that it is handed to the clergyman, and he hands it back again. He satisfies himself that it is more or less in order. That deals with the point as to the requirement of a certificate or of an order in order to bury a body, and the penalty for not giving information to the registrar, in case the order or certificate is not produced.

368. Then the next point is the registration of the burial?—That is regulated in the first place by the Parochial Registers Act of 1812. Before that time there were registers of burials kept, but they were not kept under any strict law and in any particular form. But the Parochial Registers Act, 1812, provided that in all parishes there should be a register kept by the rector, vicar, or incumbent, and in that register was to be made an entry of the burial of every person; and if a person was not buried in the parish churchyard, but was buried in some other consecrated ground, then the person who performed the ceremony in that consecrated ground had to send a certificate to the rector of the parish, and then an entry was made in the register.

369. By the rector?—Yes. That you see omitted all cases where there was a burial in unconsecrated ground.

370. In private ground?—Yes, in private ground; there was no provision for that until 1864, when the Registration of Burials Act of that year was passed.

371. I suppose about that time unconsecrated cemeteries became common?—Yes, burial grounds under the Burial Acts, as a rule, contain a consecrated and an unconsecrated portion. A few are wholly consecrated, and a few wholly unconsecrated, under the provision of section 10 of the Burial Act, 1855, which is now repealed. Most cemeteries were consecrated, but there was occasionally (one meets not infrequently with such cases) a cemetery that was either wholly unconsecrated, or of which a small portion only was unconsecrated, but, with the exception I have mentioned, in all burial grounds provided under the Burial Acts a portion was necessarily by statute unconsecrated. I might sum it up in this way, that all burials in any burial ground provided under the Burial Acts, or in any cemetery provided under the Public Health (Interments) Act, 1879, or in any cemetery provided under a local Act incorporating the Cemeteries Clauses Act, 1847, so far as the special Act contains nothing to the contrary, or in any other burial ground (an expression which for this purpose includes a vault or any place in which a body is buried), and is not subject to any special statutory provisions, as to the registration of burials, are to be registered in register books provided as the case may be, by the Burial Authority or the company, body or persons to whom the cemetery or burial ground belongs) and kept for that purpose in accordance with the laws by which the registers are to be kept by rectors, vicars, and curates of parishes under the Parochial Registers Act, 1812. That meets the case that I think Sir Malcolm Morris put to me, of a man burying his friend, wife, or anybody in the back garden. The difficulty that arises in that case is, that that is a burial place, and you have to have a register for the purpose under this Act of 1864; which of course raises a difficulty in practice, because

* Statutory Rules and Orders 1903, No. 286.

unless you keep a register for the place you are liable to a penalty of 5*l*. There are provisions as to the mode in which the register is to be kept by the persons who keep it—that is immaterial. The general rule is then that a register must be kept of all places, burial grounds, cemeteries and private grounds wherever anybody is buried.

372. Does that complete your statement?—Yes; that is, so far as regards the registration of deaths and burials.

373. On that I wish to ask a few general questions. In the first place, as I understand, there is no obligation on any relative or anybody else to bury a corpse?—None, except the common law duty, as it is said, of the executors or the nearest relatives to "decently dispose of the body."

374. If the body was sufficiently embalmed it might be kept in the house?—Yes. Certain judges have made remarks that it is the duty of relatives of the executors to give Christian burial; but that has been interpreted in late times to mean merely to dispose of the body decently.

375. And there is nothing to prevent a man, if he wishes, leaving his body to a museum?—Under the Anatomy Act a man may dispose of his body by will for the purposes of necrosection, and he may also by his will forbid it being touched

376. Is there any formality required before the body of a person who dies in England is sent out of the country? Take, for instance, the case of an American who dies here, and wishes his body to be sent home to be buried with the rest of his family?—The only formality required is that if he dies in this country the death should be registered, but there is no other formality attaching to the sending out of a body from the country.

377. There is still one further question on the point we are on now, namely, that an inquest can only be held *super visum corporis*. I take it that a still-born child is not a *corpus* within the meaning of that phrase?—There is a special section with regard to still-born children. There is a provision in section 18 of the Registration of Births and Deaths Act, 1874, that a person shall not wilfully bury or procure to be buried the body of any deceased child as if it were still-born: "A person who has control over or ordinarily buries "bodies in any burial ground shall not permit to be "buried in such burial ground the body of any deceased "child as if it were still-born" ——

378. The words "deceased child" imply that the child has had a separate existence from its mother?—Yes; "and shall not permit to be buried or bury in "such burial ground any still-born child before there "is delivered to him either (*a*) a written certificate "that such child was not born alive, signed by a regis-"tered medical practitioner who was in attendance at "the birth or has examined the body of such child; "or (*b*) a declaration signed by some person who would, "if the child had been born alive, have been required "by this Act to give information concerning the birth, "to the effect that no registered medical practitioner "was present at the birth, or that his certificate can-"not be obtained, and that the child was not born "alive; or (*c*), if there has been an inquest, an order of "the coroner."

379. That brings me to another question: How does the coroner get jurisdiction? on what does he found his jurisdiction when there is a mere suspicion that the child may have been born alive? He cannot hold an inquest on a still-born child as such?—I suppose he might do this. Supposing there is a body—there may be almost a perfect body of a still-born child.

380. Absolutely perfect.—And somebody says, "This child met with its death after birth." I think in that case the coroner would have to hold an inquest and then the jury might find that the child was still-born; and in that case he would make an order for the burial of the remains as those of a child still-born.

381. I may take it that the coroner cannot hold an inquest on the body of a child unless he has some reasonable evidence that the child was born alive?—Unless he has reason for thinking it may have been born alive. It is difficult to say at any time that a coroner cannot hold an inquest. It is like telling the King's Bench judges that they cannot send you to prison. They promptly do it. The coroner can hold an inquest. The only thing is that possibly he ought not to do so, and he may come under the censure of the Lord Chancellor, or the inquisition may be quashed.

382. I think the next thing that you are going to give us information upon is the provisions of the law relating to deaths in prison?—There are various Acts which have special provisions requiring the coroner to hold inquests or requiring notice to be given to the coroner. The first of these that I would advert to is the necessity for the coroner holding an inquest upon persons dying in prisons. The coroner of the jurisdiction to which the prison belongs, wherein judgment of death is executed on any offender, must within 24 hours after the execution hold an inquest on the body, and it is the duty of the jury at that inquest to inquire into and ascertain the identity of the body, and where judgment of death was duly executed on the offender, the inquisition must be in duplicate and one of the originals must be delivered to the sheriff—that is under the Capital Punishment (Amendment) Act, 1868. He must also hold an inquest on any person who dies in prison, and in that case where an inquest is held on the body of a prisoner who dies in the prison an officer of the prison or a prisoner therein, a person engaged in any sort of trade or dealing with the prison, must not be a juror on the inquest; that is from the Coroners Act, 1887, section 3, sub-section (2). That is the Act in force now.

383. Then there are special provisions, I believe, as regards lunatics?—In the case of the death of a lunatic patient, notice thereof, together with a statement relating thereto must within 48 hours of the death be sent by the manager of the institution for lunatics in which the patient died, or in case of a single patient by the person having charge, to the coroner of the district.

384–5. That applies, I suppose, to all persons of unsound mind in asylums, whether they are lunatics so found or not?—It applies to all persons who come within the definition of lunatics, under the Lunacy Act. An institution for lunatics is defined by the Lunacy Act as "an asylum for lunatics provided by a county "borough or by a union of counties or boroughs, a "hospital or any other house or institution (not being "an asylum) wherein lunatics are received and "supported wholly or partly by voluntary contri-"butions or by any charitable bequest or gift, or by "applying the excess of payments of some patients for "or towards the support, provision, or benefit of other "patients." If the manager of an institution for lunatics or a person having charge of a single patient omits to send this notice within 48 hours, he is guilty of a misdemeanour, and the coroner upon receiving notice, if he considers that any reasonable suspicion attends the cause and circumstances of the death, must summon a jury to inquire into the same. He is not bound to hold an inquest.

386. But he is to consider the case?—Yes. Then there is the case of infants taken in to nurse. If any person undertakes for reward the nursing and maintenance of one or more infants under the age of seven years apart from their parents, or having no parents, for a longer period than 48 hours, such person must, in case of the death of any such infant, cause notice thereof to be given within 24 hours of such death to the coroner of the district wherein the body lies, and the coroner must hold an inquest on it, unless a certificate of a duly qualified medical practitioner is produced to him certifying that he has personally attended such infant during the last illness, and specifying the cause of death, and the coroner is satisfied that there is no ground for holding an inquest——

387–8. Is that in the Children Act, 1908, or the previous Act?—In the Children Act, 1908, which adopted, with some modifications, the previous provisions of the Infant Life Protection Act, 1897—and if such person omits to give the notice he is liable to a penalty of 25*l*. or imprisonment for not more than six months.

389. Then there are special provisions with regard to drowned persons?—With regard to drowned persons, if a human body is found or cast on shore from the sea or any tidal or navigable waters, or is found floating or sunken in any such waters and brought to the shore or bank, the person finding the same must within six hours give notice to a parish officer of the parish in which such body is found, or to a police constable, under a penalty of 5*l*. It is then the duty of the parish officer or police constable to give notice to the coroner of the district of the finding of the body, so that an inquest may be held thereon.

390. The result of that is that if a body is found in the Thames where the tide flows up, notice must be given to a police constable?—Yes.

391. If it is found in one of the lakes in a park there is no such duty?—It is only in the case of tidal or navigable waters. Of course, those lakes are not navigable.

392. Then there are special provisions with regard to habitual drunkards?—There again, in the case of any person detained in any retreat, a statement of the cause of the death of such person, with the name of any person present at the death, must be drawn up and signed by the principal medical attendant of the retreat, and a copy, certified in writing by the licensee of the retreat, must be transmitted by him to *inter alios* the coroner and various other persons under a penalty upon summary conviction of 20*l*., or three months imprisonment; and in the case of the death of a patient from a retreat under licence, then a statement of the cause of his death and the name of the person present at the death must be drawn up and signed by a medical practitioner, and a copy duly certified in writing by the person in whose charge the patient had been placed must be submitted to the coroner.

393. Next we come to accidents in factories and workshops?—When deaths occur by accident within factories or workshops, the coroner must forthwith advise the district inspector of the time and place of holding his inquest, and, unless the inspector or some person on behalf of the Secretary of State is present to watch the proceedings, the coroner must adjourn his inquest, and at least four days before holding the adjourned inquest, send to the inspector notice in writing of the time and place of holding the adjourned inquest. Provided that, if the accident has not occasioned the death of more than one person, and the coroner has sent to the inspector notice of the time and place of holding the inquest at such time as to reach the inspector not less than 24 hours before the time of holding the inquest, it shall not be imperative upon him to adjourn the inquest in pursuance of the foregoing provision if the majority of the jury think it unnecessary. That is only for the purpose of having the Government representative present.

394. The factory inspector?—Yes, the factory inspector being there.

395. Now we come to railway accidents?—Where the coroner holds or is about to hold an inquest on the death of any person, occasioned by a railway accident, to put it shortly, and makes a written request to the Board of Trade, the Board of Trade may appoint an inspector, or some person having legal or special knowledge to assist in holding the inquest, and such appointee may act as assessor of the coroner and make a report to the Board as in the case of a formal investigation of an accident under the Regulation of Railways Act, 1871, and within seven days after holding an inquest upon the body of any person who is proved to have been killed on a railway, or to have died in consequence of injuries received on a railway, the coroner must make to the Secretary of State in such form as he may require, a return of the death and the causes thereof.

396. For that purpose does not a railway include a tramway?—By the Railway Regulation Act, 1871, "railway" means the whole or any portion of a railway or tramway, whether worked by steam or otherwise, which has been authorised by any special Act of Parliament or by any certificate under an Act of Parliament.

397. Then with regard to accidents from explosives, and in mines?—The provisions are rather long with regard to those.

398. You need not go into them in detail perhaps?—When a coroner holds an inquest on the body of any person whose death shall have been caused by the explosion of any explosive, or by any accident of which notice is required to be given by the Explosives Act to the Secretary of State, or by any explosion or accident of which notice is required by the Metalliferous Mines Regulation Act to be given, or by any explosion or accident of which notice is required by the Coal Mines Regulation Act to be given to the inspector of the district, the following provisions must be observed:—The coroner must adjourn his inquest in order that the inspector may come and watch the proceedings. Four days before holding the adjourned inquest the coroner must give notice to the Secretary of State or to a Government inspector of the time and place of holding the adjourned inquest. The coroner before the adjournment may take evidence to identify the body and order the interment. In the same way, as in the case of accidents in factories and workshops, he need not adjourn if there is only one person killed, and the jury do not think it necessary. In cases under the Explosives Act a Government inspector, or a person employed on behalf of the Secretary of State, shall be at liberty at any such inquest to examine any witness, subject nevertheless to the order of the coroner on points of law, and in other cases under the Mines Acts an inspector under those Acts may at such inquest examine any witness, subject nevertheless to the order of the coroner. Where evidence is given at any inquest at which a Government inspector, or person employed by the Secretary of State or an inspector is not present, of any neglect as having contributed to the explosion or accident, or of any defect in or about or in connection with any factory, magazine or store, and so on, the coroner shall send to the Secretary of State, or Government inspector, or to the inspector of the district, notice in writing of such neglect or defect. Any person having a personal interest in, or employed in, or in the management of the mine may not be a member of the jury, and any relative of any person whose death may have been caused by the explosion or accident in or about a coal mine with respect to which the inquest is being held, and the owner, agent or manager of the coal mine in which the explosion or accident occurred, and any person appointed by an order in writing of a majority of the workmen employed at the mine, shall be at liberty to attend and examine any witness either in person or by his counsel, solicitor or agent, subject nevertheless to the order of the coroner. Then there are penalties for not complying with these regulations.

399. That I think concludes the special provisions with reference to inquests in case of death?—Yes.

400. (*Dr. Willcox.*) With regard to habitual drunkards, if a person dies at home and the doctor certifies that the cause of death is alcoholism, there is nothing in law, is there, which compels the registrar to notify that to the coroner?—No; these provisions only apply to persons in retreats, which are defined by the Act, or to persons out of a retreat on licence.

401. The reason I ask the question is that sometimes the cause of death is put down as acute alcoholism, when really it has been due to injuries. I know of two such cases myself. It has been a cloak.

402. (*Chairman.*) However, the law does not provide for it?—No; it is open to anybody to inform the coroner, but it is not the duty of the registrar to inform the coroner; it is not made a statutory duty upon anybody.

403. We now come to a different class of inquests. I think to some extent you have dealt with inquests in the case of treasure trove, have you not?—Just in a general way, that it was one of the coroner's duties.

404. Will you kindly tell us about that. It is a very short matter?—Treasure trove is when any gold or silver in coin, plate or bullion is found concealed in any house, or in the earth or other place, the owner thereof being unknown, in which case the treasure belongs to the King or his grantee, being the franchise of the treasure trove. If the treasure was not concealed by the owner, but merely abandoned or lost, it

is not treasure trove, and belongs to the first finder as against anyone but the owner. Of course that is subject to its being merely lost and found, and if the person has good reason to know whose it is it is larceny to take it; but if the owner is really unknown——

405. Finding is keeping?—Yes, finding is keeping. Then the duty of the coroner with regard to this is to go where the treasure is said to be found and to issue his warrant for summoning a jury to appear before him in a certain place in precisely the same manner as he issues his warrant for summoning a jury to hold an inquest upon a dead body. The jurisdiction of the coroner and the jury then is to inquire of the treasure that is so found, who were the finders and who is suspected thereof.

406. And there the jurisdiction ends?—Yes; there is no jurisdiction to inquire into the title as between the lord and the Crown, or the finder, but the jury inquire whether it is treasure trove to begin with, that is to say, whether it comes within the definition. If they find that it is treasure trove then they have further to discover who were the finders, or who is suspected of having found it. That provision is a little antiquated now with regard to who were the finders and who were suspected, but there were severe penalties in olden times against persons who concealed treasure that belonged to the Crown. Now the jury merely find, was this concealed or was it not? They also find as a matter of fact who were the finders or suspected of finding it, but that has very little meaning now. Concealment of treasure trove is still a misdemeanour at common law, and a man may be indicted for it.

407. But there is no reason that you know of why the functions of the coroner and jury as to treasure trove should not be performed by the police, just as they would inquire in the case of stolen property?—It seems to me an unnecessary procedure now to inquire merely whether or not it is treasure trove.

408. The property in treasure trove being as you say, either in the Crown or the grantee of the Crown?—Yes.

409. Therefore the person who finds it is very much in the position of anybody else who is in the possession of property that does not belong to him?—Yes; he can be indicted if it is suspected that he knew it was concealed treasure.

410. But you do not want a coroner's inquest for that?—No.

411. That could be dealt with by summoning him before the magistrates, who would commit him or not, according to the circumstances?—Yes, a formal inquest by a jury of more than twelve persons seems an unnecessary process now.

412. Then under the next head of jurisdiction, are certain rare cases in which the coroner acts in place of the sheriff in the execution of process?—Yes; when there is just exception taken to the sheriff, in which case judicial process is awarded to the coroner for the execution of the King's writ, and he becomes the *locum tenens vice comitis*. When thus acting the coroner has all the powers which may be exercised by the sheriff in executing process; he can have the *posse comitatus* and so on. If the sheriff is interested upon the trial of an indictment, the jury process is properly directed to the coroners of the county. For instance, in a case where somebody burgled the sheriff's house the jury would be summoned by the coroner.

413. Not by the under-sheriff?—No. If there are two sheriffs, as in London, and only one is interested, the writ is issued to the other sheriff and not to the coroner.

414. In your opinion is that not rather an obsolete jurisdiction, that might very well be transferred, say to the county court or some other body?—It might be transferred to the county court so that the high bailiff should summon the jury. I think with a little alteration of the County Courts Act, that could be well done. The high bailiff of each county court of course is confined to his own district at present, but you might make in each county a sort of head district and alter the law so that the high bailiff of that district should have all the powers of the sheriff for summoning juries throughout the whole county in cases where the sheriff is interested.

415. The high bailiff in that case would only be doing what you may call his everyday work?—Yes.

416. Whereas the coroner has no special machinery for either summoning juries or executing process, executing *si fas* or *elegits* or whatever it may be?—That is so, and it is work that is done by the high bailiff in ordinary county court cases. Then in these cases, where the coroners act for the sheriff, they are liable to all the penalties that the sheriff is liable to in case of misfeasance on their part, and they are entitled on the other hand to all fees that the sheriff would be entitled to if the sheriff had done his own work. There is a good deal of antiquated law which it is unnecessary to go into with regard to this.

417. Outlawry you dealt with last time, I think?—Yes.

418. Outlawry has been abolished, as we know, in civil cases, and in criminal cases there has been only one case in the last 60 years?—Yes.

419. Would you now come to the privileges of the coroner?—They are not very great. A coroner when engaged in the discharge of his official duty is privileged from arrest, and this privilege extends also to a deputy coroner.

420. Would that be arrest on civil process only?—Arrest, I think, from any process. A judge trying a case always represents the majesty of the law. He cannot be arrested until he has finished his functions. Then coroners are exempt from serving on a jury, and are also exempt generally from serving offices which are inconsistent with the duties of coroner.

421. For instance, the office of medical officer of health would be inconsistent, perhaps?—Yes, or an overseer of the poor. When a man holds an office where he is bound by the rules that govern his office to be at a certain place at certain times, he is then excused from holding such offices as would prevent his being there. That is the general law that has been laid down.

422. I think you have dealt already with coroners as justices of the peace?—Yes.

423. Now, you come to the liabilities of the coroner?—The first is his removal; I think I have touched upon that. If he fails to comply with the statutory provisions with regard to the delivery of the inquisition, I might say what those provisions are when I come to the inquisition, but there are certain provisions which he has to comply with with regard to an inquisition that finds anybody guilty of murder or manslaughter, and if he fails to comply with those provisions or the taking and delivery of depositions and recognisances in a case of murder or manslaughter, the court to whose officer the inquisition, depositions and recognisances ought to have been delivered may, upon proof of such non-compliance, in a summary manner impose such fine upon the coroner as to the court seems meet. That is provided by the Coroners Act, 1887, section 9. Then, again, if he refuse or neglect to hold an inquest which ought to be held, or if an inquest has been held by a coroner and by reason of fraud, rejection of evidence, irregularity of proceedings, insufficiency of inquiry, or otherwise, it is necessary or desirable in the interests of justice that another inquest should be held, the High Court, upon application made by and under the authority of the Attorney-General, may order an inquest or a new inquest to be held, and may order the coroner to pay such costs of and incidental to the application as to the court may seem just.

424. Pausing there a moment, I understand that no second inquest can be applied for or held by the coroner unless process has been taken by or on behalf of the Attorney-General in the High Court?—A second inquest may be ordered by the High Court on an application to quash an inquisition, which need not be made by or on behalf of the Attorney-General, but is made at common law.

425. *(Sir Horatio Shephard.)* Apart from section 6 of the Coroners Act?—Yes, apart from section 6 of the Coroners Act.

426. *(Chairman.)* In your opinion, is it not desirable that the coroner himself should be able to move the

court without a hostile motion made against him?—An application to quash an inquisition is nearly always made on behalf of the person accused in an inquisition.

427. (*Sir Horatio Shephard.*) It is, as a matter of fact; but that is not necessarily so, is it?—Not necessarily, but usually so. The representative of a deceased person with regard to whom a coroner's jury have found an open verdict or death from natural causes might apply to quash the inquisition and have a second inquest. And in cases where the verdict was *per infortunium*, and carried with it the deodand in the old cases, the person whose goods—say the cart and horses that ran down a man—were forfeited could apply, and often did apply, to quash the inquisition because he was affected; in fact, in many of the old authorities you find that the applications were made by persons affected by the forfeiture of the deodand.

428. (*Chairman.*) By persons prejudicially affected?—Yes.

429. I will put my question in this way. Do not you think it desirable that there should be power in the coroner himself to apply, on good grounds, to be allowed to hold a second inquest?—I think it would be very reasonable that if he is dissatisfied with the finding of the jury at the inquest, he might be enabled to apply to the court for a further inquest to be held.

430. Take this case. A body is found drowned and there is no evidence to show under what circumstances the person was drowned, and the jury at the time properly find a verdict of "Found drowned;" afterwards the coroner hears of material evidence pointing to crime. Ought he not, in that case, to be able to apply to re-open the inquest?—I think it would be reasonable that he should have an opportunity of applying to the court to hold a fresh inquest, and get the leave of the court to hold it, if necessary, without a view of the body. In a recent case, a jury found that the deceased was burnt to death, but that the evidence was insufficient to show how the fire originated. The foreman of jury afterwards informed the coroner that they were dissatisfied with their verdict, and an application was thereupon made by the chief constable of the county, with the acquiescence of the coroner, to quash the inquisition, and was allowed by the court.

431. Now, I put another case. A coroner has a jury of only 12; assuming that a coroner starts an inquest with a jury of 12, and the inquest is adjourned, and before the adjourned inquest one of those 12 dies: the proceedings become abortive. What happens then?—Meanwhile, he has had the body buried, I suppose.

432. He has had the body buried and he has not got a sufficient jury. Is that a case where he ought to be able to apply to the High Court?—He does not require to do so. I think he can summon a fresh jury and have the body disinterred. The coroner can, where there has been no verdict passed by the jury, order the body to be disinterred on his own authority, and then he can summon a fresh jury, and the fresh jury can then view the body and he can hold his inquest.

433. It is a very awkward proceeding, hideously awkward in the case of natural death?—The coroner, of course, ought not to begin an inquest with less than 15 on his jury. He then saves all risk of these expenses and troubles of one man not turning up. No inquest, of course, can be held except with view of the body, unless the High Court dispenses with it.

434. (*Sir Horatio Shephard.*) Is there no power to apply to the High Court to dispense with the view?—Not originally; only where an inquest has already been held, and it is desired to have a further inquiry after quashing the first inquisition.

435. (*Chairman.*) Is there anything further you wish to say on this head?—There is one other point with regard to the imposition of fines on the coroner. If a coroner fails to comply with the requisition of a majority of the jury to summon as further medical evidence some legally qualified medical practitioner named by them, and to direct a post-mortem examination of the deceased, he is guilty of a misdemeanour; that is to say, when an inquest has been held and a post-mortem has been made by order of the coroner, the jury may say, "We are not satisfied with this "gentleman's evidence at all; we should like to have "this post-mortem made by Mr. Jones. We have "confidence in Mr. Jones." The coroner may say, "No, I do not know Mr. Jones; I think you ought to "be satisfied with the evidence of Mr. Smith." If he refuses to have a post-mortem made by the person named by the majority of the jury, he is guilty of a misdemeanour. That is section 21 of the Coroners Act, 1887.

436. (*Dr. Willcox.*) With regard to that point, the jury's expert would only get the ordinary fee, would he?—He would get the statutory fee.

437. (*Sir Malcolm Morris.*) Can the coroner do the same? Can the coroner say, "I object to this person "giving this evidence, and I insist upon another"?—No.

438. It must be the jury?—Yes.

439. (*Chairman.*) Is there any other disability?—The only other disability is, that he may not act as solicitor and coroner in the same case.

440. (*Dr. Willcox.*) I think the deputy is not prohibited from acting. He may act as solicitor, may he not; the statute does not apply to the deputy coroner, does it?—A deputy coroner is subject to the same disqualifications as the coroner.

441. (*Sir Malcolm Morris.*) Can he not act as solicitor when the other man is sitting?—Yes, because that is not acting as coroner and solicitor in the same case. A coroner who is a solicitor can act as a solicitor generally.

442. (*Sir Horatio Shephard.*) A deputy may act as solicitor before the coroner, you say?—Yes; but in all cases the deputy, when acting as deputy, is subject to exactly the same disqualifications and liabilities as the coroner himself.

443. That is under the Act of 1892?—Yes. Then there are special statutes—we have gone through them. If the coroner does not give notice to the Home Secretary, and wait for the inspector, and adjourn the inquest and so on, there are certain liabilities imposed upon him, and fines under the Coal Mines Regulation Acts, Explosives Acts, and so on.

444. (*Chairman.*) Then the next head is excess of jurisdiction?—If a coroner acts not in excess of his jurisdiction, the coroner's court being a court of record, what he does there within his jurisdiction is privileged.

445. For instance, any comments that he makes on the case are absolutely privileged?—Yes, his position is exactly the same as that of a judge trying a case. He is not liable for anything done within his jurisdiction. But anything done in excess of, or without his jurisdiction, he is liable for. For instance, if he sits where he ought not to sit. Supposing a deputy borough coroner sat without having the requisite certificate of a justice of the peace, and having sat there the jury found the person accused to be guilty of murder or manslaughter, and he issued his warrant, that would be outside his jurisdiction, and he would be liable for trespass.

446. So again, I suppose if he sat beyond his border in the jurisdiction of another coroner?—Yes, he must be within his own county.

447. The same difficulty occurred to me with reference to a still-born child where he has no jurisdiction, but I take it that in that case if he acted reasonably on reasonable suspicion that the child has been born alive he would be protected?—He could hardly do much in that case to render himself liable. He is only liable for the warrants he issues to arrest, and so on.

448. He would be liable, would he not, for prohibiting burial of a still-born child until an inquest had been held. He might incur liability in that way?—Yes.

449. However, that is not a practical liability, if he had acted reasonably?—No. He has been held not actionable for libel, or for turning a man out of court.

450. He is not actionable for libel in his written findings, you mean?—Or in the course of the case.

451. Or for slander?—Yes, for slander.

452. I think the next heading is proceedings at inquests. There are a lot of provisions. First, as to where inquests are to be held?—The main provision is

that the inquest must be held at some place within the jurisdiction of the coroner. It is not necessary that all the proceedings should be taken at the same place, for instance, the body may be viewed at one place, and the evidence taken and inquisition drawn up at another; provided that all such places are within the jurisdiction of the coroner, that is sufficient. If they are not, then the inquisition may be quashed. It is, however, entirely within the discretion of the coroner to fix the exact place at which the inquest should be held. In the Administrative County of London the county council is bound to provide and maintain proper accommodation for the holding of inquests, and by agreement with the borough councils may do so in connection with mortuaries and places for post-mortem examinations, but the coroner is not bound to hold his inquest there, but of course if he incurred expenses in taking another room when there was proper accommodation provided by the county, the county would disallow the expenses. In some cases the inquest is held in the person's house in which the body is lying.

453. There is provision, I think, in the Licensing Act, 1902, not prohibiting, but recommending that inquests should not be held in public-houses?—That is so.

454. I think it provides that, if possible, inquests are not to be held, after a certain date, in public-houses?—It provides that an inquest shall not be held on licensed premises where other suitable premises have been provided for such inquest.

455. (*Dr. Willcox.*) Arising out of that question—has the coroner power to order the removal of a dead body from a private house to a public mortuary?—There is no statutory provision with regard to that at all.

456. (*Chairman.*) And no decision?—And no decision.

457. (*Dr. Willcox.*) There is no law giving the coroner power, but he can prevent burial?—There is no statutory provision, I say, empowering a coroner to order the removal of a body to a mortuary, but it is provided by the Coroners Act, 1887, s. 24, that where a sanitary authority has provided a place for the reception of dead bodies during the time required to conduct a post-mortem examination, the coroner may order the removal of a dead body to and from such place for carrying out such examination, and in my opinion he can exercise that power in cases where the body is lying in a private house.

458. (*Chairman.*) Surely it would be most inconvenient that the post-mortem examination should be held in a crowded lodging-house or in a very small house with insufficient accommodation?—Certainly.

459–60. So far as you know there is no express power in the coroner to order the removal of a body from one place to another?—Not unless there is a place provided by the sanitary authority for holding post-mortems as above stated, in which case he may order the removal of the body to that place. In cases, however, where the body is likely to be a nuisance in a dwelling-house, a justice of the peace has power to order its removal to a mortuary under the provisions of the Public Health Act, 1875, s. 142, and the Public Health (London) Act, 1891, s. 89.

461. But must recourse be had to a justice or has the coroner power then?—The coroner has no statutory power to order the removal to a mortuary, nor has he in my opinion any common law power to do so. It can only be done by a justice under the Public Health Acts.

462. Take the case of a county coroner whose attention is called to an obscure case of death. There is outside his limits a borough where there is a good hospital and a skilled staff. He has no power to remove the body into that borough for the purpose of getting a post-mortem examination performed under satisfactory conditions. Take the case of a death outside Cambridge, the coroner would have no power to send a body to Addenbrook's Hospital, where you would get a skilled examination; he must have the examination done in the county as best he can. Is that not so?—I think that the post-mortem might be made outside his jurisdiction, because the post-mortem is not itself part of the inquest; it is the evidence which the medical man gives after having made the post-mortem, which must be given within the jurisdiction. But if it could be arranged that the body should be taken into Cambridge by some agreement, that would be very desirable.

463. Otherwise the Cambridge coroner would have to hold the inquest?—There is no legal objection to the body I think being taken into another jurisdiction for the purpose of the actual post-mortem being held, and then the evidence of the person who made the post-mortem being taken within the jurisdiction, but such a thing could only be done by arrangement and agreement with the representatives of the deceased and the authorities of the other jurisdiction.

464. (*Sir Horatio Shephard.*) And the body being brought back or buried?—The body being brought back or buried.

465. (*Dr. Willcox.*) The jury must see the body?—Yes, but probably the jury would have seen the body before the post-mortem was made; or they might view it when brought back.

466. (*Chairman.*) But surely, as soon as you move the body into another jurisdiction for the purpose of a post-mortem, that gives the coroner of the other district jurisdiction to hold the inquest?—I say it must be done by arrangement. If everybody stood upon his rights, it could not be done, but by arrangement there is nothing illegal in having the post-mortem made there—but only by arrangement.

467. Do you think it would be well to have any express alteration of the law giving the coroner power to move the body to a convenient place, although outside his jurisdiction, for the purpose of having a post-mortem there made, if there is no convenient place near where the body is lying?—In many cases, of course, there would be another town within his jurisdiction, where the sanitary authority had provided a place for post-mortems, but that might be some 20 miles off, whereas there might be one quite close although outside his jurisdiction that would be more convenient. I think that the law might well be altered so as to enable a coroner to order the removal of a body for the purpose of post-mortem examination to the most convenient place provided for the purpose although the same should be outside his jurisdiction.

468–9. (*Dr. Willcox.*) That remark applies to the removal of the body to places within his jurisdiction with an even stronger force?—Yes. But as I have said, the coroner could have it removed to any place within his jurisdiction which has been provided for the purpose of post-mortem examinations.

470. (*Sir Malcolm Morris.*) But supposing the friends objected, has the coroner the right to overcome their objection, and insist upon the body being removed to an appropriate place?—Yes, if such place has been provided by a sanitary authority for the purpose within his jurisdiction, but otherwise the coroner has no power in the matter.

471. (*Dr. Willcox.*) You think it desirable that there he should have?—Yes, that he should in any event have power of removing the body to a convenient place if it is not lying in a place convenient for a post-mortem.

472. (*Chairman.*) Now, who may attend an inquest?—The court of the coroner being a court of record, the public are at liberty to attend, but as in every other court, the coroner has the right of excluding either the public generally on the ground that there is no accommodation for them, or any portion of the public on that ground, or any individual who is obnoxious to the court. All persons who know anything about the death, or who can give information, ought to attend, in order that they may tender their evidence.

473. Has the coroner power to order witnesses out of court?—He has power to order anybody out of court.

474. In the way that witnesses are ordered out of court in a criminal court before they are examined?—Yes; he has the power of excluding any member of the public, or the witnesses, from the court in exactly the same way as a judge of the High Court has. He would not be liable in an action of trespass for

excluding anyone, even counsel for a party interested. But he has not the right in one sense; that is to say, if a person represents an interest which ought to be represented, then he should allow him to be present, and to cross-examine. There is an old case in the time of Siderfin's Reports, where the coroner refused to allow counsel to cross-examine in the case of *felo de se*. The jury found *felo de se*; there was escheat and forfeiture to the Crown of the chattels of the felon; an application was made to quash the inquisition, and it was quashed by the court on the ground that not only was evidence admissible on behalf of the Crown, but also on behalf of the person accused of felony, or suspected of felony, and that the coroner had no right to disallow cross-examination by counsel on behalf of the relatives of the person whose case was being inquired into; but the mere fact that you happen to be a counsel does not entitle you to sit in the court. Of course, counsel has no right to address the jury, that is a matter entirely within the coroner's jurisdiction, and they universally, I believe, refuse to allow counsel to address the jury.

475. He may cross-examine on behalf of anyone suspected or likely to be charged?—Yes, or interested. Then there are some persons who are entitled to be present by special statutes as under the Mines Act, and so on.

476. You have mentioned them already; the inspector of mines and the inspector of factories and representatives of the workmen in certain cases?—Yes. And then as his court is a court of record, the coroner has the ordinary powers of a judge of a court of record to commit for contempt, disobedience to his orders in court, but as it is only an inferior court of record, the contempts must be in the face of the court.

477. We come now to the jury?—When the coroner has decided to hold his inquest, he must issue his warrant for summoning not less than 12 and not more than 23 good and lawful men, to appear before him at a certain time and place, there to inquire as jurors touching the death of the person on whose body the inquest is to be held.

478. How is that jury list made up?—By the statute *de officio coronatoris*, 3 & 4 Edward I., the coroner was directed to go to the place where the body was lying, and summon jurors from the three or four neighbouring villages or villes, and it is the custom in the country for the coroner to issue his warrant to the constable of three or four villages to summon a jury from the villages. In towns or large parishes, they take anyone in the parish. For instance, take Kensington or Marylebone, they do not go outside it; but if you go down in to Buckinghamshire, where a body is lying, the warrant is made out for the summoning of a jury from three or four of the surrounding villages.

479. How do they get the names for the list; I suppose from the Parliamentary voters list?—The jury list of the coroner is not the same necessarily. Any person who does not come within the exemptions is bound to serve on a coroner's jury; there are certain exemptions. Aliens, felons, and I suppose infamous persons whoever they may be, are not entitled to serve on that or on any jury, but there is no jury list.

480. (*Sir Malcolm Morris.*) They do not tick them off, because in some cases they summon the same men from time to time?—There is no statutory regulation for summoning a jury at all. The warrant says, "Find me men from such and such a place." That is handed to the constables of the various places near, and they produce three or four or six jurors, as the case may be.

481. (*Chairman.*) It has been held, has it not, that the exemptions which apply to ordinary juries apply to coroners' juries, although the people who may be summoned upon a jury stand on a different footing; but any exemption for service on an ordinary jury applies to service on a coroner's jury—that is a judgment of Mr. Justice Hawkins?—*Re* Dutton is the case you refer to. Certain classes of persons are exempt by statute from serving upon any jury whatsoever, and such exemption applies to coroners' juries. That was the decision in *re* Dutton. Then it was held, I think, in the same case, with this qualification, that although such exemptions from juries applied to coroners' juries, the rules with regard to the selection, the mode of summoning, and the personal qualification of jurors upon the trial of actions at *nisi prius* do not apply to jurors upon coroners' juries at inquests, and any man within the coroners' jurisdiction is therefore liable to serve upon such jury who is not disqualified as above stated or exempted by statute, and to whom the epithet "good and lawful" can properly be applied. There is no statutory limit of age for such jurors, but the practice is not to summon persons known to be under the age of 21.

482. I think Mr. Justice Hawkins gives the reason, namely, that coroners' juries have to be summoned in a great hurry?—Yes.

483. But there is no provision for comparing in any way the coroner's list with the sheriff's list, and the consequence is that an unfortunate person may be summoned to serve one day on a coroner's jury and on the next day on the jury at the assizes?—Yes, and no record being kept of their having served on the coroner's jury at all, they may be made to serve, as Sir Malcolm Morris says, over and over again.

484. As regards the jury, have you anything more to tell us?—That is so far as regards summoning the jury. Most coroners have a special officer in large places, and they address their warrant to their special officer, who looks after summoning the jury. If the coroner has not got a special officer, as I say, he sends his warrant to the constable at the place where the body is lying. Then when the coroner arrives at the place indicated for holding the inquest, the officers who have executed the coroner's warrant and any sub-warrants for summoning the jury return the lists of the names of the jurors summoned by them, and the coroner endorses the return on his warrant, which is subscribed by the different officers. The court is then opened by proclamation, and the names of the jurors called over. If an insufficient number appear, proclamation is made a second time. The proclamation is in this form: "You "good men who have been already severally called and "have made default answer to your names and save your "peril." If there are still insufficient, the coroner may direct an officer to forthwith summon other good men from the neighbourhood until a sufficient number is obtained.

485. In practice he has to go out in the street and stop passers-by?—Yes.

486. (*Dr. Willcox.*) Is the coroner's officer always a member of the police force?—I do not know.

487. (*Chairman.*) There is no requirement of the law that he should be?—No, there is no requirement at all.

488. (*Sir Horatio Shephard.*) There need not be a coroner's officer at all?—It is not every coroner who has an officer. I daresay some of the small franchise coroners never have an officer.

489. (*Chairman.*) Then what is the next procedure?—When they have got not less than 12 jurors they are then sworn to give a true verdict according to the evidence. No challenge can be made of any of the jurors on a coroner's inquest. They need not be sworn in view of the body, nor need they be sworn all together, but a juror may not hear part of the evidence and be sworn afterwards; if he does, that is sufficient to quash the inquisition. Of course, the Oaths Act applies to coroners' jurors as well as to others.

490. The next point is viewing the body?—When the jury have been sworn the coroner and the jury must at the first sitting of the inquest view the body. An inquest by a coroner held without view of the body is wholly irregular and extra-judicial, and any inquisition founded thereon is void, except where the inquest is held in pursuance of an order of the High Court, in which case it is not necessary to view the body unless the order specifically so directs.

491. That is in case of a second inquest?—Yes; if the body has been interred before the coroner comes he must cause it to be disinterred, and this he may lawfully do within any convenient time, not only for the purpose of taking an inquest where none has been taken before, but also for taking a good one where an insufficient one has been already taken, or where the first inquisition

has been quashed. But in the latter case he may only disinter the body by order of the King's Bench Division, and the court will exercise its discretion according to time and circumstances whether he shall do it or not. That is after the quashing of an inquisition. Further, as a coroner cannot hold an inquest without a view of the body, it is a misdemeanour to bury or otherwise dispose of the body for the purpose of preventing a coroner holding an inquest.

492. Would that cover embalming the body, which might involve destroying the evidence of poison?—The words are "otherwise dispose of." It is laid down in Mr. Justice Stephens' charging of the grand jury in a Welsh case, which really contains the whole law with regard to the disposal of a body in order to avoid an inquest. He uses those words "bury or otherwise "dispose of the body with the intent of preventing an "inquest." If you embalmed a body and took out all the viscera and embalmed it for the purpose of preventing a proper inquest being held, it would be with the intent of preventing.

493. The coroner and jury need not view the body at the same time?—No, they need not.

494. Have you any opinion yourself as to the expediency or necessity for a jury viewing the body?—I feel rather strongly that the jury ought to view; but if the practice is that the jury should only see the face of the body, I see no advantage in their going through that process.

495. (*Sir Malcolm Morris.*) Can you say whether that is the law?—I cannot say that there is any law on the subject. It has been laid down that the coroner ought to view the body to see whether there are any marks of violence, and to ascertain from the appearance of the body what was the occasion of the death. But that does not necessarily apply to the jury.

496. (*Sir Horatio Shephard.*) What is the object of the jury seeing it, except to see that there is a dead body?—That seems to be all.

497. (*Chairman.*) Is there any other reason?—No.

498. Do you wish to add anything about what you think would be the advantages if the jury had a proper view?—I do not think I care to give much opinion as to that.

499. (*Dr. Willcox.*) But you have expressed the opinion that you think the viewing of the body should remain?—I think myself that it ought to remain. I think it is a public duty that has been borne for many years, and I see no particular reason why it should be abolished on sentimental grounds.

500. (*Sir Malcolm Morris.*) Might I ask you whether you think that the system of jury ought to remain too?—I am inclined to think that it should.

501. (*Chairman.*) But have you considered the system in Scotland, under which the procurator fiscal discharges the functions of coroner and jury?—He does so in Scotland.

502. Have you any opinion as to whether the English or Scotch system is the better?—I have not considered that. There is one other point with regard to the view of the body, that if a person is known to be dead, but the body cannot be found, or if it has lain so long before the coroner views it that he cannot be assisted from a view in holding the inquest, or if there is danger of infection by exhumation of the body, the coroner ought not to hold an inquest unless he has a special writ or commission for the purpose, but the inquest should be held by justices of the peace or assize authorised to inquire of felonies, who may take the inquest on the testimony of witnesses without a view of the body—that is, by a special commission for the purpose.

503. Such cases are unknown in practice, are they not?—I think they are very rare. I have never heard of one in practice, but there are cases in the old books in the Stuart times when it was not uncommon.

504. (*Sir Malcolm Morris.*) In cases of plague and so forth?—Yes.

505. (*Chairman.*) Now you are going to tell us about witnesses and evidence before the coroner's inquest?—It is the duty of the coroner to examine on oath, touching the death, all persons who tender their evidence respecting the facts, and all persons having knowledge of the facts, whom he thinks it is expedient to examine. Witnesses whose testimony is in favour of any person accused or suspected must be examined equally with witnesses whose testimony may be adverse; and where the inquest is held upon the body of a person dying by his own hand, any evidence offered to show that the deceased was *non compos mentis* at the time of his death must be received as well as that tending to show that he was *felo de se*. A refusal by the coroner to receive evidence in favour of a person accused or suspected may be ground for filing an information against him for misconduct or for quashing the inquisition and ordering a new inquest to be held. The coroner has no right to refuse to examine persons on their oath on the ground that their evidence might criminate them. A person can refuse to answer of course, but the coroner has no right to refuse to examine him.

506. Can he disallow a question by a cross-examining counsel?—Yes, he can judicially disallow it. He runs this risk, that if he ought not to have disallowed the question, then the inquisition may be traversed and quashed. Formerly, the jury might, from their own knowledge of the facts, have returned a verdict without any witnesses being called, but this is not now the practice, and if a juryman is personally acquainted with the facts of the case, he should be sworn as a witness and give his evidence on oath before his fellows. It is, indeed, more proper that any person summoned as a juryman who has a personal knowledge of the facts should so inform the coroner, and that the coroner should not swear him on the jury, but call him as a witness. The coroner also has considerable powers as regards summoning the evidence. If he has reason to believe that any person can give information which will assist the jury in arriving at their verdict, and such person neglects or refuses to attend and give evidence at the inquest, the coroner by virtue of his office has authority to issue a summons commanding such person to attend and give evidence; and if any person being thus duly summoned to give evidence at the inquest does not, after being openly called three times, appear to such summons, or, appearing, refuses without lawful excuse to answer a question put to him, the coroner may impose a fine of not more than 40*s*. The statutory power of imposing a fine on a witness, which did not exist at common law, is in addition to and not in derogation of any power the coroner may possess, independently of such statutory power of compelling any person to appear and give evidence before him or of punishing any person for contempt of court in not so appearing and giving evidence, with this qualification, that a person may not be fined by the coroner unde his statutory power and also punished under the power of a coroner, independently of the statutes. The coroner has discretion; he may either fine him 40*s*., or commit him to gaol.

507. Acting as a court of record?—Yes. When he does fine him he has to sign a certificate of fining and send it to the clerk of the peace.

508. Who levies the fine?—Who levies the fine. Moreover it is the duty of the coroner to take down in writing all the evidence before him and require the depositions to be signed.

509. Does not that apply in a case of murder or manslaughter only?—Yes.

510. Where it turns out to be a case of natural death, he is not obliged to take any note?—Yes, it only applies to murder and manslaughter.

511. I suppose the coroner as a rule takes a note, because until the inquest is finished he does not know what the result may be?—Yes. As to publication of the evidence, the old law that it was illegal to publish it, and it was a libel upon anybody against whom accusations were made, is now abolished, and if the report of an inquest is properly made it is privileged.

512. (*Sir Malcolm Morris.*) Has the coroner the right to stop reporting?—I think his power is laid down as general—that he can order any person to leave the court.

513. He could order all the reporters out if he chose?—Yes; he could order the reporters out in the same way as a judge can order the court to be cleared.

514. Has that power ever been exercised of late years?—I have never heard of it, but that is the result of the decision of the Court of King's Bench when the case was brought before them in the case I cited before (Garnett *v.* Ferrand 6, Barnewall and Cresswell 612).

515. (*Chairman.*) Then as to medical witnesses, there are special provisions, are there not?—The question of medical witnesses is governed by statute entirely now. The Coroners Act, section 21, provides for that.

516. Can you tell us shortly the effect of it in a word or two?—If the coroner knows that the deceased was attended by a practitioner, he can summon that medical practitioner to come as a witness. If the person was not so attended, the coroner may summon any other qualified medical practitioner who is in actual practice in or near the place of death to come and give evidence.

517. (*Sir Malcolm Morris.*) Is it "can" or "must" in the first instance?—Can; in either case it is "may summon." He may also, either in the summons or at any time between the summons and the end of the inquest direct such medical witness to make a post-mortem. However, if somebody states on oath before the coroner that in his belief the death of the deceased was caused partly or entirely by improper treatment of the person going to make the post-mortem, that person is not allowed to make it, and some other person must do it.

518. (*Dr. Willcox.*) If a medical man attends a person during his last illness and the person dies and an inquest is held, has the coroner power not to call that medical man who has seen the person, to give evidence, but some other medical man who has not seen the person during life?—If is difficult to say that he has not the power, but if he acted in that way, knowingly, it would be an improper use of his power, and the local authority might, I think, refuse to reimburse the coroner the expenses of such witness. The coroner is not bound to summon any medical witness at all, but if he does, and the deceased was attended in his last illness, or at his death, by a medical man, it is his duty to summon that one.

519. You state that he has the power not to call the man who attended, but you consider it improper for him not to do so?—He has the power not to summon him, but if he does summon a medical witness at all, he ought and is bound to summon the medical man who was in attendance at the death or during the last illness if any one did so attend.

520. Supposing a person is taken acutely ill and a doctor is sent for, and the person dies just before the doctor arrives and the doctor comes and examines that body of the person who has just died, ought the coroner to call that medical man to give evidence at the inquest?—If he thinks that the medical man can give him information, he is empowered to summon him to come and give evidence to assist the inquest, although he did not attend at the death or during the last illness. But in such a case the coroner is equally empowered to summon as a witness any other medical man in practice in or near the place where the death happened.

521. (*Chairman.*) There is no duty on the coroner to call that medical man or any other?—No absolute duty.

522. (*Sir Malcolm Morris.*) But could he leave out the doctor who has been attending and knows the facts, if he chose?—Yes, but it would be improper to do so; he would not be exercising his function in a proper way.

523. But it is not in any way compulsory upon him to summon the doctor who has been attending?—No.

524. (*Dr. Willcox.*) But you said that you thought it would be improper for him not to do so?—Clearly so.

The witness withdrew.

Adjourned to Friday next, at 3 o'clock.

At the Home Office, Whitehall.

THIRD DAY.

Friday, 5th February 1909.

Present:

Sir Mackenzie Chalmers, K.C.B., C.S.I. (*Chairman*).

Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin.
Sir Horatio Shephard, LL.D.
Mr. William H. Willcox, M.D.
Mr. J. F. Moylan (*Secretary*).

Mr. James Brooke Little further examined.

525. (*Chairman.*) There are two questions that I forgot to ask you last time. I forget if you told us whether the medical man who gives a certificate of the cause of death is bound to see the body after death?—I think the Registration Acts do not point out in any way how the medical man is to prepare himself for giving his certificate, except that it appears to be assumed that the certificate will be given by the medical practitioner who attended the deceased during his last illness. Section 20 of the Act of 1874 makes it incumbent upon such practitioner to give a certificate of the cause of death in the prescribed form. There is, however, no statutory direction that he shall see the person after death before he gives his certificate.

526. Then may I put it in this way: that it is left to the conscience of the medical man to satisfy himself by what he thinks reasonable information as to the fact of death?—Yes, he may be informed of it only, and the prescribed form of the medical certificate is such that it rather contemplates that happening, because it says if he is not justified in taking upon himself the responsibility of certifying the fact of death he may say, "as I am informed," but if he is not a conscientious man he may leave out those words and certify the death, although he has not seen the actual body.

527. That of course leaves a loophole for a careless man to certify death in a very loose manner?—Obviously.

528. To put an instance: a medical man may be attending a patient for advanced heart disease, he may be expecting his death; he may be informed by the relatives that the man has died, and he might give a

certificate of death from heart disease, although the patient as a fact had taken poison?—Yes, which he might possibly be able to notice if he did see the body.

529. Then there was one other question that I forgot to ask you: Is there any statutory provision for the payment of coroners' juries?—Under the head of expenses we shall come to that later on.

530. Then you mentioned to us that a coroner, in the absence of any special bargain with the appointing authority, is entitled to practise his profession?—Yes.

531. It is also the fact, is it not, that one person may hold two, three, or more coronerships?—There is nothing in law against it. I do not think he ever holds two or three county coronerships together, but there is no objection to his holding two or three franchise coronerships together.

532. As a matter of fact, we know that the coroner for Westminster is also coroner for the franchise of the Savoy?—Yes.

533. What is the next head of your evidence?—With regard further to medical witnesses and post-mortem examinations, it has been held that if it is made to appear to the court that a post-mortem examination ought to have been made the court will order a second inquest to be held and a post-mortem to be made, but it will not do that if such time has elapsed that they are assured a post-mortem would then be of no use. The court has quashed an inquisition on the ground that a post-mortem ought to have been made and was not made. We have seen that the coroner may summon a medical witness, and that medical witness is bound to attend; he cannot ignore the summons, and if he does not attend, and does not offer a sufficient excuse, such as ill-health or something of that kind, he is liable on prosecution of the coroner to a fine of 5*l*.

534. That, of course, means a medical witness as to facts, and not a medical witness as to opinion—not an expert?—It is the medical witness that is provided for in section 21 of the Act of 1887, which gives the coroner power to summon medical witnesses apart from the general power of the coroner to summon any witnesses he thinks can speak to facts.

535. (*Sir Malcolm Morris.*) That includes the doctor who has been attending the case?—Yes, and also, if it appears that the deceased was a person who was not attended by any legally qualified practitioner, the coroner may summon any legally qualified man who is at the time in actual practice in or near the place where the death happened, and such witness may be asked to give evidence as to how, in his opinion, the deceased came by his death. So that there are two things there. The coroner may summon the doctor who attended the case, and if no doctor attended, then he may summon any neighbouring doctor to give his opinion.

536. (*Chairman.*) Even although he is an expert, and not a witness as to facts?—Yes.

537. (*Sir Horatio Shephard.*) I see he must be in or near the place?—Yes, in or near the place where the death happened. He could not bring him down from London into the country.

538. (*Chairman.*) A coroner sitting in Yorkshire could not demand the presence of a London medical specialist?—No.

539. What fee is a medical witness entitled to in that case?—He is only entitled to his statutory fee of one or two guineas, as the case may be. If he makes a post-mortem, two guineas; if he does not make a post-mortem, one guinea.

540. Is there not some provision under which fees are not paid to doctors of charitable institutions?—Yes, that comes under the head Expenses.

541. (*Dr. Willcox.*) If the coroner deems it necessary to hold an inquest, does the question of whether a post-mortem should be made or not rest entirely with the coroner?—It does, except to this extent, that if a post-mortem has not been held but a medical witness has been called, then, as I think I said before, if the majority of the jury are of opinion that the cause of death has not been satisfactorily explained by the evidence of the medical practitioner who has been called or by the other witnesses, they may require the coroner in writing to summon as a witness some other legally qualified practitioner named by them, and to direct a post-mortem of the deceased to be made by him. So that it lies first of all in the coroner's discretion, and secondly, the majority of the jury, if they are not satisfied with the results of what has been done, may require him in writing to call another person and direct a post-mortem, and the coroner is bound to do that, and if he does not it is a misdemeanour.

542. (*Chairman.*) Now as to adjournment?—As to adjournment of inquests. The coroner may in his discretion, if sufficient evidence is not at hand, or if he or the jury suspect undue influence or that the witnesses are secreted and not forthcoming, or for other good reason, such as perverseness of the jury, adjourn the inquest to another day, at the same or another place, first taking the jurors' recognisances for their appearance at the adjourned time and place.

543. Is that by statute?—No, it is by common law.

544. There is inherent power in every legal tribunal to adjourn, is there not?—Generally I should think there is. Where the jury fail to agree upon a verdict the coroner may also adjourn the inquest to the assizes. That is by statute. The other is by common law.

545. In the case of an adjournment to the assizes the Judge, who has not seen the witnesses and has not heard the evidence, has to sum up to the coroner's jury?—Yes, he has the depositions, and he lectures the jury upon their duty and the view they ought to take of it.

546. But if the jury are still either dissentient or recalcitrant, the only thing the Judge can do is to discharge them?—That is all.

547. Having discharged them, can the court order a new inquest or not?—If the first inquest had been a failure the coroner can summon a new jury and proceed to a fresh inquest.

548. On his own motion, without the direction of the court?—Yes. If the body as been buried he has to get leave, as I said before, from the High Court to exhume the body, and the High Court will only allow that on being assured that it would be a useful thing.

549. Or he can apply to the Home Secretary for the same purpose?—That, I think, is on a totally different footing; that is on the question of his power to order a body to be dug up at all. I do not think the Home Secretary has any power to allow him to dig up a body for a further inquest without leave of the High Court. The High Court has said that when you have buried a body after a first inquest, then, if you want to take it up for a further inquest you must come to the High Court.

550. The body is not to be disturbed without the leave of the High Court?—Yes, he may have to go to the Home Secretary as well, but I guard myself against expressing any opinion as to that, because it is a doubtful point. Except in special circumstances, the coroner ought not to adjourn the inquest for the purpose of drawing up the inquisition; this should be drawn up immediately after the verdict is returned and forthwith signed by the jurors. The adjournment of the inquest must be made formally by proclamation. It is not sufficient to adjourn it by letter or message If it be adjourned to a day named, and on that day the court be not formally opened, the inquest comes to an end, and everything done thereafter touching the inquest is ineffectual, whatever stage in the proceedings has then been reached.

551. Now, as to the verdict of the jury?—After viewing the body and hearing the evidence, the jury must give their verdict, and certify it by an inquisition in writing, setting forth, so far as such particulars have been proved to them, who the deceased was, and how, when, and where the deceased came by his death, and, if he came by his death by murder or manslaughter, the persons, if any, whom they find to have been guilty of such murder or manslaughter, or of being accessories before the fact to such murder. That is the provision in the Coroners Act, section 4, sub-section (3), and sums up the common law on the subject. The coroner is bound to accept the verdict of the jury, however insensate, though he may further direct and charge them as to the law and as to the

nature of the evidence given by the witnesses, and, if he thinks proper, adjourn the inquest to the assizes, but he cannot refuse to accept their verdict if they still hold out.

552. I think some instances of curious verdicts were given before the Committee on Death Certification in 1894?—For instance, I find in the Report of the Select Committee on Death Certification that a jury returned a verdict as follows:—"The man died from stone in the "kidney, which stone he swallowed while lying on a "gravel path in a state of drunkenness." And another one: "A child three months old found dead, but nc "evidence whether born alive."

553. Practically, then, the coroner can put pressure upon the jury to return a reasonable verdict, but if they persist in an absurd verdict he must take it?—Yes, that has been held, and he must not adjourn the jury to distant places over his district as a punishment.

554. That refers to the old common law practice when a Judge of assize took a recalcitrant jury round in a cart with him?—Yes, the coroner must not do that.

555. Can you tell us anything about the jury's power to make riders to their verdict?—There is no direction in the statute or in common law at all about that. They may return what verdict they like, and if they make a rider part of their verdict the coroner, I think, must take it. Sometimes, I think, he objects to it, and I have known a case where he refused to record it, but I think really he must take it as part of the verdict. I do not think, however, the High Court would quash an inquisition because the coroner did not include a rider in the inquisition if the jury had signed the inquisition from which the rider had been omitted.

556. Sometimes very important and sensible riders are added by coroners' juries to their verdicts?—Yes.

557. Especially with reference to preventing similar accidents in future?—Just so. If a jury cannot agree on their verdict the coroner may order them to be kept without meat, drink, or fire until they do return a verdict. If, however, that process is ineffectual, the coroner may adjourn the inquest to the assizes. There are certain things that the jury have to do in finding their verdict. They must find the particulars for the time being required by the Registration Acts to be registered concerning the death so far as the evidence enables them to do so. These particulars are the cause, time, and place of death, the name and surname, sex, and age of the deceased, and the rank, profession or occupation of the deceased at the time of death, and if the death took place at sea, the nationality and last place of abode of the deceased. When an inquest is held upon the body of a prisoner who has been executed, the jury must inquire into and ascertain the identity of the body, and whether judgment of death was duly executed on the offender. That is a statutory requisition by the Capital Punishment Amendment Act, 1868. That is all with regard to the verdict, except as it appears in the inquisition. I will reserve that until we come to discuss the form of the inquisition.

558. Then the next point, I think, is the coroner's certificate and order for burial?—I think I have said most that is to be said about that already.

559. With reference to the law of death certification and burial registration?—Yes.

560. Now we come to the formal inquisition?—There is one matter before that that I have not given you; that is the order of the coroner in cases of *felo de se*. There is a special Act, the Interments (Felo de se) Act, 1882, which provides for the coroner making special order for the interment of the body of a *felo de se* by any method allowed under the Burials Law Amendment Act, 1880. A *felo de se* used in old times to be buried in the cross roads.

561. With a stake through the body?—Yes. That is the Interments (Felo de se) Act, 1882. As to the formal inquisition, the finding of the coroner's jury is recorded in the inquisition, which must be in writing under the hands, and in the case of murder or manslaughter also under the seals, of the jurors who concur in the verdict and of the coroner. It need not, except in the case of murder or manslaughter, be on parchment, but in those cases it must be, and for that purpose *felo de se* is murder.

562. It must be recorded on parchment?—Yes, it may be written or printed or partly written and partly printed; if it is not on parchment, but on paper, it can be quashed in the case of murder.

563. (*Sir Malcolm Morris.*) Is that carried out at the present time?—Yes. In 1849 there is the report of a case where an inquisition of *felo de se* was quashed because it was not written on parchment, the case of the Queen *v.* Whalley. The inquisition is drawn up by the coroner; it should be drawn up by him immediately after the verdict, and unless for exceptional reasons should be signed and, if necessary, sealed forthwith by the jurors without adjournment. A coroner who, in drawing up the inquisition, materially alters or adds to the verdict of the jury without the knowledge of the jury, may be indicted for forgery.

564. (*Chairman.*) I presume that jurors who cannot write may sign their mark?—Yes. Where an inquest has been held upon the body of an offender upon whom judgment of death has been executed, the inquisition must be in duplicate, and one of the duplicates handed to the sheriff.

565. That is for his protection? — Yes. The inquisition itself consists of three parts, the caption, the verdict of the jury, and the attestation. The caption is more or less the strictly formal part. The venue must be stated either in the margin or body of the caption, and should be the county or other jurisdiction within which the inquest has been held.

566. So as to show that the coroner has jurisdiction in the place where he held the inquest?—Yes. If the inquest is held by the coroner of a county or borough, the venue must be laid in that county or borough, and if the jurisdiction of the coroner extend only to part of a county or borough, or within a particular liberty only, the venue stated must be co-extensive with that jurisdiction and descriptive of that particular part only; so that if the franchise coroner for Pevensey, say, described, himself as in the county of Sussex it would be informal. An inquisition will not, however, be deemed insufficient for want of a proper or perfect venue; that is provided for by the Criminal Procedure Act of 1851. It can be altered at the trial. But the coroner should, if he possibly can, put the proper venue; it is his duty to do so. The date upon which the inquest was holden must appear, and if it commenced on one day and was continued by adjournment on subsequent days, the days of adjournment should be stated. If the date appearing be shown by reference to an almanac to be a Sunday, the inquisition will be bad, Sunday being a *dies non juridicus*. It must appear that the inquisition was taken before a court of competent jurisdiction, and therefore it is not sufficient to describe the coroner by name only; he must be designated by the style of his office, not only as coroner, but as coroner for the jurisdiction within which the inquest was held. If a county coroner assigned to a district of the county holds an inquest in another district of the county during the illness, incapacity, or unavoidable absence of the coroner for such other district, or during a vacancy in the office of coroner for that district, he must in the inquisition certify the cause of his attendance and holding the inquest. That is provided by the Coroners Act, 1844, section 20. If an inquest is taken before a deputy coroner, the inquisition should be alleged in the caption to be taken before the coroner.

567. Does that hold good since the new Act of 1892, do you think?—Yes; it is carrying to its logical conclusion the maxim *qui facit per alium*. As the viewing of the body by the jury is essential to give the coroner jurisdiction, it must be expressly stated that the inquisition was taken "on view of the body." The full name of the deceased, being either his real name or that by which he was usually known, must be stated if the same is known, and if not, he must be described as a person unknown. It must expressly appear that the jurors come from the jurisdiction within which the inquest is holden, and they are described as the jurors of the county or district. In cases of murder, manslaughter, and *felo de se* the names of the jurors must be set out in the caption.

568. In addition to their signatures afterwards?—Yes; although, if the names of the jurors appear as signatories of the inquisition, it may be that the inquisition could be amended by inserting their names in the caption under that section 20 sub-section 1 of the Coroners Act, when the inquisition is brought into court for the trial of the accused. There is no authority to that effect, but I think it might be done. It must in all cases appear that the jurors present the inquisition upon oath.

569. Oath by statute including, of course, affirmation?—Yes; it is called on oath whether they make affirmation or take the oath. So much for the caption; that is the formal part. Then the verdict must be set forth as we have heard, and the particulars that have been proved to the jury as required by the Registration Acts, of how, when, and where the deceased came by his death, and if he came by his death by murder or manslaughter, the persons, if any, whom the jury find to have been guilty of such murder or manslaughter, or of being accessories before the fact to such murder; that is by the Coroners Act, 1887. In addition to the particulars of when and where the deceased came by his death, the verdict should set out where the dead body was found, and it is also usual and proper to allege the date of the finding. The part of the verdict dealing with how the deceased came by his death is usually expressed in two separate findings, the first one dealing with the physical cause of death, and the second one stating the conclusion that is arrived at from the evidence, that is, the physical causes which have been proved before the jury.

570. Could you give us an illustration?—The statutory form will show how that is done. I think it may be sufficient if I say that the provisions of the Offences against the Person Act, 1861, applicable to the form of indictment, are also applicable to the form of an inquisition; I do not know whether this Committee desires to have all the details of that?

571. No; you must use the word "feloniously" in murder; that is the real point?—It is sufficient to say murder without entering into all the details; you used to have to do that in old times. It is sufficient to say that the man was feloniously killed or murdered. But the court has held that if the inquisition go beyond that, and enter into particulars, and set out the finding of the jury as to the manner and means of the death, and then charge murder or manslaughter against any person, the finding as to the manner and means of the death must contain an allegation of material facts sufficient to support a conviction upon the charge, otherwise the inquisition may be quashed. That was well exemplified in the case where that decision was given. The jury found that the man fell backwards into a quarry, and that by the neglect of certain persons to fence or cause to be fenced the said quarry the deceased fell therein, and that therefore those certain persons did feloniously kill the deceased. *Reg.* v. *Oxford Circuit* (Clerk of Assize) [1897] 1 Q.B. 370.

572. That was held to be bad, I suppose?—That was held to be bad, because it did not allege that there was any duty on the part of A. B. and C. D., the persons accused, to fence the quarry. The names of the persons whom the jury find to have been guilty of the murder or manslaughter of the deceased, or accessories thereto, must, if known, be stated with the same precision as would be necessary in an indictment, and if the name of such person is not known, such person should be described as "a person to the jurors unknown." With regard to that, there was a case where the jury found a verdict against the directors of the Great Western Railway Company. That was quashed because it did not set out the names of the persons. There remains the attestation part. It is usual and proper for the inquisition to end with the clause: "In "witness whereof as well the said coroner as the jurors "aforesaid have hereunto set and subscribed their "hands [and seals] the day and year first above "written." It must in all cases be signed by the coroner and the jurors who concur in the verdict, and, as we have seen, in the case of murder, manslaughter, and *felo de se*, it must be under their seals also. Such seals, however, are sufficiently represented by printed stamps against the respective names where there is the usual averment that the inquisition is under their hands and seals. It is no objection to the inquisition that any juror sets his mark thereto instead of subscribing his name, nor that such mark is unattested, provided the name of the juror be set forth, nor because any juror signs his Christian name or names by means of an initial or partial signature only and not at full length. Then the Coroners Act, 1887, gives a statutory form of inquisition, and if that is complied with it would be good; but this remark I must add, that in that case I have mentioned, where the court quashed the inquisition on the ground that there was not sufficient to connect the cause of death with any duty of the person, it did follow the form in the Act, and I do not think that was brought to the notice of the court.

573. It would come under the rules of criminal pleading. It must also follow the rules relating to indictments?—It does not follow the rules of the other Acts, but it did follow the form of the inquisition here. The form is: "And do further say that by the "neglect of E. F. to fence the said pond, C. D. fell "therein, and that therefore E. F. did feloniously kill "the said C. D." It does not there state that there was any duty on the part of E. F. to fence. No doubt that inquisition actually did follow the copy here, but the court said it was bad.

574. I think you told us on a previous occasion that in order to constitute a good verdict 12 of the jury must be unanimous?—Yes.

575. It is not necessary that the whole jury should be unanimous?—No, it is sufficient so long as 12 concur in the verdict and sign the inquisition.

576. So that it would be possible, if you had a jury of 23 sworn, that you should have 12 in favour of a particular verdict and 11 against?—That is so.

577. The next point I think is the custody and filing of the inquisition?—It was formerly the practice for the coroner to return all inquisitions of *felo de se* and those finding a deodand into the Crown Office, where they were filed, and any person aggrieved by any such inquisition could apply to the King's Bench to refuse to allow it to be filed. This practice, however, has now been abandoned since there has been no deodand, and since the forfeiture of the chattels of persons *felo de se* has been given up—since 1870; so that practically there is no ground for applying to the court to refuse to allow an inquisition to be filed; and as a matter of fact the coroner himself keeps all inquisitions except those which find murder or manslaughter. With regard to murder or manslaughter, the coroner returns those inquisitions into the court where the person charged is to be tried.

578. Is there any provision directing the coroner to what court to commit?—No, with this exception: that is, to send the inquisition with the depositions and recognizances to the proper officer of the court in which the trial is to be, that is to the clerk of the peace of the county of which he is the coroner, and if it be murder or manslaughter the person accused must be tried in the county. If there were a *certiorari* to try him in the King's Bench the inquisition would be transmitted.

579. By the clerk of the peace but not by the coroner?—That is so. When the prosecution of the party charged is undertaken by the Director of Public Prosecutions, then the inquisition is to be sent to the Director of Public Prosecutions, and not to the clerk of the peace.

580. Now we come to the traversing of an inquisition?—A coroner's inquest in law is nothing but a preliminary inquiry; it is never conclusive. In all cases the inquisition may be traversed, with this exception: that an inquisition which finds that a man died otherwise than by *felo de se* cannot be traversed so as to make him guilty of *felo de se*. If the jury find that he died *non compos* nobody can traverse that so that they should have a finding of *felo de se* recorded.

581. Is the general effect of finding an inquisition that it is equivalent, in the case of murder and manslaughter, to the finding of a true bill by a grand jury; it is a matter to be investigated by a petty jury?—No, it is equivalent to an indictment, and must be traversed in the same way.

582. On which a true bill has been found?—Yes, perhaps that is the way to put it; and it is traversed exactly in the same way as an indictment by plea, or it may be demurred to. If it is not murder or manslaughter, and a man is not on his trial, you can apply to the High Court to allow you to traverse it. If it is *felo de se*, you apply to the High Court to traverse the finding of *felo de se*.

583. How would that traverse be tried?—It would be directed to be tried at the assizes. If the court grant leave to traverse the inquisition, they can order the whole issue to be tried at the assizes.

584. By a petty jury, as in the case of murder or manslaughter?—Yes.

585. (*Sir Horatio Shephard.*) Has that been done in recent years?—I do not think so, since forfeiture has been done away with; practically a great deal of this is historical. It may happen, so that you are obliged to take it into consideration.

586. (*Chairman.*) It might happen, I suppose, in the case of a man who had an insurance on his life, with a term in the policy that the insurance should be void if he committed suicide?—Yes, and you might not like to have the coroner's jury recording it, although of course it would not be conclusive.

587. The next is as to amendment of an inquisition?—The Court of King's Bench always had under its common law jurisdiction the power of allowing or ordering amendments to inquisitions which, though good in substance, were defective in form. In the discretion of the court, however, the exercise of this power was strictly confined to defects of form, and only such amendments were allowed as were in the furtherance of justice, and as would be allowed by a court of assize in an indictment presented by a grand jury. The power of the King's Bench Division of the High Court to allow amendments to inquisitions is not affected by the statutory power of amendment which is given to courts before whom persons criminally charged by inquisitions are to be tried. There is, as you will see, a section in the Coroners' Act, 1887, section 20, with regard to that. The common law jurisdiction of the High Court to allow amendment is quite independent of that statutory power, which is given to courts before whom the person is charged. In addition to this common law power, there are the statutory powers, which are set out in full in section 20 of the Coroners Act, 1887.

588. Then there is power to quash an inquisition?—A coroner's inquisition may be quashed upon the application of any person aggrieved thereby. So far as I know, there has never been any case where a coroner's inquisition has been quashed on the application of a person who was not aggrieved, such as the coroner himself or a person quite outside, as one of the public, but very recently an inquisition was quashed on an application made by the chief constable of the county at the suggestion of the jury, who were dissatisfied with the verdict they had given, and with the acquiescence of the coroner. An inquisition may be quashed by the High Court itself under its common law jurisdiction whether the inquisition contains a criminal charge or not, or by the High Court under its statutory powers upon an application made by or under the authority of the Attorney-General (those are the powers given in section 6 and 6 (1) of the Coroners' Act, 1887), or by the court before whom any person criminally charged by the inquisition is arraigned. The common law jurisdiction of the King's Bench Division of the High Court to quash an inquisition is untouched by the statutory powers, and may be exercised in addition to them, although if the defect be purely formal, the court will not, as a rule, exercise its jurisdiction, at all events where the inquisition contains a criminal charge, but will leave the matter to be dealt with by the court before whom the charge is to be tried. There are a number of reasons or grounds upon which the Court of King's Bench in past times has quashed indictments.

589. Does it follow that when an inquisition is quashed there must necessarily be a fresh inquest?—No; the court may merely quash the inquisition without making any further order; but it has always had power to direct that there should be not necessarily a fresh inquest, but a fresh inquiry, and not necessarily before the coroner, but before justices, if thought fit. There is one matter with regard to the quashing that I might possibly add with advantage, that is, on the question of the evidence that is given at the inquest. With regard to the sufficiency or mis-reception or non-reception of evidence or mis-direction of the coroner, the court will not quash an inquisition on the ground that the evidence is insufficient to justify the findings of the jury, or on account of any alleged misdirection of the coroner which does not appear on the record, unless, indeed, such misdirection is made with a fraudulent intent. Evidence not upon oath should not be received by the coroner, but the court in its discretion will not quash an inquisition because evidence not on oath has been admitted if no mischief appear to have been caused thereby, though it will interfere if it seems that actual mischief has occurred from its reception. But if material evidence is excluded by the coroner, and the court is of opinion that a miscarriage of justice has occurred by reason of such exclusion, the inquisition will be quashed.

590. (*Dr. Willcox.*) Is the coroner bound by any rules as regards the taking of evidence?—The coroner is supposed to be bound by the ordinary rules which are current in courts of justice, so far as they can be applicable to an inquest.

591. (*Chairman.*) Subject to this: that the nature of his inquiry is different?—Yes.

592. (*Dr. Willcox.*) The reason I asked is, that in the case of dying declarations there are very rigid rules which hold in a court of law; but these dying declarations are given in evidence continually before coroners?—The difference is, that no person is really charged; there is no defendant before any coroner's inquest until the inquisition itself has been found; so that it is more an inquiry than anything else; and what I meant by saying that the coroner is bound by the same rules of evidence as in other courts, is, that he ought to receive the evidence that is tendered to him if in his view it is material, and he ought not to allow evidence to be given which is obviously immaterial.

593. (*Chairman.*) May I put it in this way: a declaration made by a deceased person may be perfectly relevant, and may properly be admitted in evidence in an inquiry as to the cause of his death, though it would not be evidence in a criminal charge against a specifically accused person?—That is so.

594. And I presume that the somewhat strict rules as to hearsay evidence would not be pressed in the case of a coroner as they would be in the case of a court that was trying a person on a specific criminal charge?—I think the coroner can take all evidence that a grand jury could, because the jury merely have to formulate an accusation against a person in cases of murder or manslaughter and do not try him for the offence.

595. (*Sir Horatio Shephard.*) Is there any instance of an inquisition having been quashed on the ground that evidence had been improperly admitted? You put it the other way: that if evidence has been improperly excluded the inquisition can be quashed; that is clear. But supposing it has been improperly admitted according to strict rules of law, can the inquisition be quashed?—The courts have held that they would not quash an inquisition on the ground of mis-reception of evidence; they leave it to be traversed.

596. (*Chairman.*) What is the position of a wife who is called upon to give evidence at an inquest when the tendency of her evidence may be to incriminate her husband?—I think she is competent but not compellable to give evidence, and that she ought to be warned by the coroner that she need not answer questions which, in her opinion, would tend to incriminate her husband. There is this further to be said: that if evidence is offered by any person the coroner has no right to reject it, on the ground that that evidence is incriminating the person giving it.

597. What is your next head?—Proceedings upon inquisition. Where a coroner's inquisition charges a person with the offence of murder or of manslaughter, or

of being accessory before the fact to a murder, the coroner must issue his warrant for arresting or detaining such person (if such warrant has not previously been issued), and must bind by recognisance all such persons examined before him as know or declare anything material touching the said offence, to appear at the next court of oyer and terminer or gaol delivery at which the trial is to be, then and there to prosecute or give evidence against the person so charged. It is not the duty of the coroner to bind over witnesses who are called to the inquest for the purpose of exculpating or giving evidence in favour of the person who is eventually charged. If a witness refuse to enter into the usual recognisance to appear, the coroner may by virtue of his office commit him for contempt.

598. I think Mr. Justice Blackburn pointed out that the fact that the coroner was not bound to hear witnesses for the defence, and could not call them or bind them over, was the main reason for having a magisterial inquiry in addition?—Yes, there is no means of safeguarding the prisoner, by ensuring that his witnesses shall appear at the trial on a coroner's inquisition.

599. (*Sir Horatio Shephard.*) Is there any reason why the power should not be given to the coroner to bind over witnesses whom the prisoner would wish to call?—I think some reason might be found in the fact that the coroner is not always a legal person, and may have admitted immaterial evidence.

600. (*Chairman.*) And also he has admitted on the depositions evidence material to the inquiry before him but not material to the inquiry before a magistrate?—There are so many matters mentioned when there is no person charged which ought not to be allowed when there is a person charged, that it cuts both ways, because they appear on the depositions for the witnesses for the prosecution as well as upon those for the defence. I do not see logically any reason why all witnesses should not be bound over who can speak to material matters. It is no doubt a relic of the days when the Crown wanted to get something from the result of the inquisition; and in Coke's time, or before Coke's time, we know that the witnesses for the defence were not examined at all before the coroner, but only persons on behalf of the Crown were examined, and although a change took place some hundreds of years ago, still it is a relic of that time. Then, if the offence is manslaughter, the coroner may, if he think fit, accept bail by recognisance.

601. The coroner's power there is exactly the same as that of committing justices; justices can admit to bail in the case of manslaughter, so far as I know, but not in the case of murder?—Yes. In either case, in the case of murder or cases of manslaughter, where the coroner has refused to admit to bail, the parties charged may apply to the High Court for bail.

602. To a Judge in chambers?—To a Judge in chambers. Then if the recognisance of a witness is forfeited, the coroner has to proceed in like manner in respect of the forfeiture as if he had imposed a fine, that is to say, he has to certify the clerk of the peace under section 19 of the Coroners Act, 1887. A person charged by an inquisition with murder or manslaughter is entitled to have, from the person having for the time being the custody of the inquisition or of the depositions, copies thereof, on payment of a reasonable sum for the same not exceeding the rate of three halfpence for every 90 words.

603. That rule is confined to the party charged?—Yes.

604. It does not apply to the cost of depositions when asked for by the prosecutor?—No.

605. (*Sir Malcolm Morris.*) Can the friends get them in a case where there is nobody charged?—They cannot compel the coroner to give them. It is a matter of bargain then.

606. (*Chairman.*) What is the next point?—With regard to the depositions of evidence at a trial for murder, it was formerly resolved, in the 17th century, by all the judges, that depositions of witnesses examined on oath before coroners at an inquest *super visum corporis*, were admissible in evidence upon the trial of any person on a charge of murder or manslaughter, if it were proved on oath that such witnesses were dead or unable to travel, or the court were satisfied that any such witness was detained by means or procurement of the person charged. It was further held by all the judges that such depositions, if otherwise admissible, were not excluded by reason that the prisoner had no opportunity of cross-examining the witnesses, or was not even present at the inquest, on the ground that, as the coroner is a judicial officer, the courts will intend that the depositions were properly and impartially taken before him. In modern times, however, judges have refused to admit such depositions when taken in the absence of the prisoner, and the opinion has now been judicially expressed that the old practice relative to the admissibility of coroners' depositions must be considered as no longer in force, and that they stand on the same footing as depositions taken before justices, so that all the provisions of the Indictable Offences Act, 1848, apply to them; that is to say, the accused must have an opportunity of cross-examining, and the evidence must be taken in the presence of the accused, &c. However, it appears that a voluntary statement made on oath before the coroner at an inquest is admissible as evidence against the deponent on his subsequent trial for the murder or manslaughter of the deceased person on whom the inquest was held, and also on his trial for any crime committed in respect of such deceased person, as rape, or concealment of birth, or administering poison with intent to murder.

607. What is the practice where there is a coroner's inquisition and the justices have committed the accused for trial?—The usual course is to take the indictment first, but when the trial on the inquisition is called on, the prisoner can plead *autrefois acquit*.

608. Or *autrefois convict*?—Or *autrefois convict*, as the case may be.

609. Then I suppose the clerk of assize enters the verdict on the inquisition as well as on the indictment?—Yes; it is a mere formal matter then.

610. (*Dr. Willcox.*) What is the minimum number of persons on a grand jury?—There are never more than 23 on a grand jury, the minimum number being 12.

611. Do not you think that that is an argument that the minimum number on a coroner's jury should remain at 12?—I do not see any connection between the two. I think you may have a grand jury of 23 and 12, and, if you choose, a coroner's jury of 12 and 9, or 12 and 8, although the finding of the 23 and 12 and the finding of the smaller jury of 12 and 8 would have the same results to the prisoners, that is to say, it would put on their trial. But I do not see any reason why, because in one case there are 23 and 12 you should necessarily have 23 and 12 in the other.

612. (*Chairman.*) Is there any magic in the number 12 at all?—Not at all, except that I do not like disturbing old institutions unnecessarily.

613. (*Dr. Willcox.*) I rather looked at it in this way: supposing a petty jury is trying a case, and this case comes to them with the verdict of a jury composed of six, say, that verdict would not have the same weight as one coming from a jury of 12?—It would not be known, really; the only thing that the coroner's jury, or the grand jury, say is, "here is a case which in our "mind is *primâ facie* proper to be investigated by a "common jury"; that is all; and the common jury's minds would not be affected by the fact that in one case it was found by a majority of a body of 23, and in another case by a majority of a body of 20 or 12.

614. (*Chairman.*) In Scotland you have the conclusion of the procurator fiscal, which is equivalent to the verdict of a jury in England?—Yes.

615. Now, with regard to fees and allowances, what have you to tell us?—The local authority for a county or borough from time to time may make, and when made may alter and vary, a schedule of fees, allowances, and disbursements, which, on the holding of an inquest may lawfully be paid and made by the coroner holding such inquest (other than the statutory fees payable to medical witnesses), and a copy of every such schedule must be deposited with the clerk of the peace of the county or with the town clerk of the borough, and one other copy delivered to every coroner concerned. For this purpose the local authority of a county is the

county council, and of a borough the borough council. Any schedule of fees made before 1887, before the Coroners Act, is to continue in force until altered.

616. There is no provision for fees and allowances in the case of franchise coroners, is there?—There is no power for any authority to make such a schedule of fees and allowances, but if the expenses of the inquest are paid out of the local rate, I think the local authority would not pay any fees or allowances that were not sanctioned by their own schedule.

617. (*Sir Malcolm Morris.*) Not for expert analytical evidence, for example?—The medical evidence is a statutory matter; there are the two guineas and the one guinea.

618. But for anything beyond that, I mean. Supposing the inquest was adjourned, and the organs were sent for analysis, and so on, what is the scale then?—If it is a medical witness, I do not think that they have any power to allow more than the statutory fees.

619. (*Chairman.*) Application is made to the Home Secretary, is it not, for special services?—The schedule applies only to fees and disbursements which may be paid and made by the coroner—not by the county council itself—and the coroner can only pay the statutory fees for medical witnesses, and cannot pay any others; but what the local authority may do is a matter of local law which hardly comes into the question of the coroner.

620. (*Sir Malcolm Morris.*) What is the law, supposing the coroner adjourns the inquest because he wants further expert evidence; what is the mode of procedure then?—He has to apply to the Home Office, or the local authority, to make the payment. He himself, I think, would not make the payment in that case at all; it would not go through his hands.

621. (*Dr. Willcox.*) It is paid by the county council?—Yes.

622. (*Chairman.*) Before you pass from that, as a matter of fact, as part of the expenses of inquests, can the local authority direct a payment to be made to the jurors?—That is one of the matters that they may put in the schedule.

623. But it is entirely dependent upon the discretion of the local authority; in some places jurors are paid, and in some they are not. Is that not so?—That may be the fact. It is within the power, I know, of the local authority to include fees to jurors or to exclude fees to jurors.

624. (*Dr. Willcox.*) In the subpœna to a medical witness, it says the medical man must do so and so, and must make an analysis of the stomach's contents. Do you know whether that has ever been enforced?—If required, he must make a post-mortem with or without analysis.

625. I would like to know whether you know of any case where a medical witness has been compelled to make an analysis?—I have never had any practical knowledge on that subject. I only know what the law on the subject is. I think the coroner could compel him to do so, because the Act says that if he does not obey the summons he is liable to a fine of 5*l*.

626. (*Chairman.*) I think your next point is, fees of medical witnesses?—A legally qualified medical practitioner who has attended at a coroner's inquest in obedience to such summons as above mentioned, is entitled to receive the following remuneration, viz., for attending to give evidence at any inquest at which no post-mortem examination has been made by such practitioner, one guinea; and for making a post-mortem examination of the body of the deceased, with or without an analysis of the contents of the stomach or intestines, and for attending to give evidence thereon, two guineas. No fee or remuneration, however, is payable to a medical practitioner for the performance of a post-mortem examination instituted without the previous direction of the coroner; and where an inquest is held on the body of a person who has died in a county or other lunatic asylum, or in a public hospital, infirmary, or other medical institution, or in a building or place belonging thereto or used for the reception of the patients thereof, whether the same be supported by endowments or by voluntary subscriptions, the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution, is not entitled to such fee or remuneration.

627. (*Sir Malcolm Morris.*) Is the word "infirmary" cut out by a subsequent Act, or does it stand to-day?—That is the law at present—section 22 of the Coroners Act, 1887.

628. (*Dr. Willcox.*) Is a poor-law infirmary supported by endowments or by voluntary subscriptions included, as the money comes from the rates?—It is a matter which is disputed, whether or not a poor-law infirmary is an infirmary within this section.

629. A poor-law infirmary entirely supported by the rates. I would like to put it like that?—It depends on the construction of this section. It begins with "a person who has died in a county or other "lunatic asylum."—Evidently the words "whether "supported by endowments or by voluntary subscriptions" do not apply to a county asylum which is maintained by rates—"or in a public hospital, "infirmary, or other medical institution." I may stop there, because it goes on, "or in a building or "place belonging thereto, or used for the reception "of the patients thereof, whether the same be "supported by endowments or by voluntary subscriptions." It is not clear what that last part applies to, whether it applies to all the words "public "hospital, infirmary, or other medical institution," or whether it applies only to "medical institution."

630. (*Chairman.*) The point has never been legally decided?—The point has never been legally decided in the High Court, but a county court judge has held that the sick wards of a workhouse are within the section.

631. (*Sir Malcolm Morris.*) In your opinion how has this peculiar position been brought about. Why are these particular places exempt from the ordinary custom?—The idea is, I suppose, that where rates are expended on an institution, as in the case of an asylum, or possibly an infirmary, the persons who are employed out of those rates ought to give all their services free.

632. With a voluntary institution it is nothing of the kind. It has nothing to do with rates or anything of the kind?—That is the first part. I spoke first with regard to rates. Then I suppose with regard to voluntary subscriptions to hospitals, and hospitals that have endowments, if a person endows a hospital or, which is much the same thing, gives a subscription to a hospital, which is a temporary endowment for it, persons who accept service in the hospital accept it all *cum onere*, and are expected to do everything required of medical practitioners.

633. So far as life is concerned. What has that to do with a person who is dead?—You asked me how it was that I thought this came about. I imagine it is on that principle.

634. (*Chairman.*) The principle, I take it, is that an officer in one of these public institutions is put on the footing of a public officer, of whom you are entitled to demand any public service?—Yes, if I may adopt your words. There is no such thing as a public hospital that I know that has not some endowment or is not maintained by subscriptions. These expenses have in the first instance to be paid by the coroners. A coroner holding an inquest must immediately after the termination of the proceedings pay the fees of every medical witness not exceeding the statutory amount, he is limited to that; and all expenses reasonably incurred in and about the holding thereof, not exceeding the sums set forth in the schedule, and the sums so paid are to be repaid to him as hereinafter mentioned. Every coroner, within four months after holding his inquest, must cause a full and true account of all sums paid by him as above mentioned to be laid before the council of the county or borough by whom the sums are to be re-imbursed to him. Such account must be accompanied by such vouchers as in the circumstances may to the county or borough council seem reasonable, and such council may, if they think fit, examine the said coroner as to the account (a borough council, but not a county council, being entitled to examine him on oath), and, on being satisfied of the correctness thereof, the council must order their treasurer to pay to the coroner the sum due to him on such account, with the addition, in the case of a coroner of a borough, of 6*s*. 8*d*. for each inquest; and

the treasurer must pay the same out of the local rate, without any abatement or deduction whatever, and is to be allowed the same on passing his accounts. For this purpose the local rate is, in the case of a county, the county rate, or rate in the nature of a county rate, and in the case of a borough, the borough fund or borough rate. The disability of the county council to administer an oath to anybody was imposed by the Local Government Act, 1888. It does not apply to borough councils.

635. (*Dr. Willcox.*) Who receives the money when the deputy coroner conducts an inquest?—It would go in the name of the coroner. The accounts would be rendered in the name of the coroner. The coroner would receive it and make good to the deputy coroner what the deputy coroner had paid.

636. I am thinking of the 1*l.* 6*s.* 8*d.*?—That is only a borough coroner.

637. Take the case of a borough coroner?—I think you are mixing two things together. I was speaking of disbursements by the coroner. The 1*l.* 6*s.* 8*d.* is not a disbursement by the coroner at all; it is the statutory fee payable to the coroner, and if he has a deputy his arrangement with the deputy coroner will govern the amount that the deputy coroner will receive; but the 6*s.* 8*d.* has nothing to do with what we are on now.

638. (*Chairman.*) It would not be paid to the person who *de facto* held the inquest; it would be paid to the coroner?—Yes, it is not a disbursement; it is not the thing which we are on now. We are only dealing now with fees paid and disbursements made by the coroner. We have dealt with the salary and fees payable to the coroner. The answer to the questions with regard to the 6*s.* 8*d.* which is payable in a borough to the person holding the inquest is, I think, that it would properly be paid to the coroner, and the ultimate destination of it would depend upon the arrangement between the coroner and the deputy. I should add that the actual disbursements made by the coroner, if within the statutory limits, must be repaid to him whether he was right in holding his inquest or wrong. The local authority have no power to question that matter. The mere question is whether he has kept within the schedule, and whether he convinces the local authority that he has actually made the expenditure. If that is so, the local authority have no discretion in the matter—they must re-imburse him.

639. Then there are special provisions, are there not, about detached parts of counties?—Yes. A detached part of a county is considered for all purposes of holding inquests to be within the county by which it is surrounded; or, if it is a detached part, adjoining more than one county, as belonging to that county with which it has the longest boundary limit; and there are provisions by which the treasurers of the various counties have to arrange that the fees and disbursements shall be paid by the proper county, and if they cannot agree it has to go to arbitration; I need not enter into details.

640. Then comes the question of returns by borough coroners?—That only applies to borough coroners. Every borough coroner, on or before the 1st of February in every year, must make and transmit to the Home Secretary a return in writing in such form, and containing such particulars, as the Secretary of State from time to time directs in all cases in which an inquest has been held by him, or by some person in lieu of him, during the year ending on the 31st December previous.

641. Do other coroners do that?—There is no obligation upon other coroners to do that. That is the 28th section of the Act of 1887, and that only applies to borough coroners. There is no statutory obligation on other coroners to make returns.

642. Perhaps, to complete your evidence, you would kindly give us some figures as to the proportion of inquests to deaths?—From the returns made it has been possible to extract a summary (*handing in the same*).*

643. Looking at that summary, taking the year 1907, I see that the number of deaths was 524,221; the number of inquests held was 36,756, which gives a percentage of 70 per 1,000. That is say, that, putting it in simple figures, an inquest is held in 7 per cent. of all deaths that occur?—That is so for the year 1907.

644. Putting it in other words, for every 14 deaths one inquest is held, and I find that the average, for a series of years, does not vary very much, though it varies somewhat?—It varies between 44 per 1,000 and 70 per 1,000 between the years 1856 and 1897.

645. Of recent years we may take it that the average is about 7 per cent.?—In the last 10 years the average is between 63 and 70 per 1,000.

646. The only other point, I think, that you are going to tell us about, is the special Act in the City of London dealing with inquests in the case of fire?—Yes. A coroner generally has no jurisdiction to hold any inquest at all in case of fire, unless, of course, there is death, and then he holds the inquest on the body; but the coroner of the City of London has special power in this respect granted him by statute.

647. By a private Act?—It is a private Act; it is 51 & 52 Vict. ch. xxxviii. In any case where loss or injury by fire within the City of London and the liberties thereof has been brought to the knowledge of the Commissioner of City Police or the Chief Officer of the Metropolitan Fire Brigade, it is the duty of such commissioner or chief officer forthwith to report the same to the coroner of the City of London, and in case of loss or injury by fire within the City of London and the liberties thereof situate in the county of Middlesex, it is the duty of such coroner to consider such report. A coroner's inquest must be held respecting the same if either the Lord Mayor for the time being, the Lord Chief Justice of England, or one of His Majesty's Principal Secretaries of State so order, or if the coroner be of opinion that proper cause for such an inquiry exists. And for the purpose of holding an inquest the coroner and his deputy respectively may exercise all the powers that they may exercise with regard to an inquest *super visum corporis*. The inquest is to be held in the same manner with regard to the number and constitution of the jury, the qualification of the jurymen, the mode of examining witnesses and taking their depositions, and in all other respects as nearly as may be as upon an inquest *super visum corporis*. Upon the inquest it is the duty of the coroner or his deputy to inquire into the cause and circumstances of such fire, and all such matters connected therewith, and means for preventing the same, as to the coroner or his deputy holding such inquest shall seem fit, and also whether there is ground for believing that the fire was caused by the wilful and unlawful act of any person or persons, whether known or unknown, under such circumstances as to render such person or persons guilty of arson, and if such person or persons be known, and the evidence shall warrant it, the jury may find a verdict of arson against him or them in order that he or they may be placed on his or their trial for such offence, and such verdict and inquisition will have the force and effect of an indictment, provided that if any person with regard to whom such verdict is found was not present at the inquest, he must be taken before a magistrate sitting at the Mansion House or Guildhall justice rooms as an accused person to answer such charge. The coroner, or his deputy, holding the inquest, must take down in writing and sign the depositions of the witnesses, and within seven days after the termination of such inquest report in writing to the Lord Mayor and to the Home Secretary the result of the inquest, and send a copy of the depositions and any remarks thereon he may deem necessary. Copies of the report or depositions can be obtained on payment.

648. Do you know whether there are any similar powers in any other big town?—No, it applies only to the City of London. For the purpose of the inquest, the coroner and the jury, and such persons as the jury may require for their assistance, may enter and view any premises or place within the City of London and the liberties thereof situate in the County of Middlesex, where the fire has happened, or where it may be suspected to have originated, and have all reasonable access through other premises within such limits for that purpose.

* *See* Appendix No. 2.

649. Have you any further comments to make on the law of coroners?—No, I have, I am sure, troubled you enough.

On behalf of the Committee I beg to thank you sincerely for the very valuable evidence you have given us.

The witness withdrew.

Mr. Frederick Hugh Short examined.

650. (*Chairman.*) You are principal clerk of the Crown Office, and I think you have had 45 years' experience in the Crown Office?—Yes.

651. I think you are the author of a very well known book on Crown Office Procedure?—Yes.

652. Since the abolition, I think, of the Old King's Bench Prison, the Master of the Crown Office no longer has any jurisdiction with respect to holding inquests?—No, none; it was abolished by the Act of 1842.

653. But a certain number of proceedings affecting coroners come through your office?—Yes, when they come under the review of the High Court.

654. Have you any suggestions to make for the amendment of that procedure?—No, I think not.

655. It works smoothly?—Yes, perfectly smoothly.

656. The sort of matters would be the removal of the inquisition by a writ of certiorari for the purpose of quashing it for some defect or irregularity?—Yes.

657. But those cases now would be comparatively rare because of the large power of amendment?—Yes, certainly; there have been very few of late years, since the Act of 1887; you could count them on your fingers.

658. Perhaps you would give us the instances which have actually occurred in your experience during the last 20 years?—I have only mentioned two cases in my *précis*. I think I ought to have referred to another one. The first case, perhaps, to refer to is the case against the directors of the Great Western Railway Company, where an inquisition was found for manslaughter against them. There the court quashed that inquisition because they said there was no one sufficiently designated who could be put upon trial.

659. That is the case of The Queen *v.* The Directors of the Great Western Railway Company, reported in 20 Queen's Bench Division, page 410?—Yes. Then there was another case which is reported under the name of The Queen *v.* Clerk Assize of Oxford Circuit; that was reported in 1897, 1 Queen's Bench, page 370. In that case a verdict of manslaughter was returned against three persons, for not properly fencing a quarry, I think it was. I think that was quashed more on a pleading point than anything else. There was no duty alleged with regard to two of them, at any rate sufficiently alleged. It was said, I think, as a matter of pleading, that it was not shown how the duty was cast upon these persons.

660. I think the inquisition did not show any duty upon the persons to fence the quarry?—That is so.

661. And the court held that in such a case there was no power to amend, and therefore the inquisition must be quashed?—Yes. There is another case that should have been referred to, I think; that is the case of The Queen *v.* Dalzell, reported only in 4 Times Law Reports (1888), page 725. The inquisition in that case was quashed for a defect; the word "feloniously" was omitted from the verdict of manslaughter, and there again the Court held that it could not be amended.

662. Because in that respect a coroner's inquisition follows the same rules as an indictment?—Yes. I think that really exhausts the cases so far as my experience goes.

663. Since the Act of 1887?—Yes.

664. They are few and far between?—They are very few and far between. There are other cases where new inquests have been applied for under the provisions of section 6 (1) of the Act of 1887.

665. An application may be made under that section by the Attorney-General where the coroner refuses or neglects to hold an inquest, or where he has held an inquest and for reasons therein specified it is necessary or desirable in the interests of justice that another inquest should be held?—Yes, there have been cases under that section; there was the case of The King *v.* Graham in 1905.

666. Perhaps you will give us the facts of that case?—That is reported in 69, Justice of the Peace, page 324. That was the case of a prisoner who died in prison, and the verdict at the inquest was that the deceased "died from paralysis following upon some "injury to the skull which had set up a large abscess in "the brain, such injury having been occasioned before his "admission to the prison," but there was no finding as to how the deceased came by the injury. In that case a new inquiry was ordered, with the same result.

667. I think you can give us another instance in the case of *re* Whitaker?—There is another case last year, so late as December last year. There it was an inquest upon a woman, and the verdict was "Found "burnt to death, evidence insufficient to show how the "fire originated," and the court ordered a fresh inquiry, on the ground that no post-mortem of the body was made and no medical evidence adduced at the inquest, several persons who possessed knowledge relevant to the inquisition were not called to give evidence, and in some other respects the inquisition was insufficient.

668. I want to ask you a question on that section 6 (1). It may be very desirable—the coroner among other people may desire that a fresh inquest should be held, but there is no power for the coroner himself to apply to the court to order a fresh inquest?—That is so.

669. The application to the court, as the law stands at present, must take the form of a hostile motion against the coroner, made by or under the authority of the Attorney-General?—Yes, that is so, I understand.

670. Can you suggest any convenient procedure under which a coroner, when new facts come to his knowledge, could make application to the court to order a new inquest?—Why should it not be made on his own motion. Instead of being a hostile motion, why should he not make an application himself, on the ground that further evidence has come to light.

671. You think that amendments of the law to that effect would be reasonable?—Very reasonable and very desirable. I do not know about application to the Home Secretary, but perhaps it would be more satisfactory to go to the court.

672. The court at present has control over fresh inquests?—Yes.

673. It is the proceeding of a court of justice?—Yes.

674. And you think it would be a reasonable amendment of the law to enable the coroner himself to apply?—Yes.

675. What would be the expense of such an application?—It would be very small, really.

676. Could the application be properly made in chambers, do you think?—I do not know why it should not be made in chambers even; then there would be only the costs of drawing the affidavit. If it went to chambers the cost would be very slight indeed. If it went to court there would be the additional expenses of counsel's fees, which would mount up; and the taxing masters of the present day are rather liberal. The Coroner might be relieved of the burden of the costs by casting the duty of making the application upon the Treasury Solicitor.

677. Would you suggest that if the application were made by the coroner it might be an *ex parte* application?—Certainly; or you might leave it to the discretion of the court or judge to say whether it should be *ex parte* or whether notice should be given to any party who might be affected.

678. But that, of course, would under the existing state of the law?—Yes.

679. Do you know of any case in your own experience where the Attorney-General has really been

moved by the coroner to apply against the coroner for an order for a new inquest?—No, I cannot say that I do, but in the case I referred to of *re* Whitaker the application was supported by an affidavit by the coroner.

680. I think you are going to tell us that in certain cases the inquisition may be removed into the King's Bench Division by writ of certiorari for trial, in the same way as an indictment can?—Yes, it might be so. The inquisition in the Palmer case was so removed, and it was ultimately sent to the Central Criminal Court. I do not know of any case since that. It is rather ancient history, of course, now, but still it is an instance, and I only refer to it as an instance. They are very rare.

681. I think as the law stands there is at any rate very great doubt as to whether the process of a coroner can be effectually served outside his jurisdiction?—Yes, it is generally thought it cannot, though the wording of the Act seems rather wide.

682. The coroner, therefore, is driven to apply to the Crown Office for a Crown Office subpœna?—Yes, or the parties before him affected.

683. Either the coroner or any party interested in the inquest can apply to the Crown Office for a subpœna to bring a witness from outside?—Yes.

684. And the subpœna can be either a subpœna to bear witness or a subpœna *duces tecum* for the production of an exhibit?—Yes. I do not know that the coroner has power to order the production of any exhibit.

685. If the coroner requires production of an exhibit, and that is not produced, the ordinary practice would be to apply for a Crown Office subpœna *duces tecum*?—Yes, it is so thought that coroners have not the power, so far as I understand it. I do not know whether they have or not.

686. At any rate there is a doubt, and that is the practice?—Yes. I think the proper course is to apply to the Crown Office for a subpœna *duces tecum*.

687. Is a Crown Office subpœna issued as a matter of course, or is there any judicial inquiry?—There is nothing in the nature of a judicial inquiry. It is issued by the clerks in the office but not entirely as a matter of course; still, as long as they are reasonably satisfied that it is proper to let it go, they do. If it is applied for by a solicitor, certainly; but if it is applied for by any party in person, and not through a solicitor, they would make inquiry.

688. But if the application seems to be vexatious or oppressive the matter would be referred to the Master of the Crown Office?—Yes. We had a case yesterday where we refused it; it was not before a coroner, but before a magistrate. It is refused when we think it is being used oppressively or for a wrong purpose; but if the application is by a solicitor we do not hesitate.

689. Because he is an officer of the court and you know he can be overhauled if he does anything wrong?—He is an officer of the court, and he is responsible to the court if he makes a mistake.

690. What is the expense of a Crown Office subpœna?—The fee is 5*s*.

691. And application can be made either by the person who wants it or by a solicitor on his behalf?—Yes.

692. (*Sir Horatio Shephard.*) Does the coroner apply often for a Crown Office subpœna?—No, it is very rare indeed. I have known a coroner myself to apply for it through an agent, but as a rule it is done by a solicitor on behalf of some person interested who may be affected, but applications for a Crown Office subpœna are very rare indeed.

693. (*Chairman.*) I think there is another point in which your office touches coroners, but it is very ancient history. The coroner has certain duties in connection with the proclamation of outlawry?—Yes.

694. But outlawry has been abolished in civil proceedings?—Yes.

695. And in criminal proceedings it is now almost unknown?—Yes.

696. Do you remember the last case?—There has been none in my experience. There was one just before I started work, and I had something to do with it, against Lord Ernest Vane Tempest. That is the last I remember.

697. He was outlawed, was he not?—He was outlawed.

698. That is more than 45 years ago?—Yes, when he was outlawed; but it was set aside in my time; that was some time after 1863.

699. I suppose it was the case of a man against whom a criminal charge was pending who had refused to surrender?—It was a matter of mesne process he was outlawed upon.

700. Was it civil or criminal?—It was criminal—a criminal information filed by the court against him.

701. But for the last 45 years this proceeding has not been resorted to?—No.

702. Is there any object whatever in retaining it?—Yes, there might be. If a man possessing property in this country went into another country and he could not be extradited, it might be desirable to have recourse to it.

703. To seize his property?—To seize his property. I remember on one occasion it was contemplated within recent years, but nothing came of it.

704. The only other point on which you touch coroners I think is the writ *de coronatore eligendo*, or *amovendo*, or *exonerando*; those writs are issued from the Crown Office by direction of the Lord Chancellor?—Yes, but that is not *qua* Crown Office, that is *qua* Petty Bag, because the duties of the old Clerk of the Petty Bag have been cast upon the Crown Office. It has nothing whatever to do with the Crown Office.

705. And the Petty Bag was a Lord Chancellor's Office, and not a part of the Crown Office?—Yes.

706. Although the High Court Judges are *ex-officio* coroners, is there any known instance on record in your office of a High Court Judge having held an inquest?—Not so far as I know; not within living memory, certainly.

The witness withdrew.

Adjourned to Friday next, at 3 o'clock.

At the Home Office, Whitehall, S.W.

FOURTH DAY.

Friday, 12th February 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S. Edin.
Sir HORATIO SHEPHARD, LL.D.
Mr. WILLIAM H. WILLCOX, M.D.
Mr. J. F. MOYLAN (*Secretary*).

Mr. WILLIAM BROWN examined.

707. (*Chairman.*) You are Assistant King's Proctor?—Yes.

708. And you are also one of the assistants in the Treasury Solicitor's Department?—That is so.

709. I forget how many years you have been there?—I was appointed in 1877; I have had 32 years' service.

710. And you are familiar with the practice of the Treasury in matters relating to treasure trove?—I am.

711. You have had charge of those cases?—I have had charge of the cases as to treasure trove in which coroners have taken action since the Coroners Act of 1887, and I have attended some of the inquests.

712. Would you kindly give us the accepted definition of treasure trove?—The definition of treasure trove which is generally accepted is given in Coke's Institutes 132, namely:—"Treasure trove is when any "gold or silver in coin, plate, or bullyon, hath been of "ancient time hidden, wheresoever it be found, whereof "no person can prove any property. It doth belong to "the King, or to some lord or other, by the King's "grant or prescription."

713. Prescription of course implying a lost grant?—Yes, or it arises from a long-continued and uninterrupted usage. I have had no instances of prescription so far. The question has usually turned on the construction of the grant, and whether the grant was an existing grant, and whether it contained the express words "treasure trove"; because no grant, however wide, of all royalties, all manors, all privileges of every kind is effective unless the term "treasure trove" is expressly mentioned; there must be the express words.

714. Apart from that, treasure trove vests in the Crown?—As soon as the facts are determined treasure trove vests in the Crown at once, independently of any finding of a coroner's jury. The Crown has been so advised by the Law Officers.

715. So that the only question that can arise when once treasure trove has been discovered is whether it is the property of the Crown or the property of the Crown's grantee?—Yes.

716. I mean as a question of property?—If there has been ancient treasure concealed and it is found, and there is no owner of it; those facts being established, the law says that is treasure trove and primâ facie the property of the Crown.

717. Those facts are established by an inquiry before the coroner, are they?—They may be established by an inquiry before the coroner, but there have been very many cases where we have taken possession of treasure when we have just been satisfied from inquiries made by the police that the conditions which constitute treasure trove exist.

718. The inquisition of the coroner is not, so to speak, a condition precedent to the right of the Crown?—That exactly expresses it. The Crown's representatives have considered that it is only strictly necessary to hold an inquest when it is proposed to take criminal proceedings against any person for concealment of treasure.

719. Perhaps you will tell us what the law was before the Act of 1887, and what the law is since?—The law is to be found in 4th Edward I.; it is set out in the statute of 3 Henry VII., in terms as "the Law of the Land." The statute runs: "These are the "things to be inquired of by the coroner, if he be "certified by the King's bailiffs or the other good men "of the county:—First, he shall go to the places "where any be slain, or suddenly dead or wounded, or "where houses are broken, or where treasure is said to "be found, and shall forthwith command those of the "four next towns, or five, or six, to appear before him "in a certain place, and, when they are come thither, "the coroner, upon the oath of them, shall inquire in "this manner, that is to wit"—and the statute then deals with murder. Then "a coroner ought also to "inquire of treasure that is found, who were the "finders, and likewise who is suspected thereof, and "that may be well perceived where one liveth as he "was not wont to do, or haunting taverns, and hath "done so, of long time; hereupon he may be attached "for this suspicion by four, or six, or more pledges, "if they may be found."

720. Pledges, meaning there sureties?—Yes, they are sureties. That function of the coroner is described there, and one can pretty well guess what sort of function it was; it was a sort of smelling-out function, like the smelling out of witches, and all other processes of that kind: "The man has got money—he has not "had money before, he must have been finding treasure, "therefore we will try him for it," and, I suppose, they "questioned" him too in their way.

721. (*Sir Horatio Shephard.*) It was a way of discovering the treasure?—Exactly.

722. (*Chairman.*) The coroner at that time being, of course, a fiscal officer?—Yes. The concealment of finding of treasure trove was so great an offence as to be punishable with death. It is so stated in Glanville, Lib. I. C. 2 (translation by Beams, 1812):—"The "crime which in legal phrase is termed that of *læsæ* "*majestatis*, as the death of the King, or a sedition "moved in the realm or army, the fraudulent conceal-"ment of treasure trove, the plea concerning the "breaking of the King's peace, homicide, burning, "robbery, rape, the crime of falsifying, and such other "pleas as are of a similar nature, these crimes are "either punished capitally or with loss of member."

723. That is loss of limb?—Yes.

724. Under the present law, it is not quite so drastic?—It is not quite so severe. Under the existing law such concealment is a misdemeanour punishable by fine and imprisonment. That was the condition of the law, as I understand, previously to the passing of the Coroners Act, 1887.

725. That was in the main a consolidation Act, which made some improvements in the law?—Yes, and it really reproduced the old words.

726. Before the passing of the Coroners Act, are there records of inquests as to treasure trove?—Yes.

727. Perhaps you will give us some instances?—They are few and far between. In 1735 at Crowcombe

(Somerset), on silver coin to the value of 700*l.* and upwards. In 1863 at Eastwell (Kent), on 200 gold and silver coins. In more modern times the following inquests have occurred:—In 1826 at Cambridge, on 195 gold and 3,510 silver coins. In 1828 at Brixham (Devon), on 31 pieces of old silver plate, supposed to have been buried in the time of the Civil War. In 1829 at Wooburn (Bucks), on a quantity of gold coin, of the supposed value of 700*l.* and upwards. In this case, the coroner took action proprio motû. Finding that note induces me to think that in these other cases, he was probably set in motion by the Crown for the purpose of founding criminal proceedings on the finding of the coroner's jury, because these come in the case that I am going to refer to presently—In 1836 at Great Stanmore (Middlesex), on a great quantity of coin, and in 1837 at Lewisham (Kent), on 420 gold coins.

728. You had better tell us about the Mountfield case?—That case is the last recorded case in England (there was a case in Ireland) in which there was a prosecution for concealment of treasure trove. In 1863 the Treasury, after consulting the Law Officers, procured an inquest to be held by the coroner for the Rape of Hastings and a jury. The find was a valuable one; it consisted of a lump of gold, and it was thought it might have been the breastplate that Harold wore at the Battle of Hastings, as it was come upon not far from the scene of the death of Harold. The discovery was made by one Butcher, a labourer, while ploughing, and he, believing it was brass, sold it for 5*s.* 6*d.* to one Silas Thomas, who, with Stephen Willett, his brother-in-law, a cabdriver, who had been in Australia and knew gold, disposed of it at once for more than 500*l.* to certain refiners, who melted it up and sold it.

729. So that this valuable relic was destroyed and lost?—Yes, completely.

730. What was the finding of the jury?—The finding of the jury is contained in the inquisition which I believe was carefully considered and settled, because it was intended, to found a prosecution on it. The inquisition found that William Butcher, on the 12th of January 1863, did find "deposited, hidden and "concealed in and under the earth and soil of the "said field in the parish of Mountfield, certain pieces "of old gold of the weight of eleven pounds or thereabouts and of the value of 530*l.* and upwards sterling, "and which said pieces of old gold were of ancient "times deposited, hidden and concealed as aforesaid "and the owner or owners whereof cannot now be "known, and the jurors aforesaid upon their oath "aforesaid do further say that the said several pieces "of old gold so deposited, hidden, concealed and found "as aforesaid before and at the time of so finding the "same as aforesaid were and from thence hitherto "have been and still are the gold, money and property "of our said Lady the now Queen." The finding as to title was, no doubt, for the purpose of a prosecution; because if the view that the Treasury take is correct, the facts recited in the inquisition, viz., that it was "deposited, hidden and concealed" that it was "gold," (because it must be either gold or silver), and that it was "of ancient times deposited, hidden and con-"cealed," and that the "owner cannot now be known" —those facts being present, whether found by an inquiry by the police or not, or whether found by the findings of a coroner's jury, constitute in law treasure trove. The inquisition goes on to say: "and "the jurors aforesaid upon their oath aforesaid do "further say that the said William Butcher and Silas "Thomas of the said parish of Mountfield, bricklayer, "and Stephen Willett of the town and port of Hastings, "cab proprietor, from the time of the said finding until "and at the time of the taking of this inquisition at "the said parish of Mountfield in the said Rape of "Hastings, in the said county of Sussex, concealed the "said finding of the said several pieces of old gold from "me, the said coroner and from our said Lady the "Queen and did not make known the said finding to "any person or persons whomsoever lawfully autho-"rised or empowered to receive the said old gold or the "information respecting the finding thereof on behalf "of our said Lady the Queen, and the said jurors do "further say that the said William Butcher and Silas "Thomas are now respectively in full life." On that a prosecution followed.

731. Stopping for one moment there, there is a duty, is there not, by statute or by common law, on any person who comes across treasure trove to inform the coroner?—The coroner is the officer who has been charged with the duty by statute to inquire of treasure that is found.

732. Therefore the duty on the public is to inform the coroner?—Yes.

733. And not to inform either the police or the Treasury?—In practice it is immaterial whether they imform the coroner or the police because the trove comes to the Treasury just the same. Speaking for myself and my department, the easiest and most convenient way is when the police get hold of it, because they make the inquiry, ascertain all the facts, and send it up. The coroner having got hold of it thinks it is his duty to hold an inquest.

734. And it probably is his duty, to hold an inquest?—Yes.

735. (*Sir Malcolm Morris.*) Would it be the duty of the police to inform the coroner?—I am not aware that it is the duty of the police to inform the coroner.

736. (*Chairman.*) As a member of the public, would it not be the duty of the police to inform the coroner as well as the Treasury?—It has not been so considered.

737. The property being the property of the Treasury, they go to the principal instead of the agent?—That is so, when information has been given either to the police or to the coroner or direct, as sometimes happens, to me at the Treasury. People write and say we have found this, what are we to do; then, as you put it, it comes at once to the principal, and there is no necessity for any agent.

738. (*Sir Malcolm Morris.*) Have there been any cases in recent times in which the Treasury have dealt with treasure trove without the intervention of the coroner?—Yes, many.

739. (*Chairman.*) There was a recent case of treasure trove in Kensington, near Phillimore Gardens, was there not?—Yes.

740. What was done in that case?—That is a case where I think that the action of the coroner was useful and valuable, and it is for this reason that I should be sorry, speaking as an official engaged in these matters, to be deprived of the help that a coroner's inquiry gives. The case you mention is a very good example. A large number of guineas had been found in excavating the foundations of a house. When they were found, the carmen looked at them and said, "What are these, bits "of old brass?" "Oh yes." "Well, at any rate, they "may be tokens; they are not much good." They were treated as being of no value. One fellow got up in his cart and threw them to a lot of small boys for a scramble, and another expressed his intention of making a chain for his horse.

741. Were these old guineas?—They were old guineas.

742. Spade guineas?—Guineas that Spink of Piccadilly was quite pleased to buy, and buy at a pretty good price, 25*s.* and up to 30*s.* From the carters some of the guineas got to the landlord of a public-house, and from the landlord of the public-house to a pawnbroker, who promptly tested them, and said they were gold. The rest were scattered in all directions, in some hands that were honest, in others that were doubtful.

743. (*Sir Malcolm Morris.*) Why was the coroner's inquiry of advantage then?—Because the police could make what inquires they pleased, but they were bound to take the answers that were given to them.

744. (*Chairman.*) They could not make an inquiry on oath?—They could not make an inquiry on oath. They go up to a man and say, "Did you receive such-"and-such from so-and-so?" "What has that got to "do with you; I am not going to tell you." There was no power to compel an answer. But when the coroner signified his intention of holding an inquest, the people we doubted, and those who received coins and were prepared to give an account of them, were brought forward as witnesses. The hearing lasted two days, and Mr. Graham Campbell was instructed as counsel, and many witnesses were examined, some of

whom tried to suppress the facts and to excuse themselves. The greater part of the find was recovered. There I say the action of the coroner was useful, and was strictly in accordance with the statute. He was inquiring "of treasure that is found, who were the "finders, and likewise who is suspected thereof"; he had all the people before him, put them on oath, they were examined and cross-examined, and the coroner also put questions to them.

745. (*Sir Malcolm Morris.*) Supposing there had been no coroner's inquisition on the subject, the only other place where an inquiry could have been held would have been the police court?—Yes, but then I should have had to make a specific charge of concealing treasure trove.

746. (*Chairman.*) You would have had to pick out a defendant and charge him, and then call all the other people as witnesses?—Yes; before the coroner we were ascertaining the facts. Before a magistrate in a police court, those facts would be adduced as evidence.

747. I should like to ask you this further question on that. An inquiry on oath, without having a specific person accused, you say is most useful?—I think so.

748. Would it not be equally useful in the case of stolen property or any other felony. Supposing that those guineas, instead of having been anciently concealed, had been stolen from a house, exactly the same questions would have arisen?—Yes.

749. If I understand you aright, the inquiry before the coroner is a very useful inquiry for discovering facts without having a specific person charged?—Yes.

750. But it is no more required, is it, in the case of treasure trove than in the case of any other stolen goods?—The coroner's inquiry is not for this purpose at all.

751. Unless it is necessary also in other criminal cases?—The statute imposes a duty on the coroner in cases of treasure trove, but there is no statutory duty in cases of larceny. I am, however, not so familiar with criminal procedure generally.

752. You have no experience of the Department of the Director of Public Prosecutions?—No, except in some cases, but not in the regular way. On considering the question, I think that it is perhaps something like what happens in an inquiry as to the cause of a death, which might result in a prosecution for murder. But that is comparing a small matter with one of grave importance.

753. (*Sir Horatio Shephard.*) Are the finds so considerable as to justify any special means of protecting the property of the Crown. One could understand if the finds were numerous and very valuable that it might be necessary to have some special means of protecting the property. But that can hardly be said, I suppose?—There is always the probability that the find may be of great importance and of great value.

754. (*Chairman.*) Valuable, quite apart from the intrinsic value of the metal, from an antiquarian point of view; a thing may be precious for the purpose of the British Museum?—That is so.

755. (*Sir Malcolm Morris.*) What did the coroner recover in the Kensington case in actual cash?—There was little more than the intrinsic value of the gold there. And with regard to the cash value of what the Crown recovers, the Crown is quite disinterested in these cases. Of course we take action, and the honest finder is the person who benefits; since 1886 the honest finder gets usually 80 per cent. of the antiquarian value; not the bullion value, the antiquarian value. The rewards to honest finders and the disposal of the trove are matters entirely in the discretion of the Lords of the Treasury.

756. (*Sir Horatio Shephard.*) The Crown in reality gains very little by it?—Yes.

757. (*Chairman.*) Take the case of Harold's breastplate, which as an antiquarian object might have been worth anything. How would that have been valued?—It would have been valued by the British Museum, and they would have put a fair value on it.

758. From an antiquarian point of view?—Yes.

759. How would they acquire it?—They would have to buy it out of their Vote. They have a vote for the purchase of these things. The Treasury do not give them to the British Museum, they make the Museum pay for them; and having received from the Museum the antiquarian value, they pay 80 per cent. to the finder and they keep about 20 per cent., because there are a good many expenses attending these cases.

760. Then although treasure trove is in legal theory the property of the Crown, the nation does not benefit by it, because the finder gets at least 80 per cent. and the British Museum, which represents a national collection, has to pay the full value just as though it bought it in the market?—The advantage is that the British Museum gets the refusal and they fix their own price.

761. (*Sir Malcolm Morris.*) If the man who found it happened to be by chance an antiquarian, he would have to pay the price for it if he wanted to keep it?—He would be allowed to keep if it was not required for the national collection.

762. (*Chairman.*) Receiving back 80 per cent. for himself as the finder?—No, if he was the finder and acted *bonâ fide*, he would be simply allowed to keep it.

763. You have told us that these men in the Hastings case were convicted?—Yes.

764. What was the sentence?—They were convicted and severally fined half the value of the treasure, namely, 265*l.*; they were ordered to be imprisoned until payment; and they remained in prison for a year. The case is fully reported as Regina *v.* Thomas in 1 Leigh and Cave, Crown Cases Reserved, page 313. That is the last case of concealment of treasure trove.

765. The last case in which criminal proceedings had to be taken?—Yes.

766. You have to tell us about some advice given in the Farnham case?—In the Farnham case in 1869, the Law Officers wrote, "Treasure trove is not the subject "of larceny, at least before seizure on inquisition, but "a man may be indicted for concealing it and, if found "guilty, punished by fine and imprisonment. It is "not necessary to have the title of the Crown found "by inquisition, because the treasure belongs to the "Crown by prerogative, and the evidence of the finding "of the treasure would be evidence of the title of the "Crown. But it would be better and safer to have "the Crown's title to it ascertained before proceeding "against the men for concealing it."

767. Do those last words mean that you want to have the fact that it is treasure trove found, or do they mean that you want to have a dispute determined as between a possible grantee and the Crown?—It means that they think it better to have it found, with a view to proceedings for concealing it, not for the purpose of settling rival claims.

768. But the fact that it is treasure trove?—Yes.

769. Then as the result of that opinion, what happened?—There was no prosecution in that case; but as the result of that opinion the Treasury have considered that it was not necessary to have an inquisition as to the finding of treasure, unless it were intended to institute a prosecution against persons for concealing treasure; and coroners, except in the few instances I have quoted, did not hold inquests, and finally the practice became obsolete. There has been no prosecution in England for concealment of treasure trove since the case of Regina *v.* Thomas.

770. That was in 1863?—In 1863. I cannot find any record at all from 1863 up to the time of the passing of the Coroners Act; the procedure had fallen into disuse; it was never put in force; nobody troubled about it. The Crown recovered the treasure through the police as a rule. That was the position up to the time of the passing of the Coroners Act, 1887, which re-enacted the provisions of the statute of Henry VII.; and in the 36th section, I think it is, it was enacted: "A "coroner shall continue as heretofore to have juris-"diction to inquire of treasure that is found, who were "the finders, and who suspected thereof, and the pro-"visions of this Act shall, so far as consistent with the "tenor thereof, apply to every such inquest."

771. That is to say, a jury is summoned and an inquest is held just as in the case of death?—Yes.

772. And I suppose the coroner gets the same fee, if he is paid by fees?—That I believe is so.

773. If he is a county coroner it would be part of his ordinary duties covered by his salary?—I am not able to give any information as to that; I do not know.

774. (*Dr. Willcox.*) In the case of a prosecution, who deals with it? The magistrate?—If there is a prosecution for the concealment of treasure trove, the charge is made before a magistrate in the same way as a charge of murder sometimes follows on an inquest.

775. In that case that you mentioned, where the men got a year's imprisonment, was that sentence given oy a magistrate?—No, it was given by a judge.

776. (*Chairman.*) They were committed for trial and found guilty on indictment for misdemeanour?—Yes.

777. There is no summary conviction?—There is no summary conviction; it is still a serious offence.

778. You never thought of prosecuting those carters in the Kensington case?—The matter was considered, but it was not thought necessary to take any action.

779. How does the form of indictment run?—According to the note in Reg. *v.* Thomas: "An indictment which charges that prisoner did unlawfully, wilfully, and knowingly conceal the finding of certain treasure trove from the knowledge of the Queen is sufficient, and it is not necessary to allege that the concealment was fraudulent."

780. In 1892 I think you say a further question arose about treasure trove?—The Act having been passed in 1887, coroners held no inquests, and we were somewhat taken by surprise in 1892 when the coroner for Herefordshire proposed to hold an inquest on some treasure trove which had been found by two farmers ferreting for rabbits. He said, when he announced his intention of holding an inquest, that the lord of the manor had given notice of his claim, and that he assumed that it would be necessary for the lord of the manor to prove his title to the royalty, that considerable local interest had been awakened in the matter, and on all sides there was a strong feeling that a public inquiry should be held, in order that the whole of the circumstances surrounding the discovery might be made known to the public through the public press. The matter was considered by the Treasury and a good deal of correspondence took place between the Treasury Solicitor's department and the coroner, and the opinion of the Law Officers (Sir Richard Webster and Sir Edward Clarke) was taken, and they advised as follows:—"No question of the Crown's title can be raised or determined at the inquest held under the Coroners Act. We think, however, that it would be as well for the inquest to be held, but it should be confined to the circumstances under which the plate was found. Any finding upon title would not be binding upon any person. The Crown should watch the proceedings, but not take any part beyond indicating that the treasure trove is claimed by the Crown. It might be as well to endeavour to ascertain the ground upon which the lord of the manor bases his claim." The effect of that opinion was communicated to the coroner, who proceeded to hold his inquest, and the jury found that the articles were treasure trove. The coroner then asked if anyone claimed the treasure against the Crown, and counsel for the lord of the manor stated that he claimed them, and intended to call evidence; whereupon counsel for the Crown submitted that the coroner's court had no jurisdiction to determine the question of the Crown's title, but the coroner allowed evidence to be called, and an office copy of a grant of 17 James I., 1620, of all royalties, liberties, &c., but containing no express mention of treasure trove, was put forward. Counsel for the Crown declined to cross-examine on this evidence, and the case was put to the jury, who failed to agree on a verdict. The coroner then bound the jury over to attend the next assizes; and in December 1892, the matter came before Mr. Justice Day at the Hereford Assizes, when all the jury were in attendance except one, who was absent through illness. Under those circumstances Mr. Justice Day discharged the jury, and afterwards made certain remarks, which in effect approved the coroner's action.

781. That is to say, Mr. Justice Day considered that the coroner was entitled to go into the question whether this admittedly treasure trove was the property of the Crown or the property of the lord of the manor?—Yes, he, talking at large (as one may say) on the subject, told the coroner that he was quite right; it was a very convenient way of finding the question of title, was much better than having a Petition of Right (which was an awkward procedure), and encouraged the coroner to go on. Acting under the advice of the Law Officers (then Sir Charles Russell and Sir John Rigby), who advised that a suit should promptly be commenced on behalf of the Attorney-General against the coroner claiming the treasure on behalf of the Crown, a suit was instituted (the lord of the manor, Mr. Arkwright, being also made a defendant). The case came before Mr. Justice Stirling on a motion that the coroner should be ordered to deposit the treasure in court, or that he might be restrained by injunction until the trial of the action, or further order, from delivering, parting, or in any manner disposing of any of the articles to any person or persons other than the Lords Commissioners of Her Majesty's Treasury.

782. I presume the coroner kept the treasure trove intending to hold a second inquest, as the first was abortive?—He did, and you see he held another inquest notwithstanding the proceedings which had been taken. In the Chancery Division the case was argued by Sir John Rigby on behalf of the Crown, and his argument, set out in the report of the case of Attorney-General *v.* Moore (1893, 1 Ch., page 676), contains a statement of the law as to treasure trove. I am able to say, because I was present at the consultation, that it is not only argument, but that it was his considered opinion, based on what he had written with care. He took the line that the coroner ought not to inquire into any question of title, but that his functions were limited to inquiring of treasure that is found and who was suspected thereof, and Mr. Justice Stirling took that view, and held that a coroner's court was not the court to decide questions of title, and the coroner ought not to inquire as to title. That is shortly the effect of the case which is reported at length.

783. That is perfectly consistent, is it not, with the general law as to inquests. A finding by the coroner's jury, for instance, that a certain person has committed a murder is not conclusive; the matter has to be inquired into in due course of law by a superior court of law?—Yes.

784. Will you tell us about the proceedings in the case afterwards?—On the 17th December 1892, the coroner held another inquest, and the jury gave a verdict that that which was found was treasure trove, that the defendant Arkwright was the lord of the manor of Stoke, and that as such he was entitled to treasure trove. Notwithstanding this verdict, the defendant Arkwright subsequently withdrew his claim to the treasure, and consented to an order upon a summons taken out by the Treasury solicitor on the 19th February 1893, by which it was ordered that the coroner should deliver the treasure to the Lords of the Treasury; and the proceedings came to an end. There is an example of the expenditure of a good deal of time and money simply owing to the action of the coroner in inquiring into title.

785. Inquiring into a matter that he had no jurisdiction to inquire into?—Yes.

786. (*Sir Malcolm Morris.*) You say that in spite of the opinion of Mr. Justice Day?—It was an obiter dictum; but it has been a stumbling block to many coroners, who have pointed to the conflicting opinions of two learned judges.

787. (*Chairman.*) One is authoritative, and the other is not?—Yes.

788. One is an obiter dictum, and the other is a binding decision?—Yes.

789. (*Sir Malcolm Morris.*) Do you happen to know who the coroner was who tried that case; was he a lawyer?—I think he was a lawyer. I said that those two expressions of opinion weighed very much with coroners, and I know that they have expressed difficulties to me as to how they were to deal with them. Some of

them have distinguished between a considered decision, as the Chairman mentioned, and an obiter dictum. The Act is clear enough.

790. (*Chairman.*) The Act is clear enough, and the decision is clear enough?—Yes.

791. Of course Mr. Justice Day's dictum was given before the case had been either argued or considered?—Yes, it was entirely ex parte.

792. It was a mere casual statement made in dealing with a coroner's jury which could not come to any conclusion?—Yes, the jury were there for the purpose of being charged by him. The jury was not complete, and he then proceeded to make a series of remarks. In Jervis on Coroners the law is stated in the same terms that I contend is the effect of this case: "The "jurisdiction of the coroner" (under the 36th section) "is limited to an inquiry who were the finders and who "is suspected thereof. He does not acquire any juris- "diction to determine the title, though he may have "incidentally to refer to it. The title would be properly "determined in an action to which the lord of the manor "would generally be made a party."

793. That would be an action in the Chancery Division?—Yes.

794. To give a declaration as to title?—Yes. I may add another instance as to coroners' courts which occurred recently. There was an appearance by the lord of the manor, who claimed treasure trove, and it was proposed to put forward evidence. I objected to any evidence being put forward, but at the suggestion of the coroner we went as far as this: it was put in the inquisition that the place where the treasure was found was within the manor of So-and-so, and that So-and-so was the lord of the manor. Beyond that the coroner, as I say very properly, did not go; and I do not think exception could have been taken to putting that in: that it was within a manor and So-and-so was the lord of the manor. In fact, in Jervis, in the forms which are given of inquisitions, there is one that gives those words: "That the said "Thomas Carew is the reputed lord of the manor, and "as such entitled to the several royalties thereof, as "appears by the several ancient records and Court "Rolls to the said coroner and jurors produced in "evidence." I think that these references in books of authority may account for the action of coroners.

795. I take it that the original edition from which that probably was reproduced was written long before the decision in question?—That is so; indeed, they are old forms.

796. Perhaps you will kindly tell us now generally your opinion as to what should be done in cases of treasure trove?—I may say that, in my opinion, the holding of an inquest in the majority of cases of treasure trove by a coroner is not necessary, for the reasons I have given, and that is, that we are able in many cases to get at the facts without the aid of the coroner; but that in some cases, when we can invoke the aid of the coroner to have an inquiry before him and have the witnesses examined on oath, I think that it is a distinct advantage.

797. Then in your opinion an inquest as to treasure trove should only be held on an application of the Treasury?—Unless the coroner would be so good as to construe the Act strictly, and only inquire who are the finders and who is suspected thereof.

798. It might in many cases be absolutely unnecessary?—Yes. It would be all right if he took it strictly, where there was no suspicion of concealment of treasure trove, then there was no necessity to hold an inquest.

799. The advantage of an inquest is, that you can call anybody having any knowledge, and examine them on oath?—Yes.

800. Is there any object in having a jury? Could not the coroner do it equally well without a jury, acting as a commissioner for the Treasury?—Yes, if he were empowered to do so.

801. Then he would be somewhat in the position of a committing magistrate?—Yes.

802. (*Sir Malcolm Morris.*) Supposing a man finds treasure trove and takes it immediately to the coroner, knowing the Act; for instance, if I found treasure trove and I took it immediately to the coroner, is the coroner compelled to hold an inquest on it?—The coroner is not compelled, but he would probably think it necessary to do so.

803. What would be his functions; what would he do?—The coroner would perhaps communicate with me, and ask me if it were necessary for him to hold an inquest; and if the facts were clear and there was no concealment, I would say, "I do not think it is neces- "sary for you to trouble yourself with an inquest." More frequently the coroner would report the find and announce his intention of holding an inquest, and in such cases I would hesitate to tell him that it was not necessary. I would do so if I thought it improper, *e.g.*, that the find was clearly not treasure trove.

804. (*Chairman.*) You mentioned that inquests have been held where you have thought them unnecessary and a waste of the time of the coroner, the jury, and everybody else?—Yes; I will give you the only two instances I know; one was a case where some bars of silver had been found on the piles of a bridge. The police were perfectly satisfied that they were the result of a burglary, some plate had been melted down. The police had them, but the coroner insisted on holding an inquest, and the jury under his direction returned a verdict of treasure trove; when these bars of silver were offered to the Crown, the Crown declined to take them, and the coroner did not know what to do with them. At last someone suggested that perhaps it would be better to give them back to the police, and they were given back to the police, and the police dealt with them as they would deal with articles found in that way. The other was a case where some modern coins, coins of the latter part of the last reign, in the 'seventies, were found. They could not have been "of ancient times hidden." I told the coroner that they were the property of the finders, but he held his inquisition, and there was no finding of treasure trove. For all that he would not hand the coins over to the finders, and he kept them for some period that he thought was necessary—under what authority I do not know. They were eventually handed over. Those are the only two instances. Apart from these cases I do not complain of the action of coroners.

805. On the whole, I may take it that coroners have given you every assistance?—Yes, and if you ask me my idea of anything that is required, I think that a circular sent to the coroners, stating what are the views of the authorities, and what they require under this section, would certainly be considered and acted on. I should be sorry for the section to go for the reasons I have stated.

806. But you would like a circular issued as to its judicious and proper use?—That is so.

The witness withdrew.

Mr. Guy Stephenson examined.

807. (*Chairman.*) You are now Assistant Director of Public Prosecutions?—Yes.

808. How long have you been so?—Since August 1905; prior to that I was in practice for 17 years at the Criminal Bar.

809. And, as we all know, you had a very large practice in criminal cases?—I should not like to say very large; I may perhaps say a substantial practice.

810. On behalf of your department you are kindly going to make some suggestions to us concerning the law and practice before coroners?—Yes, I will deal with the matter in order, if I may. The Director of Public Prosecutions is frequently in communication with coroners in criminal cases, in cases of murder and manslaughter. I should, first of all, like to make some observations as to jurisdiction. Coroners usually commit to the assize town for the county or borough in which they act. I venture to suggest that it would be very desirable that they should be empowered to commit to a more convenient jurisdiction in cases in

which injuries have been received in one county and death takes place in another.

811–2. Let us pause one moment there. I suppose the same principle would apply in cases where the injury took place in a county and the body was found in a borough?—Yes, where there are two jurisdictions.

813. Where there are two coronatorial jurisdictions?—Yes.

814. And also possibly two common law jurisdictions?—Yes. I think I can make clear what I mean by an illustration. We had a recent case of manslaughter (Rex *v.* Hugh Moore) in September 1907. In that case a death occurred on board ship in an estuary between the counties of Cornwall and Devon; there was a committal by the magistrates to Bodmin Assizes, and by the coroner to Exeter Assizes, the offence having been committed within the county of Cornwall, and the death having occurred in that of Devon. This necessitated considerable expense, as it involved sending counsel and solicitor to the Exeter Assizes to deal with the coroner's inquisition after the prisoner had been tried at Bodmin.

815. What was the result of the trial at Bodmin; was the man convicted or acquitted?—He was convicted; if he had not been, you would have had to dispose of the inquisition one way or the other. If he had been acquitted, the Director would have had no alternative but to offer no evidence on the inquisition.

816. And if he was convicted, you would put the conviction in evidence?—You would have to mention it somehow or other; the witnesses are bound over to attend on their recognizances, and somebody must get up and move the court to discharge them.

817. (*Sir Horatio Shephard.*) They were bound to attend at Exeter?—Yes.

818. (*Chairman.*) And the same witnesses would probably have appeared before the magistrates, and be bound over to appear at Bodmin?—Yes; but in that particular case we communicated with the clerk of assize and obtained his consent to our giving notice to the witnesses bound over by the coroner that they need not attend. Strictly, this course was irregular, though obviously convenient.

819. And it might happen, according to the recognizance, that they would have to appear in two different places on the same day?—It might. As a matter of fact, it would not in this case, because it was on the same circuit, and consequently the witnesses who had perhaps attended at one place would have to appear at the other, and somebody, some counsel, would have to be instructed to move to discharge their recognizances. We have no power to tell witnesses, "You need not come," because it is only the court who have power to do that. This state of things occurred in at least two recent cases upon committals where the deceased person was injured in one county and died in another. In one of these cases, the matter was further complicated by the fact that the respective committals of the magistrates and coroner were to assize towns on different circuits.

820. In that case the point that I put might arise; that the witnesses might be summoned to appear in two places on the same day?—Yes, it might. I am also approaching this branch of the subject from the point of view of expense to our department.

821. To the Crown?—Yes, that is to say, to the Crown. We have to brief counsel to appear on the one circuit, and to brief other counsel again to appear on the other circuit. In the case of two different circuits, we have to brief two different sets of counsel.

822. But of course a man cannot be tried twice for the same offence?—No.

823. Although he is committed for trial at two different places?—No. I suggest, therefore, that power should be given to a coroner in cases of this kind, where a verdict of murder or manslaughter is given by his jury, to postpone his committal until after the magistrates have committed the accused, and then to commit for trial to the assizes to which the magistrates have committed.

824. This point also arises, does it not, when the coroner's jury find a verdict of "manslaughter" against the man?—Yes.

825. Then the man is summoned before the magistrates, and the magistrates decline to commit, on the ground that a petty jury would not convict?—Yes; I should like to call attention to that, because that means that counsel must be instructed to deal with the coroner's inquisition.

826. Counsel have to appear at the assizes, and then, I suppose, the practice is to say to the Judge, "I offer no evidence; the magistrates dismissed the case"?—Yes; and again, it is not only the mere attendance of counsel—that may be a small matter perhaps—but all those witnesses have to attend though it may be perfectly well known that nothing is going to be done; they all have to attend at the assizes because of the inquisition.

827. Would the evil that you allege be met by legislation giving the coroner power to adjourn this inquest till the magistrates have committed. Before the conclusion of the inquest he has to bind over the witnesses?—On that I am going to make a suggestion with reference to certain cases, one of those that you have mentioned: whether it might not be possible for the coroner to postpone the sending of his inquisition and his committal for trial, on a request from the Director of Public Prosecutions. Whether that would not meet it.

828. Would it meet this difficulty: The coroner has already bound over his witnesses, and the witnesses must be bound over to appear at a certain place, must they not?—Except that I have frequently seen in the London police courts, that instead of bringing the witnesses back to be bound over at the end of the case, they are bound over *de bene esse*, subject to there being a committal for trial.

829. Then the court gives them notice?—Yes.

830. Is that a legal process, to bind over *de bene esse*?—It is done in the Metropolitan police courts. I think it has astonished people sometimes in the country, when I have suggested it; but it is done, and is most satisfactory.

831. And most convenient?—Yes.

832. Then it would get rid of the difficulty that I suggested if the coroner had power to hold over the inquisition, and not send it to the clerk of the peace?—Yes.

833. At present he is bound, as soon as the inquest is closed and the inquisition drawn up, to send it to the clerk of the peace?—Yes.

834. Before we pass from that, may I ask your opinion on one further question. Would the difficulties which arise on coroner's inquisitions be got rid of if the effect of the coroner's inquisition was simply to commit for trial, instead of having the effect of an indictment on which a true bill has been found?—Do you mean, to commit for trial generally? you would have to commit for trial for some offence.

835. Certainly—for murder or manslaughter, just as a magistrate does. But at present I understand when a man is committed on a coroner's inquisition, the matter does not go before a grand jury; the inquisition is, as I said, equivalent to an indictment on which a true bill has been found?—Yes, though in fact in practice it is usual to send up an indictment in respect of the inquisition.

836. Is that usual now?—Yes. I have never quite understood why it should be necessary, because an inquisition is an indictment in all respects; but in practice an indictment is sometimes preferred, possibly in order to give the grand jury the opportunity of throwing out the bill.

837. Supposing an indictment were drawn up on a coroner's inquisition, and the grand jury found no true bill on that indictment, still the inquisition stands, does it not?—Yes.

838. So that it seems to be a superfluous step?—Yes, but clerks of assize do it on some circuits.

839. In your opinion would it be an improvement of the law if the coroner's inquisition had merely the effect of a committal for trial, so that the committal would go before the grand jury with the magistrate's committal?—It might be.

840. So that if the grand jury found no true bill, the case would be at an end, as it is in practice now,

though not in theory?—It is conceivable that there may be cases on which, though the grand jury have thrown out the bill, it would still be desirable to take the opinion of a petty jury.

841. (*Dr. Willcox.*) Can you give us an instance?—It is a little difficult to give an instance.

842. (*Chairman.*) But you can imagine a case?—I can imagine a case where counsel for the prosecution would say, "The bill ought never to have been thrown "out; we will go on the coroner's inquisition." It is conceivable. I do not recollect one at this moment, but I would not quite like to say it could never happen; I can recollect a case of manslaughter where the magistrates having dismissed the charge, we thought right to proceed at the assizes on the coroner's inquisition; the defendant was acquitted.

843. Therefore that is rather a reason for not disturbing the law as it stands?—It is.

844. (*Sir Horatio Shephard.*) Is there any reason why the coroner should not have power to bind over witnesses for the defence supposing anybody is charged by him?—Except that there is no defence before the coroner strictly; there are no witnesses for the defence before the coroner.

845. But to bind them over for the defence at the assizes. When the coroner's verdict finds that so and so has committed murder, is there any reason why that person should not have power to get his witnesses bound over?—If persons have given evidence, you mean—you cannot say quite on his behalf, but in his favour before the coroner?

846. Yes?—No.

847. Or other persons who have not given evidence?—I think it would always be persons who have given evidence.

848. (*Chairman.*) I suppose the coroner could bind over any witness who has given evidence, and he would be bound over whether his evidence tends to prove the guilt or innocence of the accused?—I ought to say, with regard to many questions that I am asked about coroners, that my experience is limited purely to the point of view of criminal proceedings arising out of matters before us; therefore I do not want to be thought as speaking with any authority as to what coroners actually do. But I understand that the coroner binds over all witnesses.

849. But a magistrate binds over other persons than witnesses if the prisoner says before the magistrate, "I want at the assizes to call" so and so. Is not that so?—No, only if they are called for the defence before the magistrate.

850. Then the next point that you come to is the case of committal by a coroner to assizes, before the date of which there is no time to complete the magisterial investigation?—On the question of the suggested postponement of committal by a coroner, it not unfrequently happens, especially in the metropolis, where the assizes are held at the Central Criminal Court every month, that the magisterial investigation cannot be completed in time for the assizes to which the coroner has committed, and the result is that an application has to be made at the assizes to postpone the trial on the coroner's inquisition. This entails unnecessary expense both in the attendance of witnesses and in the briefing of counsel; and I suggest that where these or other special circumstances exist, the coroner might be authorised, on a request from the Director of Public Prosecutions, to postpone returning his inquisition until a subsequent assize. That has been partly dealt with by the questions that you have asked me already; but I wish to rather emphasize that it is not only the briefing of counsel, it is that all those unfortunate witnesses have got to attend.

851. When they are not wanted?—It is not a question of deciding whether you are going to proceed on the indictment or not; but it cannot be proceeded with until the magistrates have committed, therefore there are all the witnesses waiting there, and they are, in strictness, bound to come there for absolutely no purpose whatsoever until the magisterial inquiry is completed.

852. The fact is, that you have two independent inquiries going on, both resulting in the committal of the same person for the same offence?—Yes.

853. And you want to co-ordinate them?—Yes. I have there suggested what is perhaps rather new: that the coroner should be authorised to postpone on a request from the Director of Public Prosecutions. It is conceivable that there may be instances where a coroner is proposing to conclude his inquiry, when the Director of Public Prosecutions, through the police, is still making inquiries in the matter, and he would be very glad if the coroner would postpone concluding his inquiry in the interests of justice. At present there is no regular machinery for doing that. One can suggest to the coroner informally: Could you adjourn this for another week? But there is no recognised machinery for so doing.

854. There is no legal *nexus* between the coroner and the Director of Public Prosecutions?—No, except as regards his forwarding copies of depositions and so on under the regulations when he has committed anyone.

855. (*Sir Malcolm Morris.*) Have you any knowledge of the working of the Procurator Fiscal system in Scotland?—Only generally.

856. (*Chairman.*) I suppose we may take it that we all know this much, that in Scotland the Procurator Fiscal exercises the functions of both coroner and committing magistrate?—Yes, and at his inquiry, as I understand it, his precognitions are taken in private, which of course is quite different from the English system.

857. It is the French system, in fact?—Yes; but I think I am right in saying that in Scotland copies of all the precognitions are supplied to the person about to be charged in the same way that depositions are here.

858. What is your opinion as to whether, in the interests of justice, it would be better that the preliminary inquiries, not the trial of the case, should be conducted in private, as in Scotland?—I think, on the whole, the advantages are in favour of publicity. I have in my mind the recollection of a case where a valuable witness was found, whose attention was called to the matter by reading something in the newspaper.

859. Having seen some account of the case in the paper, he came forward and gave important evidence?—Yes. I was thinking of one important case; but it constantly happens that the Director of Public Prosecutions gets a letter saying: "Seeing in "the papers an account of So-and-so, I beg to send "you an account of my transactions with the accused." Then we call that person as a witness.

860. That refers to ordinary criminal cases?—Yes.

861. Not coroners' inquests?—No.

862. (*Sir Malcolm Morris.*) Have you anything to say *per contra* as to publicity enabling a person who might be accused to escape?—Yes; if proceedings are pending against a person who is not yet in custody, connected with the case.

863. I am speaking merely of the coroner's inquest?—Yes; he sees it in the paper and thinks he had better make himself scarce.

864. (*Chairman.*) On the whole you think that the balance of convenience is in favour of publicity?—Yes; provided that the report is confined to the evidence actually given before the coroner or magistrate, as the case may be.

865. The English system rather than the Scottish?—Yes.

866. Now, I think, you are going to tell us something about second inquests?—As to the holding of a second inquest, under the decision in The Queen *v.* White, which is reported in 29, Law Journal, Queen's Bench, page 257, the coroner, having concluded his inquisition, has no power in a case in which further information is brought to his notice to re-open the case by ordering an exhumation, or holding another inquiry. At present the only way to give authority to hold a second inquest is for the Attorney-General to make, or authorise the making of, an application to the High Court to quash the first, in accordance with section 6 (1) (*b*) of the Coroners Act of 1887. The necessity for making an application in this form is, I think, rather unfortunate in cases where the coroner has been guilty of no dereliction of duty, as the fact that he is called upon

to show cause why his inquisition should not be quashed has the effect of making the procedure appear one hostile to the coroner. I do not know whether it would be considered desirable that the coroner should have power to himself re-open a matter in such cases, but I suggest that it should be open to him, if no such power is given, to himself apply to the court, if he thought fit.

867. He might apply to a Judge in chambers, and then it would not be necessary to instruct counsel?—Yes; the application could be referred into court if necessary. A case of this character occurred last year in Durham (Rex *v.* Matthew Dodds), in which a verdict of accidental death had been returned, and, on further information coming to the knowledge of the coroner, he was unable to re-open the matter himself, though he desired to do so. He had no other course but to communicate with the Director of Public Prosecutions and the police, through which channels an order for exhumation was obtained from the Home Office; and, on a post-mortem examination and other new evidence, the accused was brought before the magistrates, charged with murder, and eventually convicted. There was no second inquest in that case; and I think that one would have been desirable, without the cumbersome, dilatory, and expensive process of quashing the first inquisition.

868. There was not a second inquest there?—No.

869. It would have been desirable, in your opinion, to have had a second inquest?—Yes.

870. Why was it more desirable than having a magisterial inquiry?—You have got a document on record (by having no second inquest) showing accidental death, which is inconsistent with the facts.

871. It is inconsistent, but it was disregarded?—Yes.

872. It was only *primâ facie*?—Yes.

873. Still there is this point to be considered, of course. A coroner's jury, quite properly on the evidence before them, find an open verdict; then material evidence comes to the coroner's notice, and it would be very desirable to hold a further inquest?—Yes.

874. Because it may very well be that you have not evidence enough to charge a specific person criminally, but suspicious facts may be brought to light which require the investigation of a coroner's jury?—Yes.

875. Who have a much more open inquiry than the restricted inquiry before a magistrate?—Yes.

876. Those are the cases in which you think the coroner should be able himself to apply to the court for a second inquest?—Yes, I suggest that it would be convenient that he should have power to do so.

877. (*Sir Horatio Shephard.*) To open the inquisition again, as it were?—Yes.

878. (*Chairman.*) Would the form be to hold a new inquest *ab initio*, or to re-open the old inquest?—To hold a new one.

879. It must be a new inquest, because the jury would have been discharged?—Yes.

880. You must commence *de novo*?—You must commence *de novo*.

881. Then the next point, I think, is the depositions?—As to written depositions, under section 4, subsection (2) of the Coroners Act, the coroner is required to take depositions in cases of murder or manslaughter.

882. It is optional in other cases?—That is all the Act says, so I suppose it is optional. I understand that it is the usual practice for him to take depositions in writing, but he is apparently not compelled to do so in all cases, and I am informed by an officer in the department of the Director of Public Prosecutions that there was a case some years ago in Cornwall (The King *v.* Mary Madden, 1900) in which a child's body was found on the sea shore, and the coroner held an inquest without reducing to writing the evidence of the witnesses. After a lapse of some months, a charge of murder, as the result of certain allegations which were made, had to be preferred in connection with the death of the child, and the want was felt of the necessary information as to the circumstances surrounding the finding of the body and the cause of death.

883. There being no depositions, you depended upon any fresh evidence you could get?—Yes, there was nothing to go upon.

884. (*Sir Malcolm Morris.*) Apart from regulation, as a matter of fact, are depositions usually taken?—I should have thought almost invariably.

885. (*Sir Horatio Shephard.*) I am afraid there are exceptions?—You must remember that my experience of coroners' inquests is limited to the criminal aspect, but I confess it is rather difficult for a man to see where it will be unnecessary. How is a man going to tell whether it is murder or manslaughter until he has heard the evidence? I should certainly think they ought always to be written.

886. (*Chairman.*) The result of your opinion is that you think coroners should be required to take some note of the evidence in all cases?—In all cases. I should even go so far as to say, not some note, but a note of the evidence in all cases.

887. But it would not be necessary, perhaps, for the witnesses to sign the depositions, or would it. Do you think it would be better that they should?—Yes.

888. In fact, depositions should be taken in all cases?—Yes, I should say so. I do not see the objection to it.

889. Except waste of time in perfectly simple and easy cases?—There is that.

890. The next point is the attendance of coroners at assizes? — The Coroners Act does not require the coroner to attend at the assizes, but there is some authority to say that it is his duty at common law so to attend at the trial of all cases in which he has returned an inquisition.

891. That is to say in cases of murder and manslaughter?—Yes, those authorities are set out in Jervis on Coroners (5th ed., page 51). I suggest that any new legislation ought to provide for his attendance at assizes, or that of a competent representative, in all cases where an inquisition having been returned by him, the accused person has given evidence at the inquest, for the purpose of giving the necessary evidence to prove the deposition of the accused given on oath before him.

892. On that I should like to ask you this question: When an accused person gives evidence before the magistrate, the magistrate does not attend at the assizes?—No, he does not, but if he gives evidence before the magistrate, he probably gives evidence again at the trial, or if he does not give evidence again you can prove his deposition as a deposition in the case in the same way that you prove any other deposition.

893. Why should the coroner, who may have important duties elsewhere, be compelled to attend the assizes where a magistrate is not?—If you want to prove the deposition, say, of an absent witness who was called before the magistrate, there are certain statutory provisions which have to be complied with. You have to prove that the prisoner had an opportunity of cross-examining, you have to prove that the witness signed his depositions, and you have to prove that he is so ill as to be unable to travel, and so on. Somebody is always called, generally a police officer, before the deposition is put in, to say, "I saw the witness sign the deposition," and if a police officer saw the witness sign a deposition, and the deposition purports to be signed by a magistrate before whom it was taken, and the prisoner had an opportunity of cross-examining which the police officer, if he saw the deposition signed, can depose to, and in that case there is medical evidecne that the witness is so ill as to be unable to travel, then the deposition is admitted by statute. As regards the prisoner's deposition, it is very seldom that you want to put the prisoner's deposition in if he has given evidence before the magistrate. If he has not thought better not to fight the case and plead guilty, he will give evidence in his defence at his trial.

894. Of course his evidence is often different from his evidence before the magistrate?—Then you can cross-examine him on the deposition. But the case where you want to put in depositions against him when he has not given evidence before the magistrate at all are very rare. It has been done. But the putting in of depositions of a prisoner taken before a coroner is constantly done.

895. Then the examination has been *alio intuitu*?—Yes, he was not a prisoner then; he was merely

examined as a witness. In that case you have to prove that the oath was administered to him and that that is what he said.

896. It is put in as an admission, as a rule?—Yes, the easiest way of proving what he said is by calling somebody who saw him sign his deposition.

897. But you have always a policeman to do that?—Generally.

898. (*Chairman.*) Will not the coroner's officer do, instead of the coroner?—Yes, the coroner's officer will do. I have said the coroner or his representative.

899. The coroner's officer, who, in London at any rate, is always a policeman?—Yes, either he or his officer or somebody must be present. It does sometimes happen that there is nobody there who was present.

900. The difficulty that strikes me is this. A murder trial at the Old Bailey lasts several days very often?—Yes.

901. In the case of a London coroner, both he and his officers will be dealing with perhaps 20 or 30 inquests?—Yes, and I have had some personal experience of that, of the coroner saying to me, sitting as a witness, "When can you let me go; or can you let my officer go?" but the answer is: "You must remain."

902. Do not you think that it would be sufficient if there was legislation to this effect: that the deposition of a witness, verified by the affidavit of the coroner, should be admissible, the affidavit setting forth the material facts to make the deposition evidence?—You would have there no evidence of the identity of the prisoner with the man who gave the evidence. It is technical, of course, and legislation might get over it; but you would not have it. In order to obtain the admission of evidence of a witness who is dead or unable to travel, you have to prove that he was the man who gave the evidence.

903. There would probably be some other witness in court who was present at the inquest?—Yes, at present, of course, an affidavit is not admissible in a criminal case.

904. Would not your proposal throw an almost intolerable burden on a busy coroner?—It happens now.

905. (*Sir Malcolm Morris.*) Is there not any scheme for modifying it?—I think a scheme might possibly be formulated, but I was taking the law as it stands in saying that at present there is no statutory enactment, at all events, making it necessary that the coroner should appear by himself or his officer at the trial.

906. (*Chairman.*) He has to be subpœnaed like any other witness?—Yes. As a matter of fact, you write to him and ask him to come. But you would subpœna him as any other witness. He is not bound over, of course.

907. The next point that you are going to give us some information about is the question of specialists and analysts?—Section 21 sub-section (2) of the Act empowers the coroner to order an analysis to be made by the doctor in the case. I think that the question is worthy of consideration, as to whether it would not be advisable to give the coroner power to employ, of his own motion, an expert analyst other than the medical witness, who is frequently not prepared to undertake the work. I understand that at present application has to be made by the coroner to the Home Office for authority to employ such expert analyst. Coroners, I may say, sometimes apply to the Director of Public Prosecutions for this authority, and are referred by him to the Home Office, except in cases which are already under investigation by the Director of Public Prosecutions, and in which the Director is employing an expert analyst or specialist, in which cases the evidence of such analyst or specialist is placed at the disposal of the coroner, and the Director pays his fee.

908. Does the Director of Public Prosecutions usually employ the same gentleman as the Home Office?—Yes, he does.

909. (*Sir Malcolm Morris.*) But the point that you mentioned first seems to me a very important one: that the coroner ought to be able to do it himself without making any application?—That is a suggestion.

910. I am asking whether you think it would be an advantage?—I should have thought so.

911. (*Chairman.*) It is merely a question of public expenditure?—Yes, entirely. At present the position as to payment for the employment of that kind of analyst depends, from the point of view of our department, upon whether we are employing one ourselves.

912. (*Dr. Willcox.*) The reason that coroners are unable to call an expert directly now is that they have not the power to pay his fees?—That is so. That is what it comes to; it is all paid by the State one way or the other.

913. (*Chairman.*) In the case of a country coroner or a franchise coroner, do you think he would be the right person to choose the expert?—He might not be.

914. That difficulty arises?—Yes, it is a difficulty. I was only saying that it was a matter for consideration.

915. (*Sir Malcolm Morris.*) When he feels that it is necessary, what is his mode of procedure?—He writes to the Home Secretary. There is perhaps an aspect of it that is important. I quite realise the difficulties of giving power to every coroner to employ an expert of that description, but very often time is very pressing, and the question of decomposition arises, and meanwhile in the backing and filling between the Director of Public Prosecutions and the Home Secretary, and so on, important evidence may not be available. That is rather what I was thinking of.

916. (*Chairman.*) I think you have some point to raise about child murder?—I have heard, and I understand, that there is a Bill under consideration which makes it felony for a woman to destroy the life of a child which is not fully born. I have seen such a Bill. I do not know whether it is contemplated to proceed with this Bill, but if it is, I suggest that any new legislation in regard to coroners should empower the coroner's jury to find a verdict for such felony.

917. I suppose it is often a very difficult and delicate question whether the child has been wholly born or not; whether it has had a separate existence from the mother or not?—I should say not often, but almost always. We deal with a great number of cases of child murder, and that difficulty almost invariably arises. The whole thing is exceedingly unsatisfactory, because it is in the great majority of cases impossible to prove that the child was born alive.

918. At present is there not a gap in the law; is there not a period during the process of natural birth when it is neither abortion nor murder, when a child is partly born?—That is so, at present, there is a gap—if the child is killed during the process of its birth before it is completely born.

919. It is neither abortion nor murder?—No, it is no offence.

920. Passing from that, we come to the question of payment for coroner's depositions?—I am rather glad to have an opportunity of mentioning this matter of the payment for copies of coroners' depositions. It is very desirable that there be some fixed scale of payment for copies of the coroner's depositions supplied to the Director of Public Prosecutions.

921. Or any other prosecutor?—Or any other prosecutor. As the law at present stands, there is no statutory provision dealing with this matter. It is the practice of the Director to pay for copies of coroners' depositions supplied to him at the rate of 8*d.* per folio; but occasionally a less sum is charged, and in the case of one coroner the sum of 1*s.* per folio is charged (which I submit is altogether an excessive sum). The only statutory provision bearing on this matter is to be found in section 18 (5) of the Act of 1897, whereby a person charged by an inquisition with murder or manslaughter is entitled to a copy of the depositions on payment of a sum not exceeding the rate of 1½*d.* for every folio of 90 words.

922. That, of course, is extremely cheap for the person charged?—Yes.

923. It does not pay the coroner?—No, I do not suggest so small a sum as that at all. At present there is nothing to prevent a coroner from charging the Director of Public Prosecutions (or any prosecutor) any sum he pleases; and I suggest that the rate should be fixed at 6*d.* per folio, or, at all events, at a rate

not exceeding 8*d*. I may mention that the sum paid by the Director for magistrates' depositions is either 4*d*. or 6*d*. per folio. The ordinary solicitor's charge is 4*d*. per folio. Perhaps I may just add that occasionally we get coroners' depositions come to us typed. I suggest that 8*d*. per folio for typed depositions is very much in excess of anything we ought to pay.

924. Your suggestion as to depositions, and a good many other suggestions that we have had made, would be met by giving some public authority power to make scales of fees, as in the case of other courts?—Yes.

925. Just as the Secretary of State sanctions scales of fees for magistrates' courts, he might do so in the coroners case?—Yes; I know of no statutory or other reason why a coroner should not charge you 2*s*. 6*d*. a folio if he liked.

926. He might charge you whatever you were willing to give. It is a case of open market?—Yes, and you must have a copy.

927. You have just one final observation to make, I think, about inquests?—I should like to add that I am authorised by the Director of Public Prosecutions, Sir Charles Mathews, to state, and if I may say so it is my own view also, that the investigation of the facts of cases of alleged murder or manslaughter heid by the coroner are frequently of the greatest possible assistance to him in the execution of his duties.

928. I suppose, to go a little into detail, there being no person accused before the coroner, the issue being how a certain person met with his death, a great deal of material matter which would not be evidence against an accused person can be ascertained?—That is so.

929. For instance, there are very strict and technical rules as to the admission of dying declarations?—Yes.

930. But, before a coroner, any statements made by the deceased person as to the facts that led up to his death are evidence, and valuable evidence?—Yes.

931. You get information as well as evidence?—We get information as well as evidence, and also information and evidence taken while the memories of the persons deposing are quite fresh as a rule, and that all tends very much to the elucidation of the truth, we think.

932. You get perpetuated testimony and information of the most valuable kind for further inquiries, though not strictly legal evidence against the accused person?—Yes.

933. I suppose that would equally apply if inquiries in the nature of inquests about accused persons could be held in cases of other felonies?—Yes, no doubt.

934. Under some systems of law that can be done?—I have heard so.

935. In India, for instance. In the case of certain crimes?—I am afraid that I cannot answer that. It would make things very lengthy if it was done in every case. You would have to limit it to serious crimes.

936. (*Dr. Willcox.*) From your experience, you think it is desirable that the words in section 21, subsection (2), "with or without an analysis of the "contents of the stomach or intestines," should remain. That gives to anyone the power of making an analysis and blundering it very often?—I think that it sometimes happens that the medical witness in the case is not the best person to make the analysis.

937. Would you say sometimes, or often?—I would go so far as to say that not infrequently he has had no experience of it.

938. (*Chairman.*) As I understand, to make a useful analysis, a man must be a specialist and a good chemist?—Yes, certainly.

939. That is quite outside the ordinary range of medical practice?—Yes. It was on that ground that I made those observations with regard to the analyst.

940. Have any cases come to your notice in which analyses have been made by inexpert persons and difficulties have resulted?—I think I can say generally, yes; but if I am asked to give chapter and verse I should like to look the matter up. It frequently, of course, happens in a case that comes to us that we have to go outside the medical witness in the case to get our analysis made.

941. Has it often happened that valuable time has been lost?—Yes.

942. In the case of poisons, especially vegetable poisons, the traces tend quickly to disappear?—I believe so.

943. (*Dr. Willcox.*) Is the analysis almost always done by a person other than the one who makes the post-mortem?—Yes, as a rule. In practice it generally happens that the analysis is made by another person.

944. (*Chairman.*) I take it that one man makes the post-mortem and then puts the viscera in glass bottles and sends them up to the special expert for analysis?—Yes.

945. (*Sir Horatio Shephard.*) Even when the coroner does not direct an analysis?—Yes, in the cases that I am familar with that come within the criminal aspect.

946. (*Chairman.*) Are not all these, what are called minor regulations of practice, much better dealt with by the flexible machinery of rules rather than by the inflexible machinery of statute?—Yes, I certainly think so.

The witness withdrew.

Mr. George Perceval Wyatt examined.

947. (*Chairman.*) You are coroner for the counties of London and Surrey?—I am.

948. And also for the Duchy of Lancaster in the Clapham district?—Yes.

949. So that you hold two county coronerships?—Practically I am coroner for the whole county of Surrey, but by the Local Government Act, 1888, when the county was divided into London, all my working part of Surrey went into London; so that I have really no district in Surrey, though I am still qualified to act all over the county.

950. As regards the Duchy of Lancaster, that is a franchise coronership?—Yes, under letters patent from the King.

951. What district does that include?—Only the parish of Clapham in Surrey. There are other parts of it in Enfield and the Savoy.

952. But you are not coroner for those parts?—No; only for Clapham.

953. I think you are a solicitor?—Yes.

954. Of many years standing?—A good many years here in Parliament Street.

955. Do you still practice your profession as solicitor in addition to your work as coroner?—I have not time. I take out my certificate, of course, to keep in the Law List, but I have really no solicitor's work.

956. Your coroner's work takes up your whole time?—Practically.

957. About what number of inquests do you hold in the year?—I am not quite sure as to the number. I think it was about 670 in the southern division of London, and about 50 in Clapham.

958. Practically you are holding from two to three inquests a day, excluding Sunday, which is a *dies non*?—Yes. I have got as far as 90 odd this year so far; 98, I think.

959. As county coroner you have a deputy?—Yes.

960. Is there any power as regards the franchise district of appointing a deputy?—Yes; my deputy acts in the franchise as well. He has been approved by the Duchy.

961. The Act relating to deputies only relates, I think, to county coroners. Is it by immemorial custom that you have power to appoint a deputy in the franchise?—I am coroner for the whole county, and my deputy is mentioned in the patent of office.

962. The franchise being still within the county?—Yes.

963. However, the point has never been raised?—No, and, as a matter of fact, he has been approved by the Chancellor of the Duchy.

964. You being coroner, both for a county and for a franchise, perhaps you can give us some information

as to points raised by a conflict of jurisdictions. Have you power to move a body from the franchise district into the county, say to a mortuary in the county?—If it was in my jurisdiction I should say, yes.

965. But ordinarily, of course, a body cannot be moved from a franchise district into the county or from the county into a franchise district?—Not if it was into another coroner's jurisdiction.

966. So that if, on a vacancy, separate persons were appointed for your county district and your franchise district, serious difficulties might arise?—Not in my district, because there is a mortuary and a court in Clapham.

967. You have a proper mortuary and court there?—Yes.

968. Have you a proper post-mortem room there?—Yes, there is a post-mortem room, with a proper table and so on.

969. In your jurisdiction, is proper provision, in your opinion, made by the authorities for holding post-mortem examinations?—In all my districts there are proper mortuaries and courts now. I have had a great deal of trouble to get them, but they are provided now.

970. Mortuaries, courts, and post-mortem rooms?—The mortuary and post-mortem room are adjoining as a rule.

971. But still they require to be separate?—Yes.

972. A post-mortem cannot be held in the mortuary?—Yes, in a separate chamber. Generally a mortuary has a glass window for viewing, and the post-mortem chamber is in a separate room.

973. Have you authority always to move a body to the post-mortem room for the purpose of having a post-mortem made; or can the relatives insist upon having it made in a private house?—I do not think they can. The body becomes technically the property of the coroner as soon as his warrant is issued.

974. Pending an inquest?—Yes.

975. Therefore you think that he might move it about anywhere within his jurisdiction if it were a necessary and proper procedure?—It has always been held to be so.

976. Have you ever allowed a post-mortem to be made in a private house?—Yes, before I had my courts post-mortems were so held; as there was often no other place in which to hold them.

977. But that is an intolerable nuisance in a private house, is it not?—It might be.

978. (*Sir Malcolm Morris.*) Now that you have a proper place, do you in all cases insist upon the post-mortem being made there?—Invariably. I do not think I should ever hold them elsewhere now. It might happen, supposing there were some very old people who had to give evidence.

979. (*Chairman.*) I was not speaking of the inquest; I am speaking of the post-mortem?—They would always be held in the post-mortem room.

980. It would be intolerable in ordinary houses to have a post-mortem made in the house?—I do not know that; it is done of course very often privately without an inquest.

981. (*Sir Malcolm Morris.*) Supposing people asked to have the post-mortem in their own house, would you let it be done there, or would you insist upon moving the body to the public mortuary?—No, if there was an inquest there would be no object in having it in the house; the body must go to the mortuary then.

982. (*Chairman.*) Irrespective of the person's station in life, or even the conveniences of the house, would you insist upon it?—As a general rule, yes. The only thing would be, supposing that a husband or a wife was a very old person who could not get out and it was a big house, there would be no object in taking the body to the mortuary; I might do it then. But I never do.

983. As a matter of fact, in your district post-mortems are made in the post-mortem room attached to the mortuary?—Yes.

984. (*Dr. Willcox.*) Has the removal of the body to the post-mortem room ever been refused?—No, not of late years. When the courts were first built, and we were getting into the way of moving bodies, I had a good deal of difficulty; people used to say, "I shall not "let the body go away; you shall not touch it." I threatened them with the police taking it away forcibly. Now it is a regular thing.

985. (*Chairman.*) Now it is understood?—Yes.

986. It is infinitely more sanitary and convenient in every respect?—No doubt, as a general rule.

987. (*Dr. Willcox.*) What action should you take supposing that the removal of the body was refused?—I should send the police ambulance to take it away; but they never do refuse now; they have grown up to it.

988. (*Sir Malcolm Morris.*) Then there has been a considerable change in public opinion?—Immense. When I was elected every inquest was held at a public-house, and you had to go about from house to house to see the bodies. That had its advantages; you saw the inside life in these little places and how the poor live, and that gave me a great deal of experience.

989. (*Chairman.*) But in these crowded homes a post-mortem must be an intolerable nuisance?—They were very often made in mortuaries in churchyards, and that sort of thing; though in Deptford, where there was no mortuary up to recently, they had to be made in the houses.

990. (*Sir Malcolm Morris*). Have you ever had any occasion to insist on a post-mortem examination being made when it was not followed by an inquest, so as to satisfy yourself as to the cause of death?—I have no power to do that. I should have no power to pay for it. I have done it sometimes when people or the doctor has said—"I have no doubt in my own mind "that the cause of death is perfectly natural, but I "should like to have a post-mortem to make quite "sure; may I do so?" I should say, "Certainly, and "if you find anything that is unnatural, report it to "me, and an inquest will be held."

991. But you have no power to insist upon it?—I have no power to pay for it.

992. (*Chairman*). And you have no power to order a post-mortem?—No, I have nothing to do with it unless I hold an inquest.

993. (*Sir Malcolm Morris.*) Then the doctor does it on his own authority?—Yes.

994 (*Chairman.*) And he can only do it at the desire of the relatives, and they pay for it?—Yes.

995. Do you think it is desirable that the coroner should have the power to order and pay for a post-mortem without necessarily going on to hold an inquest?—Of course it would be convenient at times, and it might be very inconvenient at other times.

996. Will you explain how?—It is often convenient to say, "I can do nothing unless an inquest is held, and the body is at the mortuary." People come who want to get out of an inquest, and they will do anything, and if you had power to order a post-mortem without an inquest, and to pay for it, there might very often be pressure brought to bear, or tried to be, to avoid an inquest when an inquest ought to be held, and it would sometimes be very awkward for the coroner. At the present time you can say, "I can do nothing; there "must be an inquest or nothing can be done," and by that means get possession of the body before anything could be done to it.

997. "I cannot give you an order for burial unless there is an inquest"?—Exactly.

998. But take a case of a perfectly natural death: an inquest is always a painful thing to the relatives?—No doubt.

999. And there are a great many cases where, if a post-mortem were made by a competent person, the coroner would have no doubt whatever that the death was due to natural causes, and he might in that case say that there was no necessity for an inquest?—Yes, he would be very glad to do it sometimes; but there is the corresponding disadvantage that I have just mentioned.

1000. What it comes to is this really, that if the coroner had the power he might be pressed to use it improperly?—No doubt.

1001. It is nothing more than that?—I will not say improperly, but when in his own judgment he might think that an inquest would be better, if he had all kinds of people coming and raising difficulties it would put him in a very awkward position.

1002. How do you get information in the first instance which causes you to hold an inquest?—In various ways—from the police, and doctors, and relatives, and from the registrar. A death cannot be registered without a doctor's certificate, and if there is no doctor to give a certificate, or if a certificate is refused, the case is referred to the coroner.

1003. Are there many cases referred to you by the registrar of deaths?—Not directly. It very often happens in cases in which the doctor, wishing to keep in with the relatives, will give a certificate which he knows the registrar will not accept.

1004. What kind of certificate will he give?—He might give a certificate that the deceased died from heart disease following a fall down stairs. The registrar could not accept that, because it shows that it was not a natural death, and he would then send it on to the coroner. That often happens, especially in cases where doctors do not like to take the responsibility. They say, "Yes, I will give you a certificate," and if an inquest is held they say, "It was not my fault—it was "the coroner who required the inquest." That is what it is done for, really.

1005. So as to put it on someone else who is paid for taking the burden?—Yes.

1006. Having got some information, I suppose, your officer makes inquiries?—Yes.

1007. Who is your officer; is he a member of the Metropolitan Police Force?—No, my officers are mostly private men or retired police inspectors.

1008. Not men on the strength of the Force?—No, except in one district.

1009. Do you have the same officer to do all your work?—As a rule. In one district I have three different police officers.

1010. But they are mostly retired men?—Yes.

1011. You have separate coroner's officers for each of your districts?—Yes.

1012. And you have three courts?—I have four courts—Lambeth, Clapham, Newington, Camberwell, and two other districts without any court.

1013. Have you an officer to each court?—I have, except Newington and Clapham; the same man does the two courts.

1014. A coroner's officer, I think, is not known to the law?—I believe not.

1015. By whom is he appointed—by the coroner or by the county council?—By the coroner. The council want to do it.

1016. How is he paid?—Very badly.

1017. In what way?—By fees. In London the fee is 5*s*., which includes everything for the first case.

1018. That means making inquiries, presence at the inquest, and summoning the jury?—Yes, going round to all the people, and very often long distances, for which he gets a penny a mile for travelling expenses, and if there is no inquest he gets nothing—he is out of pocket.

1019. In many cases do you make inquiries and hold no inquest?—Yes.

1020. In what proportion of cases?—About a third in my district.

1021. That is to say, you would not hold an inquest in about 33 out of 100 cases?—Speaking roughly, that is as far as I remember.

1022. Your district, of course, varies very much; it has got a very good class of houses in it and a lot of poor ones?—Not very many of a very good class. There are some decent places round Clapham and Streatham, but most of it is very poor and very rough along by the river in Christchurch, St. Saviour's, Southwark, and parts of Camberwell and Newington.

1023. (*Sir Malcolm Morris.*) What is the average that one of your officers would earn in a year?—My officer in the biggest district says that it does not average 50*l*. a year. I have to insure them under the Employers' Liability Act, and that is what he tells me.

1024. (*Chairman.*) That is not 1*l*. a week?—No.

1025. And yet you want exceedingly intelligent and good men?—Yes.

1026. (*Sir Malcolm Morris.*) What else does he do?—He has got a pension from the police.

1027. Therefore it is necessary to have a man with some other income?—Yes; it is not a living otherwise.

1028. Have you any reason to believe that any of these men take tips?—I do not think so. Of course it is absolutely impossible to say. When you say "tips," they generally get the odd money for the post-mortem from the doctors.

1029. (*Chairman.*) The odd shillings?—Yes.

1030. Is that a custom?—Yes, it has been from time immemorial, so far as I know.

1031. (*Sir Horatio Shephard.*) Do they get money from the relations or friends given to them in order to stave off an inquest?—So far as I know, certainly not.

1032. (*Chairman.*) No case has come before your notice?—No.

1033. If a man did that it would be a criminal offence, would it not?—I should not have any confidence in him. I should not know what information he was giving me, and I could not form any definite conclusion.

1034. You have the power of dismissal?—Yes.

1035. And if such a thing were brought to your notice you would dismiss the man?—Yes.

1036. (*Sir Horatio Shephard.*) You have no reason to believe that it happens?—I should say not; and being pensioned men, their pension depends upon their good conduct.

1037. (*Chairman.*) As regards the odd shillings for the doctors, do they take it?—Never; the money is put down and the doctor takes it up, I believe. As a general rule, when I have seen it, he leaves the shillings and takes up the sovereigns.

1038. It may be an old practice, but there are objections to it, are there not?—No doubt, as there are to all kinds of bribery; it comes to that.

1039. What pull does the doctor get out of giving the odd shillings beyond its being the custom?—He gets his time arranged. He is told his case will probably come on at such and such a time. There are many little ways in which the officer can oblige the doctor.

1040. But you say it is done perfectly openly?—Yes, it is always done openly. They do not always get it. I have seen it often picked up entirely. Then he pays for the stamp on the receipt.

1041. (*Dr. Willcox.*) Are the coroners' officers sometimes on the active force of the police?—Yes, there are many of them.

1042. (*Sir Horatio Shephard.*) But not in your case?—Yes, I have them in one district. The London County Council rather tried to push it at one time, and when there was an alteration made in the district I was asked definitely whether I would employ the police to do the work, and I said "Certainly not."

1043. (*Chairman.*) Can you tell us what the objections are to the employment of police on the force?—I think, to start with, it is very unfair to the officer himself—he has half a dozen masters already. If he is a constable he has his sergeant, his inspector, his subdivisional inspector, and superintendent, and if it is against their interest that a case should be reported, it is not likely that you will get a proper report from a policeman.

1044. On the other hand, it is to the interest of the police to inquire and report on cases, is it not?—Yes; but you very often get cases of deaths in police cells, and other cases, in which the police are interested.

1045. Where the policeman may possibly have been to blame, do you mean?—Possibly; and, again, a uniformed policeman going into a house causes a crowd to assemble, and it is rather objectionable in a better class neighbourhood especially to see a constable in uniform going into a house.

1046. (*Sir Malcolm Morris.*) Does your officer have any particular uniform?—No.

1047. He is in private dress?—Yes, entirely.

1048. (*Dr. Willcox.*) Who pays the police officer when he is on the active list?—I have to pay him. I pay him according to a scale which is approved by the Home Secretary; it is a different scale from that of other officers.

1049. (*Chairman.*) Do you pay him out of your salary as coroner?—No, it is part of the scale of fees allowed by the councils; but the amount is fixed by,

I think, the Home Secretary in the case of men who are on the active list.

1050. (*Sir Horatio Shephard.*) He does not get fees?—Yes, he gets 7*s.* 6*d.* instead of 5*s.*

1051. (*Chairman.*) If he is on the Metropolitan Police Force he has to pay the fees into the Metropolitan Police Fund?—Yes; it comes much more expensive to the public, because he is taking his pay as well as the fees.

1052. But, on the other hand, the fees go into the Metropolitan Police Fund?—That only goes to their superannuation, or something of that kind; it does not go to the public.

1053. I now wish to refer to your answers to the questions on which we have asked the opinion of all coroners.* The first question is about the view. How is the view conducted in your court? Have you any uniform system?—We go into the mortuary, or see through the window.

1054. Is the body coffined as a rule?—Yes.

1055. So that the jury making the view only see the face?—As a rule.

1056. In certain cases do you require the jury to see the wounds?—Not unless they wish to do so; they do sometimes ask to see what was the cause, or what was done—what was the result of this, that, or the other; then I do.

1057. Ordinarily they only see the face through the glass over the coffin?—Yes, in the coffin or window of mortuary.

1058. You yourself make a whole view, I suppose, of the body?—Not as a general rule; I see just the face, the same as the jury do.

1059. For instance, in case of death by wounds, would you examine the wound?—If there were anything extraordinary about it, or anything that I wished to know about it, anything unusual, I should for my own satisfaction, and so as to be able to understand the evidence.

1060. (*Sir Malcolm Morris.*) In the case of a railway accident, and a man's leg being cut off, would you verify that fact?—No, not his leg. Sometimes, if the side of the head is cut off you cannot help seeing it.

1061. (*Chairman.*) If the question arises whether a wound is self-inflicted or inflicted by somebody else, the position of the wound may be very material?—Yes.

1062. Would you not view it in that case?—Not necessarily, unless there was something I could not form an opinion upon otherwise. I should take the evidence.

1063. I take it that in your opinion the coroner himself ought always to have a view?—I think so.

1064. Is there any object in the jury having a view?—Yes, because if the jury do not have a view you cannot very well get hold of the body.

1065. But you have the body, have you not?—Not necessarily.

1066. If the coroner has the view?—People might say, "Oh, the coroner can come and see it here or "there; we will send a carriage down and take you "there; there is no necessity to have to go to the "mortuary, is there?" I think that is a great point—to be able to have the body.

1067. Having got the body, what object is served by the jury having a view?—I do not know that it matters very much, except for identification now and then.

1068. Do you think it would be well that the coroner should have discretion to say whether the jury should be required to view or not?—I think it would be a very difficult thing to work. If the coroner were to say, "You had better see the body," half of them might say, "We do not want to," and the other half might say, "We do"; and how are you to decide if there is an equal number?

1069. It would be for the coroner to determine?—Supposing half say, "We will not see it."

1070. They would be bound to see it if the coroner had a discretion?—I mean, that there might be an unseemly squabble over it—that is the worst of that kind of discretion.

1071. You are aware of the legislation that was attempted last year on the subject?—Oh yes, that has been done many times.

1072. (*Dr. Willcox.*) In many instances the viewing of the body by the jury has been of value in the case itself?—Yes. I know of one case this last year where a woman got twelve months' imprisonment simply on the view of the jury.

1073. (*Chairman.*) But surely the jury who tried that case did not see the body?—No, but they got the other verdict of manslaughter, and then having that, the evidence given at the Old Bailey was very strong—especially the medical evidence. It may have been stronger, probably, than that given at the inquest; but the evidence given at the inquest to uneducated minds, without having seen the body, would have conveyed very little. It was a case of fearful neglect; the body was emaciated, neglected, and dirty; but these words of themselves would convey very little to the ordinary mind, but having seen the body of the old woman, with the bones almost through her skin and in a filthy condition, the jury immediately formed their own opinion outside the oral evidence.

1074. They found a verdict of manslaughter?—Yes.

1075. But the jury that eventually disposed of the case did not see the body?—No.

1076. Do you think that proceedings would not have been taken if the coroner's jury had not seen it?—I am perfectly sure they would not, as I heard it said, "What an absurd thing to bring in a verdict of manslaughter."

1077. You think the view there was a real help to the jury to understand the case?—I have not the slightest doubt that that woman was convicted on the viewing of the body.

1078. Prosecuted, rather than convicted?—Yes.

1079. On the whole, in your opinion the law should remain as it is on that matter?—I think so, undoubtedly.

1080. Is there any other reason why you think it is desirable that the jury should have a view?—Yes, as I have stated in my answers to the questions circulated, it would at once open the door to crime when it became known that the view was no longer imperative. On one occasion when we went to view a body I said to the mortuary keeper, "What is the meaning of this? "This does not seem to be the age of the person we "are holding an inquest on." "No," he said, "he "doesn't look that age, does he?"; and on going away from the mortuary he said, "To tell you the truth, "the body you are holding an inquest on was buried "yesterday." The inquest had to be adjourned for the body to be exhumed. That was at a public institution. If the view is done away with there is no knowing what may happen if such a thing as this could take place when it was known a view was necessary.

1081. (*Dr. Willcox.*) I suppose the viewing of the body by the jury rather impresses them with the importance of their duty?—Very often, and I believe in some cases they are very keen on the view.

1082. Have you ever had a jury objecting to view?—I have had individual jurymen object about three or four times in 25 years.

1083. (*Chairman.*) In three or four individual cases?—Yes.

1084. In the case of an ordinary person who is called to serve at an inquest, you do not have objections made to the view?—Not now, or very seldom, indeed,

1085. From the way in which it is done in London, which I daresay we have all seen, there is nothing that anybody can reasonably object to?—No, not a bit. If it is a bad case, as a rule it is covered up.

1086. There are many bodies, of course, at the same time in a mortuary?—Yes.

1087. And sometimes a body arrives there in a state of considerable decomposition?—Yes.

1088. Are there any means of dealing with that body; what is done?—It is generally put into a shell; it is nearly always put into one of the mortuary shells.

1089. So as to prevent the whole mortuary being in a bad state?—It is put into a mortuary shell, with part of the lid glass, and very often they pack it up with sawdust, and if they have time to put it in an ordinary shell, they pack it up first of all and then put it into the outside coffin with glass for the view.

1090. Are there specially constructed coffins for bodies in a state of decomposition?—There are in one or two districts, that is to say, for putting water in,

* *See* Appendix No. 1.

and an iron lid to fit down into a groove of water and a pipe to carry the effluvium outside.

1091. Is there any chemical process of deodorisation carried out?—Yes, they always have some disinfectant. In different mortuaries they use different things.

1092. (*Dr. Willcox.*) This disinfectant is not added to the body?—Except in drowning cases, where they are washed and so on with it very often; and in verminous cases they very often have to do it to clean them.

1093. Not if there was a possibility of analysis?—There would not be in a case of that kind, as a rule; but if a body is in a very filthy condition, sometimes swarming with vermin, they have to wash it down with something of the sort to clean it.

1094. (*Sir Malcolm Morris.*) Roughly speaking, what proportion of cases are not identified?—I could not tell you—not very many.

1095. Would there be any reason at all why in certain districts there should be anything corresponding to the Morgue in Paris, on the riverside for example, for helping the police for purposes of identification?—It is nearly always known who they are. If there is a body found in the Thames, or anybody goes and says a body is missing and gives a description, the police are able to say it is in such and such a mortuary.

1096. (*Chairman.*) But you do not keep them long, do you?—No, not as a rule.

1097. Was there not a case the other day in which three people identified a body, each as that of a different person?—I had a case in which three or four women identified a man as their husband.

1098. Then the question of identification is not a serious one in your district?—I think not; if a body cannot be identified it is generally a waif who is absolutely unknown.

1099. On that I should like to ask you: in the Morgue, I think, photographs are taken, and the clothes and anything which may possibly lead to identification are kept at some central place?—Yes.

1100. There is nothing corresponding to that in London?—No; but photographs, as a rule, are taken if the bodies are not too far gone, and the clothes are kept for a considerable time.

1101. Who takes the photographs?—The police always take the photographs, and they supply me with one and keep the other in their office.

1102. And sometimes the bodies are identified afterwards?—Yes; and tried to be identified. I find that there is—you can hardly call it a trade but it is a thing that goes on regularly—this trying to identify bodies for insurance purposes; so that one has to be very careful.

1103. (*Sir Malcolm Morris.*) What becomes of unidentified bodies after an inquest has been held?—As a rule, they are buried.

1104. By the parish?—Yes.

1105. (*Chairman.*) You give an order for the burial as soon as the inquest is over?—Yes.

1106. You do not keep an unidentified body for any length of time?—Not as a rule, unless there is some reason for it—that it is expected to be identified, or somebody has been making inquiries, or there is some difficulty about it—then I should do so.

1107. (*Dr. Willcox.*) To refer to the point I was mentioning just now, are there any rules for preventing the mortuary attendant adding disinfectants in cases of suspected criminal poisoning?—He will not, as a rule, use any disinfectant unless the body is in a very bad condition.

1108. He ought not to do it even then?—When they are so bad as that, the sanitary officer would come round, probably, and insist on his doing it. He is under the sanitary authority, and they intervene in that way.

1109. (*Chairman.*) The mortuary attendant is an officer of the sanitary authority?—Yes.

1110. (*Dr. Willcox.*) But there are no rules of the kind, are there?—They have rules in each mortuary of their own.

1111. (*Chairman.*) The mortuary attendant's conduct is regulated by the medical officer for the district?—Yes.

1112. Who is always a medical man?—Yes.

1113. (*Dr. Willcox.*) But, so far as you know, there are no definite rules cautioning them against the use of disinfectants?—No, I do not think there are; but if there were a very bad case, he must do something to keep it clean.

1114. Have you any information to give us about analyses subsequent to a post-mortem?—We have full power, of course, at present to apply either to the Home Office or to the county council for an analysis, and I have never had any difficulty in getting it allowed.

1115. (*Sir Malcolm Morris.*) How about the question of delay?—It must necessarily happen, if you start the inquest first.

1116. What is your method of procedure?—If I had any idea that an analysis would be necessary, I should ask for it to be made before starting the inquest, if possible.

1117. (*Chairman.*) You can direct a post-mortem before you summon the jury, of course?—Yes.

1118. (*Sir Malcolm Morris.*) What do you do? Do you get the doctor who has made the post-mortem, no matter who he is?—Not if it were a scientific analysis.

1119. But to preserve what is necessary for examination?—Yes, they do that always; they keep bottles at the mortuary purposely.

1120. Have you in your experience ever had the parts improperly kept?—Not that I know of. I should not know that. No doctor has ever complained of it.

1121. When an analyst has come down, has there been any complaint that he has not received what he should?—No, but the general analysis that is referred to in the Coroners' Act, I think, if I remember rightly, applies more to a sort of rough test than an analysis. Supposing a person is found with some ordinary poison, hydrochloric acid or sulphuric acid, it means that the doctor should make some rough test to see what it really is, not necessarily a scientific analysis.

1122. (*Chairman.*) When you have evidence that rather points to somebody having taken hydrochloric acid, you want just to confirm it?—That is correct.

1123. You know what you are looking for in those cases?—Yes, that is, I think, the sort of analysis referred to in the Coroners' Act.

1124. (*Sir Malcolm Morris.*) But when you do not know what you are looking out for and do not know anything about it, do you give instructions to have it done without permission, or do you have to wait for permission?—We have to wait for permission because we cannot pay for it.

1125. You communicate with the Home Office and the Home Office communicates direct with the analyst?—Yes, for a big case. In other cases there is a very good man in my district who does it for the statutory fee.

1126. (*Dr. Willcox.*) What is the fee?—Two guineas, and he makes the post-mortem and analysis.

1127. (*Chairman.*) Those are ordinary plain-sailing cases?—Yes; and then there is no delay; he will do it in 24 hours and give me a rough idea of what it is.

1128. (*Sir Malcolm Morris.*) Supposing he finds something of which he is doubtful, what would you do?—I do not know; he never has yet.

1129. Obviously such a thing might happen?—Yes.

1130. There are many poisons that he could not find?—Yes.

1131. What would happen then? If he reported that there was reason to believe it was a case of poisoning, how would you proceed?—I should apply to the Home Office, of course.

1132. (*Dr. Willcox.*) And all the material would have been spoilt?—It might or might not. With him it would not be, because he is a scientific man and very keen about it.

1133. (*Sir Malcolm Morris.*) He would preserve it?—Yes; if that were possible.

1134. (*Chairman.*) What is your general practice as to ordering a post-mortem?—As a general rule I order a post-mortem in nearly every case.

1135. It is more satisfactory that you should have a post-mortem?—As a general rule; not always, of course. If it is a case of a man run over by a train and smashed all to pieces, there is no necessity for it.

1136. But in the great majority of cases you order a post-mortem?—Yes.

1137. And when you order a post-mortem what is your practice as to whom you employ?—As a rule I employ the doctor in the case.

1138. Who do you mean by the doctor in the case?—The man who has been attending or was called in before the death. Very often it is the divisional surgeon if it is after death, and then he does it. As a rule I give it to the one who is there first, because he has seen the surroundings and generally knows what has been happening.

1139. Would he be a general practitioner?—Not the divisional surgeon.

1140. No, the man whom you, as a rule, call in; the last person attending?—Yes.

1141. Has a general practitioner the proper instruments and materials for making a post-mortem, or are they found for him at the mortuary?—I believe there is a set always kept at the mortuary, but a great many bring their own.

1142. Take the case of the last attending doctor, would he be doing many post-mortems in the course of the year, or would this be the one occasion?—It all depends upon the man. Some of them are very keen on post-mortems, and make a sort of study of it and like it, and others will not do it at all if they can help it.

1143. Do you think there is any objection to a man in general practice attending midwifery cases making post-mortem examinations?—I do not think he ought to do so, as a rule.

1144. Do you think that a man who only makes a post-mortem occasionally can make a really satisfactory one? Is it not a matter requiring great skill and practice?—In very many cases, no doubt, it is, but in very many other cases it is not.

1145. Will you give us instances of the two classes of cases?—That is a little difficult for me, not being a medical man, but in cases of pneumonia, for instance, you do not want any scientific evidence to find it out, or a bad heart disease or kidney disease, and many things like that—cystic kidneys. I had a case to-day of a woman who had died from cystic kidney—no doubt she died from uræmic coma. I take it that almost any medical man could find that kind of thing.

1146. The fact is that before you enter upon a case you have some sort of description of the case?—As a rule, I have my officer's report.

1147. And, judging from that report, you either require the ordinary practitioner to do it, or in a case of difficulty or doubt, what would you do?—It depends on how it came. If it came from an allegation of want of care or attention on the part of the medical man, I should give it to an independent man; as a rule, the divisional surgeon is a recognised man in the district.

1148. Have you any large hospital in your district?—Not now. I used to take St. Thomas's.

1149. Have you any means of getting what I may call an expert pathologist to do post-mortems for you?—No; very often the doctors themselves do it, they get a man from a hospital to make the post-mortem for them.

1150. Who would that man be?—As a rule I believe it is generally the man who does the post-mortems at the hospital.

1151. Not a pathologist, but a man who does the mechanical work?—Yes.

1152. (*Dr. Willcox.*) The post-mortem assistant?—I do not know what he is called.

1153. (*Chairman.*) So that for all scientific purposes you only have the opinion of the doctor to whom you entrust the post-mortem?—Yes.

1154. And if the case is of a delicate and difficult nature, how do you get the services of an expert pathologist?—By applying to the Home Office or the county council.

1155. As a preliminary to doing so, I suppose your attention would be called to circumstances of difficulty by the general practitioner to whom you entrusted the post-mortem?—Very often or sometimes before. If it appeared to be a complicated case, or a case in which any strange questions were likely to arise, I should very often know about it first, and get somebody with better qualification, some first-rate man rather than the man who was in the case.

1156. But you think that in the majority of post-mortems the ordinary general practitioner, although he very seldom makes a post-mortem, can do it satisfactorily?—Yes, in the majority of cases.

1157. Is not the difficulty that until a post-mortem has been made you do not know whether the case is one of difficulty or of simplicity?—As a general rule, you can form some good idea.

1158. Are there any matters relating to coroner's law in which you think the law could be improved?—I think that for the appointment or election to be in the hands of the county council is not good.

1159. Can you give us any reason for that opinion?—They sometimes impose all sorts of terms and conditions.

1160. We should like to know what sort of terms and conditions they impose on a judicial officer?—I can hardly tell you at the moment; one gets so many of these cases on the Council of the Coroners' Society sent up from the country. A man going in for an appointment writes and says, "Is it right that they "should ask this, that, and the other, and bind me "down not to do this, that, and the other?"

1161. When evidence is given on behalf of the Coroners' Society, shall we be able to have those facts brought to our knowledge?—If you would let the secretary know (or I will) beforehand that you wish him to look up that sort of case, he will do it if he possibly can—it is a difficult thing because there is no tabular statement kept, but things come in and the Council advises.

1162. We should like to know generally what sort of terms and conditions are imposed on persons seeking to be appointed to a judicial office?—The salaries are often cut down, and so on.

1163. They may be reasonable conditions or the contrary?—In some cases they are very unreasonable.

1164.—Are there any other suggestions you would like to make to us?—In a case I had to-day the doctor had gone away who had been attending the patient; he was on a voyage and his partner had never seen the patient; consequently he could not certify the death, and the other man could not be got at. That is very awkward; the friends cannot get the certificate.

1165.—But you can make inquiry and satisfy yourself, I suppose, and give an order for burial?—No, we cannot do that. The coroner cannot give a certificate for burial without holding an inquest.

1166. But he can authorise registration?—Yes.

1167. And then the registrar gives the certificate for burial?—Yes, that is a matter that happens sometimes. But the registrar registers the death as an uncertified death. Another point, I believe, that will arise is as to the doctor seeing the body before certifying.

1168. That is a very important matter. What is your opinion about it?—As a rule he should, of course, do so. I have often had doctors come to an inquest to give evidence as to the cause of death who have never seen the body after death. But it also cuts in the opposite direction. Supposing a doctor has been attending a patient for some time, and has gone away into the country or abroad for a holiday, and a person dies and he cannot come back to see the body, though he is willing to give his certificate, it puts the friends in a very awkward position.

1169. On the other hand, I suppose that might be met if there were any public medical officer who could view the body and then sign the form?—Then he would say, "I cannot possibly say anything about it without "making a post-mortem."

1170. But he could say, "I have got a description "of the case from Dr. So-and-so"?—That possibly he could not get.

1171. By writing?—Not if he is on a trip, like this man to-day.

1172. There are difficulties whatever you do?—It is rather awkward for people who have had a doctor attending the patient, and death suddenly takes place, and they cannot get his certificate.

1173. Have you any further suggestion to make?—I do not think of anything at the moment.

The witness withdrew.

Adjourned to Friday next at 3 o'clock.

At the Home Office, Whitehall.

FIFTH DAY.

Friday, 19th February 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I., *in the Chair.*

Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S. Edin.
Sir HORATIO SHEPHARD, LL.D.
Mr. ARTHUR THOMAS BRAMSDON, M.P.
Mr. WILLIAM H. WILLCOX, M.D.

Mr. J. F. MOYLAN (*Secretary*).

Mr. FREDERIC HEWITT, M.V.O., M.D., M.R.C.S., examined.

1174. (*Chairman.*) You are a member of the Royal College of Surgeons?—I am.

1175. And for many years, I think, of your professional life you have devoted yourself to the administration of anæsthetics?—Yes, for about 25 years.

1176. I think you have held the office of Senior Anæsthetist to the London Hospital, and you have been an anæsthetist to the Dental Hospital?—Yes, and I am Physician-Anæsthetist to St. George's Hospital at the present time.

1177. And you have administered anæsthetics, of course, in many thousands of cases?—Yes.

1178. I think you have kept an account for one year, and in that year you have administered anæsthetics in no less than 3,000 cases?—In over 3,000 cases.

1179. We all know that you have had great success as an anæsthetist. In those 3,000 cases, I believe, you had no mishap?—None whatever.

1180. You have kindly furnished me with some points on which you are going to give us some evidence, and we have the Draft Bill* for an Act to regulate the administration of general anæsthetics which you submitted to the Secretary of State, and which has been referred to us, but some of us are laymen, and we should perhaps appreciate your evidence better if I may begin by asking you one or two general questions?—Certainly.

1181. In the first place, as I understand the law, apart from any criminal intent, any member of the public may administer an anæsthetic to any other member of the public without committing an offence?—I believe that is so.

1182. Therefore, there is nothing in the law to prevent a herbalist or bonesetter or chiropodist or a quack doctor from administering an anæsthetic?—So far as I know, there is nothing.

1183. On the other hand, if, say a bonesetter wants to do a painful operation and wishes to call in a qualified medical practitioner to administer the anæsthetic, that medical practitioner would, if he administered the anæsthetic, commit a professional offence, for which the General Medical Council would call him to task?—Yes.

1184. Whereas, if the bonesetter called in his cook or his housemaid to do it, nobody would be penalised?—I believe that is so.

1185. I suppose your evidence refers to what one may call, in popular language, general respirable anæsthetics?—Yes.

1186. May I ask you what are the general respirable anæsthetics in common use at the present time?—Nitrous oxide, or laughing gas, ether——

1187. Is that ethyl ether?—Ethylic ether—chloroform, ethyl-chloride, and various mixtures of ether and chloroform.

1188. For instance, A.C.E.?—That would be a mixture of alcohol, chloroform, and ether; that is not used so much as it was a few years ago; but various mixtures of ether and chloroform—comparatively small proportions of chloroform to larger proportions of ether—are used very frequently.

1189. The next question arises on that. In your opinion, are some of these anæsthetics safer than others, or does it depend on the particular operation and the particular patient as to which you would use?—Other things being equal, some anæsthetics are much safer than others.

1190. Which, in your own experience, would you prefer?—Nitrous oxide is the safest of the general anæsthetics. Then, I think, one might put ether.

1191. (*Sir Malcolm Morris.*) You would put ether second?—Yes.

1192. (*Chairman.*) Has ether any specific action on the heart?—It is a great stimulant; in fact, if ether be given on a mask with plenty of air, I should say that it is as safe as nitrous oxide. Then, next to ether, I should put mixtures of chloroform and ether which are rich in ether, the safety being in proportion to the percentage of ether.

1193. And then what next?—Then we should come perhaps to ethyl-chloride, and then to chloroform itself. I think that would roughly indicate the relative dangers of anæsthetics themselves.

1194. If one anæsthetic is somewhat safer than another, in what cases do you prefer one to another?—To take nitrous oxide as an example, nitrous oxide is, generally speaking, the safest anæsthetic; but there are certain conditions in which nitrous oxide, *per se*, given without any air or oxygen, would be more hazardous than chloroform.

1195. To the life of the patient?—To the life of the patient; so that a great deal depends upon the type of individual to whom the nitrous oxide is given.

1196. Apart from the mere question of possible safety, does the nature of the operation determine the anæsthetic at all?—Yes, very largely. There are a great many operations in which nitrous oxide would be absolutely out of court altogether.

1197. You could not keep up the anæsthesia long enough?—No; the anæsthesia is not sufficiently deep for a large number of modern surgical operations. But when nitrous oxide is given with air or with oxygen in

* *See* Appendix No. 3.

properly regulated proportions, then it can under certain conditions be given continuously. Perfectly pure nitrous oxide, if given so that no air whatever gains access to the lungs while it is being inhaled, is not respirable for more than about one minute.

1198. That is to say, death would result?—Yes.

1199. Just as if it were carbon monoxide?—Not as rapidly, perhaps, as that, but as rapidly as if it were pure nitrogen. At the end of that time breathing comes to a standstill, and there is asphyxia produced; but if certain percentages of oxygen are added to the nitrous oxide, then, in proportion to the amount of oxygen, that nitrous oxide may be made respirable. A dog, for example, has been kept breathing a mixture of nitrous oxide with 15 per cent. of oxygen for three consecutive days, showing how extremely safe nitrous oxide must be, provided that it is given in such a way as not to produce asphyxia—in other words that it is given with a sufficient proportion of oxygen to keep up respiration.

1200. (*Sir Malcolm Morris.*) Oxygen or air?—Oxygen is preferable to air, because the nitrogen in air acts as a diluent, so that one loses some of the anæsthetic factor.

1201. (*Chairman.*) When oxygen is mixed with nitrous oxide, do you still get the same anæsthetic effect?—One gets a better anæsthetic effect than when the gas is given perfectly pure; and that is why it may be administered for a considerable number of operations. I have myself, for example, given nitrous oxide and oxygen, without any air whatever, in an operation lasting over 35 minutes.

1202. Who determines the anæsthetic to be used, the surgeon or the anæsthetist—or is it a matter of consultation?—Generally in large centres like London the anæsthetist; but the more one departs from the trained anæsthetist to the assistant or to the general practitioner, the more, perhaps, has the surgeon to say in the matter.

1203. For surgical purposes, does the surgeon sometimes require chloroform instead of the other anæsthetics to be used?—Yes, that is so.

1204. For what purposes would that be?—Chloroform produces greater quietude on the part of the patient; the surgical conditions under chloroform are perhaps more perfect than those under other anæsthetics.

1205. If the operation is of a very delicate character, requiring very delicate manual skill, chloroform would be preferred?—Yes.

1206. May I take it that, in popular language, as regards these respirable anæsthetics, they are inhaled into the lungs, they then saturate and intoxicate the blood, and the intoxicated blood is carried to the brain, and the higher brain centres are paralysed?—Yes.

1207. So that you get what I may call complete personal unconsciousness?—Yes, generalised anæsthesia due to the unconsciousness.

1208. The sensations may be transmitted to the brain, but the receiver is put out of action?—Yes.

1209. Would you kindly describe to us, who do not know, what the course of administering an anæsthetic is. First of all, I suppose you see your patient?—Yes.

1210. Then what sort of examination do you make previously to determining the anæsthetic to be administered?—One generally inspects the patient, and examines the air-way to see whether it is in any degree occluded—whether there is a free air-way.

1211. Do you mean by the nose and mouth?—Yes; that is a very important matter, often much more important, for example, than listening to the heart, because these anæsthetics have to be introduced through restricted and constantly varying respiratory passages. They have not to be introduced, as in physiological laboratories, by means of a tracheal cannula. I am now perhaps expressing my own personal opinion. I personally believe that the phenomena of general anæsthesia are very largely dependent upon the way in which the anæsthetic passes through these upper air passages. Very often there is some inadequacy in breathing, and grafted upon the anæsthesia there is some modified asphyxial condition referable to the particular air passages of the particular patient.

1212. I asked you that question for this reason: your preliminary examination requires a certain amount of medical skill to determine the condition of the patient?—Yes.

1213. What else do you examine besides the respiratory passages?—That is a difficult question to answer. Of course, it is obviously impossible to spend a very long time in examining patients, and therefore one condenses one's examination into as short a time as possible to elicit the main points. For instance, one generally asks a patient to take a deep breath to see whether respiration is deficient; to give a cough to see whether there is any secretion in the air passages; to breathe through the nose with the mouth closed to see whether the nasal passages are free. Having done that, one listens to the heart.

1214. (*Sir Malcolm Morris.*) There is just one other point—the teeth?—Yes, removing artificial teeth. I meant that to come under the general aspect of the upper air tract. One sees that artificial teeth are removed. As I have said, one examines the heart and one makes a few inquiries as to the presence of any disease that the patient may have; for example, one frequently asks whether the kidneys are sound, whether there is any diabetes. On those points one would, perhaps, be informed by the surgeon or by the doctor in attendance.

1215. (*Chairman.*) Does it make any difference whether the patient is alcoholic?—Yes, certainly. I omitted that. One generally makes a few inquiries, although one can often tell from the appearance of the patient. Then the question of tobacco is interesting.

1216. Yes, to many of us?—Great smokers display characteristic phenomena under anæsthetics.

1217. Do they go under more easily?—No, they are more insusceptible to anæsthetics.

1218. Do they suffer less stomachic trouble afterwards?—I am not able to say that; but that is so with regard to alcoholic patients.

1219. (*Sir Malcolm Morris.*) Is chloroform more dangerous with a big smoker than ether?—I should say, other things being equal, chloroform was.

1220. How about an alcoholic, asthmatic, badly breathing, fat man; would you say ether then or chloroform?—Probably a mixture of the two anæsthetics. Ether would be contra-indicated because of the asthma, and chloroform would be contra-indicated because of the other conditions.

1221. (*Chairman.*) A good deal depends upon the general medical knowledge of the anæsthetics quite apart from the mechanical administration or watching the symptoms?—Yes, quite so.

1222. Now, how do you administer these anæsthetics. Will you take two examples: one nitrous oxide and the other ether and chloroform?—In giving nitrous oxide, one has to employ some kind of reservoir for the gas; one has to have a face piece that fits the patient accurately, with valves that work accurately, and the nitrous oxide is admitted to the face piece through these valves, so that with each inspiration the gas is breathed and with each expiration it escapes at the expiratory valve. In some methods of giving nitrous oxide there is a certain amount of re-breathing of the gas permitted; in others air is admitted from time to time whilst the gas is being inhaled. Then, as I mentioned just now, oxygen and nitrous oxide may be administered together, by employing a regulating apparatus. Oxygen is admitted throughout the administration, and the administration is continued till the phenomena of anæsthesia appear.

1223. I will ask you about them presently?—Supposing the operation is a dental one, the face piece is removed and the operation commences; that is the ordinary dental administration.

1224. Clearly you could not have the face piece on and do the operation at the same time?—Yes; the face-piece must be removed, before a dental operation is begun.

1225. May I ask you one question on what you have told us. You talked about admitting the oxygen with nitrous oxide. Is that arranged mechanically, or does it depend on the skill and experience of the operator?—Both.

1226. No mechanical operation can dispense with what I may call human skill?—No, it is impossible, in my opinion; because very often the most admirably contrived mechanical appliances will get out of gear.

1227. It will give too heavy a dose or too light a dose?—Yes.

1228. Now, will you come to the mixtures of chloroform and ether?—Mixtures of chloroform and ether are generally given upon what are known as semi-open inhalers, that is to say, from inhalers without bags, but inhalers which allow air to pass through the inhaler and through a sponge or other medium moistened with the particular mixture. On the other hand, sometimes these mixtures may be given on a perfectly open mask, on flannel stretched over a wire frame.

1229. Not semi-open?—No, a perfectly open mask consisting of flannel or domet stretched over a wire frame.

1230. Is the percentage of anæsthetic as compared with the air a matter of great importance?—Yes, speaking generally, in mixtures of chloroform and ether, and in chloroform itself.

1231. What would be the percentage of the pure anæsthetic as compared with the ordinary air in the case, say, of chloroform. Are there any mechanical appliances for regulating it exactly?—Yes, there are several.

1232. But you must always be watching those appliances to see that they do not get out of gear?—Yes; if they are used they require the human element as much as the mechanical element.

1233. Are there any symptoms which show whether too small or too large a percentage of chloroform is reaching the patient's lungs?—Yes; if too small a percentage of chloroform were given, there would be signs of partial recovery, that is to say, a movement or noise on the part of the patient; whereas if too large a percentage of chloroform were being used, there would be signs of over-dosage.

1234. Which are visible to a skilled eye?—Yes.

1235. As regards these two classes of anæsthetics, I suppose there is a general similarity in the operation of chloroform and ether?—Yes, there is a general similarity.

1236. But nitrous oxide is rather by itself?—Yes.

1237. Can you tell us the stages through which a patient goes—take, first, nitrous oxide?—May I take all the anæsthetics together to start with?

1238. If you please; if you think the stages are the same?—They are, roughly, the same. The first stage is generally one of disordered consciousness, with analgesia, that is to say, inability to feel pain.

1239. Is there great discomfort in taking the anæsthetics in those cases?—A great deal depends upon the way in which they are given. They may be made so unpleasant that the recipient will never again have another anæsthetic, or they may be made perhaps so pleasant that the patient does not mind the process at all.

1240. Is there any stage at which he has a certain sense of a feeling of suffocation?—That depends upon the way in which the anæsthetic is given, and upon the kind of apparatus that is used—in fact, upon the administrator.

1241. Then what is the second stage?—In the second stage consciousness is lost.

1242. Do you mean general consciousness—not merely a sense of pain?—Yes, general consciousness is lost; the patient becomes unconscious.

1243. Unconscious of every surrounding?—Unconscious of his surroundings.

1244. No external stimulus is carried to the brain?—It is not appreciated by the brain, but at the same time ordinary reflex phenomena may still be elicited; in fact, they are frequently exaggerated. For example, if a tooth is taken out during this stage the hand may be raised and will grasp the forceps, but the patient will not remember having grasped the forceps.

1245. Has that patient suffered pain, in your opinion?—That is a very difficult subject. The patient certainly has no recollection of pain. Whether or not pain is felt at the moment, I am not prepared to say.

1246. In deep anæsthesia it would not be felt, I suppose?—It would not be felt in deep anæsthesia; but I should not like to express an opinion on that other point. It is generally stated that no pain is felt.

1247. You have some guide, have you not, in this: that before ordinary consciousness is abolished the sensation of ordinary pain goes; the sensation of pain goes before consciousness?—Yes, that is so; it frequently does. One cannot always depend upon producing that true analgesic stage, but it frequently is present.

1248. There is a distinction, in fact, between anæsthesia and analgesia?—Yes.

1249. Then what is the next stage?—In the next stage deep anæsthesia or coma is produced and reflex acts are for the most part abolished. Touching the eye, for instance, produces little or no closure of the lids, and incision produces little or no reflex movement.

1250. (*Sir Malcolm Morris.*) Varying enormously with the part?—Yes. But even in this stage there are certain reflexes, which it is not advisable to abolish, which I consider a very important point. I often think, if I may so here, that some of the most important truths one learns in life are those that one has learnt as the result of one's own mistakes and misapprehensions. Years ago I used to believe that it was the right thing to abolish all reflex phenomena in giving anæsthetics, but now I do not believe it.

1251. (*Chairman.*) Except for the purposes of the surgeon?—Yes; but even the surgeon can obtain all that he requires, and yet one can remain, as it were, within sight of land, that is, within safe limits.

1252. The fact is that you tend more and more to produce light anæsthesia, not deep anæsthesia?—Yes.

1253. (*Sir Malcolm Morris.*) Can you give us an example?—I should be very pleased to give a very typical and a very important example, showing how one has as an anæsthetist to keep the balance so carefully adjusted as to make it sometimes rather a difficult matter. Very often in abdominal cases, of which we get a large number nowadays, there is a certain amount of inter-current shock, fall of blood pressure, pallor, and small pulse. That shock, though of surgical origin, may be party dependent upon the degree of anæsthesia. In other words, if the patient be very deeply under chloroform, if his blood pressure has been greatly reduced by chloroform, he is more liable to show grave symptoms of shock than if his blood pressure has not been greatly reduced by chloroform; because these two factors operate in the same direction. Chloroform lowers the blood pressure, and surgical shock lowers the blood pressure. The result is that in certain abdominal cases, if the patient is deeply under chloroform, the fall of blood pressure may be so great as to bring about alarming syncope, because of the two factors which are in operation. Now, in such a case as that it is necessary in the interest of the patient to reduce the depth of the chloroform anæsthesia, so that the blood pressure rises *quâ* both the chloroform and the shock; the pulse then becomes better, and one is able to keep that patient delicately adjusted perhaps for an hour at a time so that he neither moves inconveniently for the surgeon owing to the lightness of the anæsthesia nor is he so deeply anæsthetised as to suffer from alarming surgical shock. I think Sir Malcolm Morris will agree with me that that is about the best illustration I can give of what is often required nowadays in the precise adjustment of the anæsthetic.

1254. Is that surgical shock dependent upon loss of blood?—No, not upon loss of blood.

1255. On the mere fact of altering the balance of pressure within the peritoneal cavity?—Upon injury to the sensory nerve districts, as in pulling upon the peritoneum or removing a breast. In many of such cases the anæsthetist has to treat a condition which the surgeon has brought about and is responsible for.

1256. (*Chairman.*) Speaking broadly, is the risk to the patient proportionate to the length of time he is kept under anæsthesia, or not?—It often is.

1257. But not necessarily?—Not necessarily. It is a fact, for example, that in abdominal cases anything over an hour constitutes risk for the patient.

1258. (*Sir Malcolm Morris.*) Is there anything special to be said about anæsthetics in operations on the air passages, from the standpoint of adenoids, and so on, which are so exceedingly common at the present time?—Yes, they require special skill.

1259. Less anæsthesia?—Yes, operations upon the upper air passages usually require a lighter degree of anæsthesia, so that the patient may swallow and cough and asphyxia may be avoided. At the same time, in some of these cases, coughing, swallowing, or other phenomena of light anæsthesia may be inconvenient or even dangerous *quâ* the operation.

1260. That requires great skill?—Yes—a fine adjustment of the degree of anæsthesia.

1261. (*Chairman.*) Then what is the next stage—recovery, I suppose?—It should be, but sometimes the state of over-dosage is reached. If more anæsthetic is given than is necessary, toxic symptoms begin to appear, and then, if the anæsthetic is continued, the patient, of course, would succumb.

1262. Then what is the next stage—recovery?—Yes, it would be recovery.

1263. In cases of recovery, does general consciousness return before the sense of pain returns very often?—Patients vary. I could not say that it is so invariably.

1264. But sometimes does analgesia remain after general consciousness returns?—Yes, that is so; there is, generally speaking, an inverse order of things in the recovery.

1265. For instance, I suppose that a patient might recover consciousness, be put to bed, and might not feel a very hot bottle?—Yes, that frequently happens, and I have actually known stitches being put in whilst the patient was talking.

1266. The patient being absolutely unconscious to pain?—Yes, the patient being in a true analgesic state.

1267. Does not that rather throw light upon what we were discussing a minute ago, namely, that you may have very light anæsthesia, but the sense of pain will be absolutely abolished?—Yes.

1268. Have you known any instances of injury being done by nurses or otherwise from putting on applications during the time of unconsciousness?—If you include hot bottles, I think I must have come across at least a hundred such cases in my experience.

1269. And with other things, too—say a poultice? I have not come across cases of that kind.

1270. The patient feels eventually, but not at the time?—Yes.

1271. (*Dr. Willcox.*) In labour sometimes very little anæsthetic is required, is itnot?—Very little indeed; a very light form of anæsthesia.

1272. (*Chairman*) When the patient recovers consciousness, is all danger over *quâ* the anæsthetic?—Not necessarily.

1273. What is likely to happen after the patient has recovered?—Generally all danger is over, but there might be pulmonary sequelæ referable to the anæsthetic; there may be pneumonia or bronchitis following the administration of the anæsthetic.

1274. May I ask you, in an important private case, how long as an anæsthetist would you watch the case after the operation is over?—That, if I may say so, is a very important question. I maintain that the patient should not be left until the act of vomiting or coughing has taken place, or until some phonated noises have been made.

1275. Speaking?—No, it is not necessary to wait or that.

1276. (*Sir Malcolm Morris.*) A cry?—Yes, a cry of some kind; but, generally speaking, the act of vomiting or coughing should have been passed through quite safely, and the patient placed upon the side before the anæsthetist leaves the patient.

1277. (*Chairman.*) On the right side?—Preferably on the right side. That is a general statement. Of course, there might be some cases to which it would not apply.

1278. The vomiting might produce asphyxia if you are not watching it?—It frequently does. There have been a large number of cases of that kind, where the anæsthesia has been perfectly satisfactory, the patient has been left, a nurse has been told off to look after the patient, the nurse has kept her finger upon the pulse, she has not observed that the patient is not breathing, she waits until the asphyxia has killed the patient practically, then she finds there is no pulse, and sends for the doctor, and it is too late. That kind of thing has frequently happened.

1279. (*Dr. Willcox.*) And sometimes, without vomiting, the tongue may fall back and asphyxia take place?—Yes. That is an important point; because just as there are these inter-current asphyxial states during the induction of anæsthesia, so there are these states during the recovery from anæsthesia, and the patient requires to be watched just as carefully during the one period as during the other.

1280. (*Chairman.*) The external symptoms are very slight, but they mean a great deal?—Yes; in fact, one might say that the anæsthetist of the present day spends his time, or should spend his time, in looking after the patient's breathing; I mean that one has simply to watch every respiration from beginning to end. That is the true secret of giving anæsthetics.

1281. (*Sir Malcolm Morris.*) There are other theories?—Yes.

1282. What is your view about the Hyderabad theory?—I think that it is a very interesting point.

1283. We shall be glad to have your views upon it?—I might say with regard to the Hyderabad theory, if I may call it so, that chloroform is only given to a certain degree and not beyond the point at which the eye reflexes vanish. Up to that point the circulation may be disregarded, but it is frequently necessary, at all events in the surgery of London, to proceed beyond this degree, and then it is very important indeed to watch the circulation as well as the respiration. Watching the respiration applies to all stages of anæsthesia; watching the pulse, as a guide to the effects of the anæsthetic, is only necessary after the corneal reflex has disappeared; and that, I think, harmonises the Hyderabad views with our present conception.

1284. What is the cause of death, then; is it cardiac, inhibitory or respiratory?—Personally, I believe that in nine cases out of ten an element of inter-current asphyxia, often unrecognised, is the responsible factor, the circulatory apparatus, already depressed by chloroform, quickly failing as the result of the suspended breathing.

1285. Do you believe in sudden cardiac failure?—I do not believe that prior to the disappearance of the corneal reflex and whilst respiration is being freely performed chloroform ever suddenly and primarily paralyses the heart by direct action upon that organ.

1286. (*Chairman.*) But if you push the anæsthetic far enough?—Then the heart will, of course, cease, but not primarily and suddenly, as is often supposed. Disappearance of the pulse by no means necessarily indicates stoppage of the heart.

1287. (*Sir Malcolm Morris.*) You get poisoning of the centres?—Yes.

1288. Have you followed the experiments of Lord Lister about chloroform?—Yes.

1289. And you know his conclusion as to the extraordinary harmlessness of chloroform?—Yes.

1290. Is there anything special in that, so far as the present day is concerned?—I think that the effect of chloroform upon the heart, is quite a secondary matter up to the point at which the eye reflex vanishes and that the essential thing is free lung ventilation.

1291. You think that chloroform, if properly administered, in light anæthesia is an absolutely safe anæsthetic?—May I put it in this way: I think that, provided respiration be kept perfectly free under chloroform, and that the toxic stage be avoided, it is a very good anæsthetic. I cannot say that it is an absolutely safe anæsthetic, but it is a very good anæsthetic.

1292. Is it more used in Scotland than in England?—Yes, a good deal more.

1293. (*Chairman.*) There is a Scottish school, is there not?—Yes.

1294. (*Sir Malcolm Morris.*) Why should they use it more in one country than in another; is there any explanation?—It was originally used in Scotland very largely by Sir James Simpson.

1295. You think it is tradition?—Yes.

1296. But surely it must be much more than that now; tradition is nothing nowadays? — Whether the absence of coroners' inquests has anything to do with it. I do not know.

1297. (*Dr. Willcox.*) Are you familiar with Waller's experiments with chloroform on the heart?—Yes.

1298. Chloroform has a much more powerful action on the heart than ether?—It has.

1299. (*Chairman.*) A depressant action?—Yes; and it is this action which, in my opinion, explains the rapidity with which patients die under chloroform, if the breathing becomes temporarily suspended.

1300–1. (*Dr. Willcox.*) If you record the heart beats of a frog's heart placed in an atmosphere of chloroform, when the heart stops beating it never returns after air is readmitted; with ether it does?—Yes.

1302. (*Chairman.*) Now, passing from the administering of the anæsthetic, will you tell us this; perhaps it comes in conveniently here. When a mishap takes place with a patient under anæsthetics, I suppose the mishap will arise from various causes; what are the ordinary causes of death under anæsthetics?—Am I to give my own view on this question?

1303. Certainly.—Personally, I believe that in most deaths under anæsthetics there is an asphyxial factor—what I might call an auto-asphyxial factor; there is some obstruction in the air passages of the patient incidental to the administration which has complicated the anæsthesia, which has brought about the stage of asphyxia, has locked up the anæsthetic in the circulation; and the physical factor is quite as important a one as the anæsthetic factor. In other words, as a rule, it is not a purely toxic effect such as would be produced by passing chloroform below the glottis in and out into the circulation till it caused death by toxæmia, by a poisonously high percentage.

1304. It is partly mechanical?—I believe so.

1305. (*Dr. Willcox.*) Asphyxia is a strain on the heart?—Yes.

1306. And very often the asphyxia such as you describe will induce cardiac failure which will immediately cause death?—Yes.

1307. Though the main cause, you agree, is the asphyxia?—I quite agree; and the state of the circulation of the patient in my opinion is only of importance in so far as it is able or not able to withstand the asphyxial strain. If a patient has a good normal circulation he will withstand the asphyxial strain, let us say, for four or even five minutes under ether or nitrous oxide. If, on the other hand, he has a feeble circulation and a dilated right heart, then an asphyxial strain of a few seconds may be sufficient to snap the thread.

1308. And if a patient has a fatty heart, a slight asphyxial strain would be very dangerous?—I quite agree.

1309. And the immediate cause of death would be syncope?—The immediate cause of death would be syncope; but from my point of view as an anæsthetist I should say that death was one of asphyxial syncope.

1310. But the heart stops beating as the result of the asphyxial strain?—Yes.

1311. (*Chairman.*) There is one question I forgot to ask you. Do you get that after-anæsthesia vomiting in the case of nitrous oxide as well as in the case of chloroform or ether?—Practically none.

1312. But after ether or chloroform there are some objective symptoms that you have to watch; there is always a cough or sickness or some objective symptom?—Yes. The recovery from nitrous oxide anæsthesia is immediate and complete, but the recovery from other anæsthetics is in relation to the length of time of their administration; that is to say, that a patient who has been kept for two hours deeply under chloroform will perhaps remain more or less anæsthetised for one hour after the operation is finished.

1313. (*Dr. Willcox.*) And I believe morphia is given before the chloroform in some cases?—Yes.

1314. What effect may that have on the duration of unconsciousness after the operation?—A considerable effect; a patient will sometimes sleep for hours after the operation under those conditions.

1315. (*Chairman.*) Is it advisable generally to give a small dose of morphia before chloroform?—Frequently it is a very useful adjunct indeed; it allows the patient to pass over the most painful part of the recovery period in comparative comfort.

1316. Un-consciously, so to speak?—Yes.

1317. (*Dr. Willcox.*) It is used more abroad, is it not, than in England?—Yes.

1318. (*Sir Malcolm Morris.*) Would you go so far as to say that it saves some of the tortures of recovery from the anæsthetic?—Yes, it is most useful in that respect.

1319. (*Chairman*). I suppose you would give it by hypodermic injection half an hour before the operation?—About a quarter of an hour. I have used it very largely.

1320. Do you ever give nitrous oxide before one of the more prolonged anæsthetics?—Yes, I rarely give ether from the beginning; I give some other anæsthetic, usually nitrous oxide, before it, in order to save the patient the unpleasant taste of the ether.

1321. (*Sir Malcolm Morris.*) And also the struggling?—Yes, it completely eliminates that.

1322. (*Chairman.*) Is the subject of anæsthetics from the scientific point of view absolutely worked out yet, or is there more to be done?—I think there is still much to be done.

1323. By experiments on animals and observations on human beings?—Yes, I think so. By careful clinical observation I believe that quite as much will be obtained in the way of knowledge as by experimental work.

1324. (*Sir Malcolm Morris.*) In which direction is it going now in the modification of anæsthetics?—I think it is going now in the direction of simplicity.

1325. (*Chairman.*) Is the actual physiological operation of anæsthetics understood, or do we know only empirically that unconsciousness is produced by certain substances?—That is a very large subject. It is not thoroughly understood. Perhaps I may refer to a few points which may be of interest to the Committee. Snow was a great worker on this subject, and his theory was that all anæsthetics produced their effects by limiting the oxidation processes within the body; and the fact that anæsthesia may be produced by pure nitrogen (I have actually given pure nitrogen to 20 patients) is very suggestive of the validity of Snow's theory. In order to test the initial phenomena, I myself have inhaled pure nitrogen, and I find that it produces precisely the same subjective effects as nitrous oxide, ether, and chloroform. This it is a very remarkable and suggestive fact.

1326. (*Sir Malcolm Morris.*) Including anæsthesia?—Yes. The same thrilling described by Sir Humphry Davy, the same tingling throughout the body and precisely the same kind of dream that I personally get with nitrous oxide are produced by pure nitrogen. Consciousness is lost almost as quickly as under nitrous oxide.

1327. (*Chairman.*) You have taken anæsthetics yourself?—Yes.

1328. For purposes of experiment or as a patient?—For both.

1329. (*Dr. Willcox.*) How long can you keep a patient under pure nitrogen?—With pure nitrogen one rapidly gets asphyxia, but it takes a little longer than with pure nitrous oxide. One can obtain anæsthesia, however, with nitrogen even with 7 per cent. of oxygen, which is a very remarkable thing. In this case the inhalation period is longer.

1330. (*Chairman.*) Is the theory correct that, knowing the chemical formula of a given substance, you can say a priori whether it would act as an anæsthetic or not?—That has been stated, but I should not like to make such an assertion.

1331. (*Dr. Willcox.*) If pure oxygen is given bubbled through chloroform, the patient will speedily get under the anæsthetic?—Yes.

1332. But you would not have a diminution of the oxidation unless you come to the tissue changes?—May I say that what we are accustomed to regard as asphyxia, blueness of features and so on, is a late and gross event; there may be internal oxidation processes interfered with, without manitest indications of asphyxia.

1333. (*Chairman.*) Toxic effects?—Yes, toxic effects which are really of an asphyxial type but are not associated with any obvious signs of asphyxia.

1334. Does it come to this: that you may have asphyxia caused either by mechanical means or by toxic gases and vapours?—Yes; when pure nitrogen is given, and all expirations escape, the anæsthesia must be anoxæmic and dependent upon the diminished supply of oxygen to the blood and hence to the nervous system. Anæsthesia may be, and often is, a symptom of moderate anoxæmia.

1335. Now, to come to a more practical point: when you see symptoms of asphyxia, to what means do you resort to restore the patient?—Any obstruction to the entry and exit of air must be removed and air made to enter the chest.

1336. Would you begin with artificial respiration?—No, you must first of all open the mouth and clear the air passages so as to let the air into the lungs.

1337. Practically you do the same as with a person who is apparently drowned?—Yes; but under anæsthesia there are a great many little manœuvres—such as pushing the lower jaw forward, extending the head, passing the finger in and separating the tongue from the pharynx, rubbing the lips briskly—which will often relax a certain amount of spasm of the larynx. There are a great many of these little manœuvres which are frequently necessary in order to maintain a safe and equable anæsthesia.

1338. That all points rather to this, does it not, that it is objectionable if an unqualified person employs his cook or his housemaid to administer the anæsthetic?—Certainly.

1339. (*Dr. Willcox.*) It is dangerous?—I think it is.

1340. (*Chairman.*) You can get death at any stage of anæsthesia, I understand?—Yes.

1341. Not only at a late stage but at an early stage?—Yes.

1342. There is another point which you have mentioned in reply to one of our questions: anæsthetics are given in midwifery cases?—Yes.

1343. But they are not given by an anæsthetist, are they?—No, they are not as a rule.

1344. (*Sir Malcolm Morris.*) Except in very exceptional cases requiring special surgical treatment?—Exactly; apart from that they are generally given by the doctor himself or his assistant, or by the nurse.

1345. (*Chairman.*) In that case I suppose the anæsthetic is not pushed at all?—An attempt is generally made to give it in analgesic doses.

1346. (*Sir Horatio Shephard.*) Is it more given in Scotland than in England in midwifery cases?—I am not sure; I cannot say.

1347. (*Chairman.*) Is there any danger in unqualified persons giving anæsthetics in midwifery cases?—I should say that if chloroform was simply given in analgesic doses in midwifery there was very little danger; but the difficulty is to stop it at that particular point. Provided it were not given beyond that point, I should say there was very little danger.

1348. (*Sir Malcolm Morris.*) Is it a good thing to put it into the hands of the patient. The principle is that when the patient becomes unconscious she drops it?—I see no objection to the patient pumping it in by a Junker's inhaler.

1349. (*Sir Horatio Shephard.*) I have been told that administering anæsthetics to women in childbirth is far safer than in the case of any other operation. What do you say?—That I believe to be so; and there have been many explanations suggested. I think the best suggestion is that the expiratory efforts made by women in labour help to ward off any intercurrent asphyxia that may arise.

1350. (*Dr. Willcox.*) Chloroform is given much more frequently amongst the well-to-do classes than the poor in labour, is it not?—I believe that is so.

1351. (*Chairman.*) Now you have kindly given us some very interesting general information about anæsthetics, and perhaps we may come to the points on which you are more specifically going to speak. Taking the last few years, can you tell us how many deaths occur annually in England and Wales under anæsthetics?—I have brought a small chart which I thought the Committee would like to see (*handing in the same*).*

1352. Is the number increasing or decreasing?—The total number is increasing.

1353. Can you give us any figures?—I have handed round a chart compiled from the Returns of the Registrar-General for the last 40 years, from 1866 to 1905, and from that you will see that the deaths were 155 in 1905 for England and Wales, compared with 5 in 1866.

1354. (*Sir Malcolm Morris.*) Is the area the same?—Yes, the area is the same. This may be quite pari passu with the advance in surgery; it simply shows the total number of deaths registered as having taken place under anæsthetics administered for operations.

1355. And also with the increase in the population.—Yes.

1356. No percentage has been worked out?—No, it is impossible to obtain any such percentage.

1357. (*Chairman*). But in certain of our hospitals the percentage has been worked out, has it not?—Yes, but very imperfectly; and personally I attach no importance whatever to such figures.

1358. (*Sir Malcolm Morris*). In 1897 there is such an odd jump up, and then you drop again the next year. Can you give us any explanation of that?—I know of none.

1359. There is no differentiation here between different varieties of anæsthetics?—No, none whatever. They are all put together; all anæsthetics for operations.

1360. (*Chairman*). General anæsthetics, of course?—Yes, all general.

1361. There have been deaths, of course, induced by cocaine?—Yes.

1362. And stovain?—Yes.

1363. Which is a local anæsthetic?—Yes. The Registrar-General classifies anæsthetic fatalities, primarily, under violent deaths; secondly, under accidental deaths and deaths from neglect; and, thirdly, under poisons and poisonous vapours. They come under that third subheading.

1364. Do you mean that they would come under the same heading for his purposes as a case of poisoning by sewer gas?—Yes. I think, if I may say so, it is a most unsatisfactory system of recording.

1365. Have you any suggestion to make as to how deaths under anæsthetics ought to be classified?—Yes, I shall be very pleased to make some. I am talking now of deaths under anæsthetics administered for surgical operations. I think they should fall under four categories. First, all deaths referable wholly to the anæsthetic, as, for example, where the patient dies before the operation is begun.

1366. Does a patient ever die from fright?—Yes.

1367. Some people have a terrible apprehension of an operation?—Yes.

1368. That is always a danger, and a factor which has to be considered?—Yes. Secondly, deaths partly referable to the anæsthetic and partly to the state of the patient, as, for example, where the patient is almost moribund from intestinal obstruction and dies whilst inhaling the anæsthetic. There the case is obviously one partly due to the anæsthetic and partly to the patient's condition. Then, thirdly, deaths referable partly to the anæsthetic and partly to the surgical operation.

1369. You mean that the patient suffered from surgical shock even though under anæsthesia?—Yes, and very largely indeed. We get a great many of those cases, and it is unfair to put them down as purely referable to the anæsthetic. Then, again, there may be severe hæmorrhage, and in those cases I think that death should be described as partly referable to the anæsthetic and partly to the surgical operation.

1370. You mean that they are concurrent causes?—Yes. Then, fourthly, deaths partly due to the anæsthetic, partly to the state of the patient, and partly to the surgical operation.

1371. (*Sir Malcolm Morris.*) By the state of the patient, you mean the actual state of health, like diabetes or some constitutional disease?—Yes.

1372. (*Chairman.*) It may be more than that; it may be the result of an accident?—Yes.

* *See* Appendix No. 4.

1373. You may have a patient brought in who has had a terrible accident, and the only chance of saving life is an operation?—Yes.

1374. (*Sir Malcolm Morris.*) But the state of the constitution ought to be brought out; it is a factor that is left out very often?—Yes it is; there may be some general or local condition in the patient which itself threatens life.

1375. (*Chairman.*) I suppose, as regards the constitution, a patient may be suffering from some disease which will not be apparent on a mere examination made previously to administering the anæsthetic; there may be no objective symptoms of that particular disease?—Quite so; and the anæsthetic might, for example, bring about cerebral hæmorrhage, or bursting of an aneurism, or the dislodgment of a clot.

1376. Do you consider that all those deaths under anæsthetics are preventable or not?—No, they are not all preventable.

1377. With the exercise of all human skill and all human care in the administering of anæsthetics, there must always be a certain risk to life?—There must.

1378. But assuming that, in your opinion were many of the deaths that have occurred preventable?—Yes, a large number I regard as preventable.

1379. Will you kindly tell us what can be done in future, in your opinion, to prevent these unfortunate mishaps?—The first thing I believe that is necessary is that everyone who gives a general anæsthetic should have a medical education; he must, I think, have a proper groundwork of a medical education to prepare the soil upon which to sow the technical seed, so to speak.

1380. You are referring now to general respirable anæsthetics?—Yes, I think that nobody is competent to administer a general anæsthetic, whatever it may be, unless he has had some general medical training.

1381. On that, may I ask, is not provision made now for that special training; have not the General Medical Council recommended it?—No. I mean that a man must be medically qualified.

1382. That is to say (I do not know that it arises just now), we know that dentists administer anæsthetics, and very often successfully. Would there be any objection, in your opinion, to a man who is going to qualify as a dentist going through a course of anæsthetics, and then being allowed to administer nitrous oxide?—That would not be in accordance with my views.

1383. Will you give the reason for that opinion, because it is of importance?—Firstly, nitrous oxide is not suitable for every patient; as I have said before there are certain conditions in which it is specially dangerous; and medical knowledge is necessary to recognise these. Secondly, the successful treatment of such opposite conditions as asphyxia and syncope depends upon medical knowledge. Thirdly, if dentists are to be allowed to administer anæsthetics there will doubtless be a greater tendency to anæsthetise and operate single-handed, which has considerable risks. Fourthly, the need for medical knowledge is well shown by the fact that in practically all of the recorded fatalities in the hands of dentists a medical man was sent for. Lastly, the administrator may have to perform tracheotomy for a patient under the influence of gas, and for that, I think, a general medical knowledge is necessary.

1384. (*Sir Malcolm Morris.*) Has that actually occurred?—Yes, I have myself actually had to perform tracheotomy for the administration of pure nitrous oxide to a patient. It was many years ago, before I gave oxygen as I do now with gas, but I had to do it. It was the first time I had ever done it in my life, but I saved that patient's life by tracheotomy.

1385. (*Chairman.*) If a dentist was qualified as a dentist and not as a doctor, and the patient had got the permission of his own family physician, would there be any harm in the dentist administering that gas, in your opinion?—I think he ought not to administer it unless he has a medical qualification.

1386. I am presuming that he is an L.D.S.?—I think he ought not to do it; there is no practical instruction in medicine required, for the L.D.S., and no teaching in therapeutics.

1387. (*Dr. Willcox.*) You regard the anæsthetist as responsible for the preliminary examination?—Yes.

1388. And a dentist would not have the requisite training for that preliminary examination?—That is so.

1389. (*Chairman.*) Your first point, I understand, is that, as a general rule, as a counsel of perfection at any rate, a general anæsthetic should be administered only by a duly qualified man?—Yes.

1390. What is the next step?—The next thing, I think, is to improve the administrative and teaching personnel at our hospitals; that is to say, to have well educated men upon the staff at the hospitals to administer anæsthetics and to teach the students how to administer them.

1391. (*Sir Malcolm Morris.*) Is not that the case at some of the London hospitals at the present time?—It may be at some of the London hospitals, but it certainly is not the case in all hospitals.

1392. (*Chairman.*) You are speaking now of the large London hospitals, not the special hospitals?—I am speaking of the teaching hospitals.

1393. The hospitals to which medical schools are attached?—Yes. I am speaking of the necessity of having men of high academic attainments, such as there are in other departments.

1394. (*Sir Malcolm Morris.*) Is it not so now?—It is not so now. In a great many of our hospitals, I am sorry to say, the anæsthetists occupy quite a subordinate and subsidiary position. They are not even looked upon as on the staff of the hospital, although they are carrying out, in my humble judgment, a function which is quite as important to the public as that of other men who are actually on the staff of the hospital.

1395. (*Dr. Willcox.*) To be on the staff of a London hospital a man has to have the F.R.C.S. or the M.R.C.P., as a rule?—I think so.

1396. Do you think that would be desirable for an anæsthetist?—I think something of that nature would be desirable.

1397. Some higher qualification?—Yes.

1898. (*Chairman.*) Is there anything further you have to suggest?—The third reform, I think, should be that every student should undergo a thorough course of instruction in anæsthetics. At the present time the course of instruction is often inadequate. He should, I think, administer anæsthetics in about 50 cases.

1399. Under supervision, of course?—Yes; and probably half of that number should be cases of nitrous oxide. At a great many of our hospitals now there are dental departments. If there are not, there are special dental hospitals, and arrangements might easily be made so that all medical students should have a thorough training in administering anæsthetics, including nitrous oxide.

1400. Because a man in general practice in the country, of course, may at any time be called upon to administer anæsthetics?—Yes.

1401. And under very difficult conditions?—Yes.

1402. Take the case, for instance, of a man who has a limb badly crushed in agricultural machinery. I suppose that the doctor who is called in may have to administer anæsthetics and also take off the limb?—Yes; that might conceivably happen.

1403. Doing it as best he can?—Yes. Then, fourthly, the degree-granting and diploma-granting bodies should all make it obligatory for a proper course of instruction to have been received.

1404. That is to say, they should require a certificate from a school that the man seeking the qualification has passed a course in anæsthetics to the satisfaction of his teacher?—Yes.

1405. Would you apply that to the L.S.A. qualification?—Yes, to every medical qualification.

1406. (*Dr. Willcox.*) I think it is fair to say that many of the London medical schools insist on all their students going through a good course of anæsthetic training before they are allowed to go through the examinations?—That is so at several of the hospitals. There is one thing that, I am sorry to say, I omitted. Talking of improving the personnel of the hospitals, I think it is very desirable that anæsthetics in those hospitals should be administered by specially qualified anæsthetists, that is to say, by those who have had

some special course of instruction, or who are either resident anæsthetists or occupy some position entitling them, so to speak, to take on that particular function. That, I think, is only right in the interest of the public who go to those hospitals; but it also helps to send out into practice eventually men who in provincial towns will be able to give anæsthetics to the satisfaction of the surgeons in those towns.

1407. (*Chairman.*) Perhaps I have not appreciated your point. It comes to this, does it not: that you ought to have a special anæsthetist staff in the hospitals to train up students?—Yes.

1408. (*Sir Malcolm Morris.*) How would you get the anæsthetic administered by the special anæsthetist in a case that comes in late at night; is it not the custom now for the house surgeon on duty to administer the anæsthetic?—Very often; but at a good many hospitals now there are resident anæsthetists.

1409. It is conceivable that he might be occupied?—He might, but it would be his primary function to be on duty for an emergency.

1410. He might be occupied on one case. How about a second or a third?—There might be a proper rota, so that in his absence he would be represented by a house surgeon who had had special experience in giving anæsthetics.

1411. (*Chairman.*) You cannot, of course, make any provision for extraordinary cases of sudden accidents, in which you must do the best you can?—That is so.

1412. (*Dr. Willcox.*) But you think that it is very important that there should be an adequate staff of resident anæsthetists at the hospitals?—Yes. I might say in this connection that when I went to the London Hospital in 1886 there was one operating theatre; there are now five. I mention that only as pointing out the enormous advances that have been made in the number of operations; and of course to cope with them this department ought also to advance, whereas, as a matter of fact, it is very much behind. Surgery has been going forward, and this department has been lagging behind.

1413. (*Chairman.*) Now, to pass to another point, can you give us any statistics as to the use of anæsthetics by persons possessing no medical qualification?—I must say, first of all, that it is very difficult to obtain reliable statistics, because a certain number of these cases of deaths under anæsthetics are not reported, this is particularly so in private practice; but I find in 21 years, from 1888 to 1908 inclusive, 13 deaths recorded as having taken place in the hands of non-medically qualified dentists. In six of those cases nitrous oxide was the anæsthetic.

1414. Six out of 13?—Six out of 13.

1415. Does a dentist, as a rule, use any anæsthetic beyond nitrous oxide—chloroform or ether?—Yes, sometimes chloroform or ether. The important thing about these cases is that in 11 of the 13 for certain, probably almost certainly in 12, but anyhow in 11, the same man who gave the anæsthetic also operated.

1416. It is rather difficult, is it not, to watch properly the breathing of the patient for symptoms of asphyxia while pulling out a tooth or performing some operation on the jaw?—Yes; I regard that as a very important fact. Although there were not many of these deaths, yet the fact seems to me to indicate that if dentists are to be allowed to give anæsthetics without having a medical qualification, a great temptation will be thrown in their way of operating at the same time that they are giving the anæsthetic, as in these cases.

1417. (*Dr. Willcox.*) If a man operates and gives the anæsthetic, he is more likely to give an overdose in case the patient should come round too soon?—Yes, and he is also more likely to allow fragments of teeth and other things to get into the air passages. I have heard of cases where the patient has died afterwards with pulmonary symptoms; there has been no post-mortem examination, perhaps, and no inquest.

1418. (*Chairman.*) I may take it that you consider that patients who are anæsthetised by non-medically qualified persons run considerably greater risk than those who are anæsthetised by a qualified medical practitioner?—That is so.

1419. And I may take it that whenever it is possible the anæsthetist and the operator should be different persons?—Yes, I think that is very important.

1420. But you will agree that there are many cases where time is of the utmost importance, and where the medical man has to do the best he can?—Yes, it is obviously better, of course, for a qualified medical man to administer the anæsthetic single-handed than for an unqualified medical man to administer the anæsthetic single-handed.

1421. From what you have already stated, I gather that you consider that in the case of dentists, which is perhaps the most important one, they should not administer even nitrous oxide?—That is my view.

1422. Nitrous oxide, during the short time for which it lasts, having the like dangers with chloroform or ether?—No, I do not say that. Nitrous oxide is a comparatively safe anæsthetic, but at the same time there are certain conditions in exceptional cases in which it is an unsafe anæsthetic.

1423. It would not be sufficient, you think, if a dentist were allowed to operate under nitrous oxide if the patient brought a medical certificate that he was fit for the anæsthetic?—No, I think that might be of very little value, because conditions might have changed.

1424. (*Dr. Willcox.*) The anæsthetist must be responsible for the condition of the patient at the time?—Yes.

1425. (*Chairman.*) Now we come to a very practical point. Do you think that the prohibition of the practice of administering anæsthetics by future registered dental practitioners would result in any real hardship to the dental profession?—No; the registered dentists at present in practice could have no grievance, whilst the proposed legislation in future would have a tendency to raise the status of the dental profession, because it would help to stop quack practice.

1426. You mean practice by unqualified dentists?—Yes, it would help to stop quack practice, that is to say, the practice of dentists who have no dental qualification at all—who are not on the register.

1427. Does that include foreign dentists who come over here; how can they get on the register?—I am not sure whether it is possible for some of them to get on the register, but there are a good many dentists who practice in this country without being on the register. Such a dentist can now get another dentist who is also unregistered to give the anæsthetic for him. If it were illegal for anyone but a qualified medical man to give the anæsthetic, it is obvious that the practice of these unqualified dentists would become more limited—for the General Medical Council already forbids registered medical practitioners administering anæsthetics for unregistered dentists, and if the proposed Bill* became law, no other person could act in this capacity. The result of this would be the gradual elevation of the dental profession.

1428. My difficulty is the question of cost. Anæsthetists, like other people, I suppose, will not work for nothing?—No, but just as there are small fees in the country for medical attendance, there would be small fees in the country for giving anæsthetics. In provincial towns it would be possible for dentists to have gas given on certain days of the week, when it would be worth a medical man's while to come in and take a considerable number of small-fee cases at one time, whilst in cases of urgency, with a patient in pain, a medical man would, I am sure, attend if asked by the dentist who regularly worked with him. There is always a medical man near a dentist, but there is not always a dentist near a medical man.

1429. I was thinking of the very poor?—The very poor would go to the hospitals, where there are usually dental departments.

1430. That is all right for London; but how about the country?—In villages there are no dentists, of course, at the present time, and the medical men act as dentists; so that there would be no hardship to dentists there; and in small towns, as I have said, there are medical men who would be properly equipped to give nitrous oxide.

* *See* Appendix No. 3

1431. I suppose that practially anæsthetics for ordinary dental operations are only given to a class of patients who can afford to pay for it, but a very poor person who requires anything like a serious operation is sent to the nearest hospital?—Yes.

1432. (*Sir Malcolm Morris.*) Take those various advertisements you see about painless dentistry; how is it done then; do they administer the anæsthetic without medical men?—They can do so. There is nothing to prevent a quack dentist giving an anæsthetic. In fact, in one of the 13 cases chloroform was given by a herbalist to a perfectly healthy young woman, and she has died; and in another case ethyl-chloride was given by a quack dentist who did not even know what "5.c.c." meant.

1433. (*Chairman.*) I think the next point is, do the present arrangements ensure the holding of an inquiry in all cases of death under anæsthetics?—They do not.

1434. Will you give your reasons for that?—I think it has been shown by some of our coroners that, owing to imperfect systems of death notification, these cases may be entered up as having had other causes.

1435. Heart failure?—Heart failure, syncope, shock, and other causes.

1436. In your opinion, in every case of death under an anæsthetic should there be a scientific inquiry; would it have any good results in tracing out the actual cause of death and considering how far the death was preventable?—May I ask you what you mean by a scientific inquiry?

1437. I meant an inquiry conducted, in the case of a hospital, say, by the scientific staff of the hospital, and in the case of a coroner, before the coroner, assisted by a medical expert?—I think there should be such inquiry in every case in which the patient dies under an anæsthetic. It may possibly be a difficult matter even for an expert to decide how a patient has died under an anæsthetic, but it is quite impossible in the absence of expert opinion to arrive at any reliable conclusion as to the precise cause of death.

1438. I was coming rather to this point. Taking coroners' juries, such as they are now all over England, do you think that the coroner should be assisted by somebody in the nature of an assessor; or do you think that he can rely upon such experts as may be called as witnesses?—I think that in the case of death under anæsthetics, the opinion of someone who has had large experience in the administration of anæsthetics should in some way be obtained.

1439. Either by evidence or by having an expert sitting as assessor?—Yes.

1440. Have you any preference for either method?—I am afraid I am not competent to answer that question.

1441. (*Mr. Bramsdon.*) I want to ask you a question upon the point that the Chairman has just put to you. Would you not consider that under ordinary circumstances the coroner by himself would be able properly to conduct such an investigation?—I think not.

1442. I am speaking not of the cause of death but where death arose from anæsthetics?—I am afraid in looking over all the deaths that I have looked over, I see no evidence of the true facts having been put before the coroner in a large number of cases.

1443. (*Chairman.*) Or elicited by the coroner?—Or elicited by him.

1444. (*Mr. Bramsdon.*) But a coroner's inquest is not a scientific inquiry, is it?—No, it is not.

1445. It is to ascertain generally the cause of death and to see whether anyone has been guilty of crime and, therefore, should be tried for it?—Yes.

1446. Under ordinary circumstances the coroner would be able to conduct that inquiry?—So far as the absence of any criminal intent is concerned, I think so.

1447. That is the object of the coroner's inquiry?—Yes.

1448. (*Chairman.*) How about negligence.

1449. (*Mr. Bramsdon.*) If it is culpable negligence it is a crime?—I think very often there has been some negligence which has not come to light owing to the absence of technical evidence.

1450. But is it not the practice of coroners, where they anticipate some technical inquiry, to get an assessor to them at the present time?—No, I do not think so.

1451. In very serious technical cases where sufficient reason has been adduced, is it not possible to get an assessor?—I am afraid I do not know.

1452. Do you think that the matter as between life and death is of sufficient importance to have some additional scientific inquiry beyond that which is ordinarily afforded at a coroner's inquiry?—I do. I may, perhaps, instance a case, and it is only an instance, to bring this to a point—the case I referred to just now of a patient who has come round from the anæsthetic, and is then left to look after himself, so to speak, while he is still unconscious. I must say, and I am sorry to say it, but I am obliged to say that if such a death occurred I should look upon someone as negligent.

1453. (*Chairman.*) Not criminally negligent?—No, not criminally negligent, but technically negligent.

1454. (*Mr. Bramsdon.*) Are you suggesting some other inquiry than the coroner's inquiry?—No, I do not make any suggestion. I am not competent to do that. I only say that what one wishes to do is to get to the true cause of death in these cases.

1455. But I am afraid I must repeat to a certain extent my question: do not you think it possible, or even probable, that the coroner, if he is properly advised with proper assistants, might be able to effectually arrive at a proper conclusion in cases of that kind?—I think not without the assistance of someone who had specially worked at anæsthetics.

1456. Following on to Dr. Willcox's question, could he not call expert witnesses to satisfy him?—He might, I suppose; but I think an expert assessor would best meet the case.

1457. You will agree that coroners have many and difficult subjects to inquire into in the course of their career?—Yes.

1458. Would not your argument equally apply to many other cases?—Yes.

1459. And as the coroners apparently, on the whole, seem to have got through their duties fairly well, is it not fair to assume that they might get through their duty equally well on this subject?—I think they might with the best advice.

1460. That I agree?—But it must be by special technical knowledge brought to bear in order to elicit the true and immediate cause of death.

1461. Which a coroner can gather to his assistance, can he not?—Possibly, but I am not really competent to answer that.

1462. With reference to dentists, do you know how many dentists there are in the United Kingdom?—I believe there are about 5,000 registered dentists in England and Wales.

1463. And do they administer this nitrous oxide freely?—Yes, it is largely used.

1464. You could not form any judgment as to the number of administrations in a year?—I think not.

1465. Would they be tens of thousands?—I should think very likely they might be.

1466. To whom do these 13 deaths refer?—To non-medically qualified dentists; that is including both those who are not on the register and those who are.

1467. And those who are on the register, you say, were non-medically qualified for this purpose?—Yes.

1468. Thirteen deaths, over 20 years, under circumstances like that, would not be a great number, would it?—It is, I think, admitted that statistics, so far as numbers are concerned, are very unreliable. I attach more importance to the nature than to the number of these fatalities.

1469. Then, on the whole, existing dentists have administered this nitrous oxide with fairly satisfactory results?—Yes, that is so.

1470. But your suggestion is, of course, to avoid any possible question that may arise?—My suggestion is to go to the root of the matter.

1471. The whole of these anæsthetics are deadly poisons, are they not?—Yes.

1472. And, therefore, a person under an anæsthetic is really under the influence of a deadly poison?—That is so.

1473. Requiring the greatest possible care in its administration?—Yes.

1474. As you remarked, from beginning to end?—Yes.

1475. Are there other anæsthetics besides those that you have mentioned to which similar remarks apply?—Yes.

1476. On the whole, which anæsthetic is mostly administered?—Do you mean for all operations?

1477. I mean generally.—I think chloroform. I should have said nitrous oxide if you include dental practice.

1478. I meant to leave that out?—Excluding dental practice, I should say chloroform.

1479. Am I right in understanding that on the whole, and with proper care, the administration of anæsthetics is fairly safe, administered, of course, by a competent person, I mean?—I should say that everything depended upon the capabilities of the anæsthetist.

1480. You and I mean the same thing, I think. The administration of anæsthetics by a properly qualified person is on the whole fairly safe?—I quite agree.

1481. But in the converse case, in the hands of ignorant or negligent persons it is very seriously dangerous?—I agree.

1482. I suppose you have no means of letting us know the proportions of deaths from the different anæsthetics?—I do not think that anyone can answer that question.

1483. It is a fact, is it not, that the practice of coroners varies as to holding inquests in cases of deaths under operations?—Yes, it is.

1484. And those deaths are frequently mixed together with deaths under anæsthetics?—Yes.

1485. And there are many cases in which inquests are not held?—That is so.

1486. Which reduces the number of cases to which you are able to refer?—I take it, of course, that if an inquest is not held, then the ordinary death certificate is sent to the registrar, and the practitioner may or may not have been able to give an accurate account of the cause of death.

1487. (*Sir Malcolm Morris.*) Who would give the certificate?—I believe the patient's ordinary medical practitioner, but I am not certain.

1488. (*Mr. Bramsdon.*) What I mean is, do you know of your own knowledge of cases where a certificate has been given when the death may have been due to the effects of the operation or the anæsthetic, or the operation and the anæsthetic combined, in which neither the operation nor the anæsthetic has been referred to?—Not in my own personal experience; but I do know that there have been such cases.

1489. You have reason to believe that there are such cases?—I have every reason to believe that those cases are not uncommon.

1490. With regard to the draft Bill which we have before us?—Yes.

1491. Does it correctly meet your views as to what is desirable in the shape of a Bill?—Yes.

1492. So that one person can administer the anæsthetic and perform the operation?—Under certain conditions.

1493. I mean that legally there is nothing to prevent its happening?—Legally there is nothing.

1494. Supposing this Bill becomes law, I mean?—That is so, because one has to provide for doctors in the country, who are called upon suddenly to meet such emergencies.

1495. And you do not suggest, for the purpose of legally dealing with this matter, anything further?—No.

1496. Do you think these words are all necessary? Do you think they go beyond what is the usual practice?—I think they are necessary.

1497. That is to say, "inhalation or otherwise any "drug or substance, whether solid, liquid, vaporous, or "gaseous, and whether pure or mixed with any other "drug or substance"?—Yes.

1498. You thing they are all necessary?—I think so, because they are meant to provide for any possible contingency in future. A drug might be discovered that was a solid anæsthetic, and it would then be included.

1499. (*Sir Horatio Shephard.*) The Bill as it is drafted goes beyond the question of the administration of chloroform and such like things; the expression is "to be administered to any other person by inhalation "or otherwise any drug," &c.—would that cover morphia?—No, because that is not given by inhalation, and it is not given with the object of producing unconsciousness for any medical or surgical operation, act, or procedure.

1500. It would cover stovain?—No; it applies to general anæsthetics or agents given with the object of producing unconsciousness.

1501. It does, but stovain is used, for instance?—As a local anæsthetic, not for producing generalised insensibility. The Bill is a Bill for regulating generalised anæsthesia.

1502. It might be explained by an interpretation clause, then?—Yes.

1503. (*Chairman.*) Would not the Bill meet with less opposition, and would it not raise less points if for the present you confined the Bill to general anæsthetics, and defined general anæsthetics simply as general respirable anæsthetics?—They are defined in the memorandum to the Bill.

1504. (*Sir Horatio Shephard.*) The Bill itself leaves it rather obscure?—It does; but the idea was to make it as concise as possible.

1505. (*Chairman.*) But you can make it more concise if you use the expression "general anæsthetics," and then add the interpretation, "general respirable "anæsthetics"?—Some anæsthetics may be given, and have been given, by the rectum. The term "respirable" would therefore not be sufficiently inclusive.

1506. Passing from that, how would you propose to obtain reliable statistics as to deaths under anæsthetics?—I think that in some way or another all hospitals should hand over their statistics of normal administrations, or those statistics of normal administrations should be obtained from them, so that it would be possible to say in those hospitals that during a certain number of years so many anæsthetics had been given with so many deaths under ether, under chloroform, or under other anæsthetics; and in that way we should be able to watch the effects of any reform that we might introduce.

1507. Would you require any returns from private practitioners?—I do not think it would be possible to get them. I think it would be very much better to utilise the returns from our hospitals.

1508. To what authority do you suggest they should be sent—to a State authority or to a medical authority?—Personally I think that if the hospitals were invited to send returns they would do so.

1509. But to whom should they be sent?—To the Registrar-General, so that he would be able to draw up a table showing that at certain large hospitals so many anæsthetics had been given during the year, and so many of the deaths referred to in his main table had occurred at those institutions, and that would act as a means of obtaining the death rates and watching the death rates under different anæsthetics. I may say that I have not carefully thought out the actual machinery of this, but the principle is that the hospital statistics should be utilised for this purpose.

1510. There is no medical society, like the Royal Society of Medicine, that has attempted anything of the kind?—No, I think not.

1511. You do not think that they would be a better body to do it?—I am afraid I cannot answer that question.

1512. Is there any further point you would like to bring before us?—I think not.

1513. (*Sir Horatio Shephard.*) With regard to what Mr. Bramsdon asked you, do I rightly understand that you think that some tribunal other than the coroner would be the best to arrive at a satisfactory conclusion as to which class a death from anæsthetics should be referred to?—I think that there should be an assessor to the coroner who should have had a special experience in administering anæsthetics, and that the coroner should decide whether, in his opinion, it is necessary to hold a full inquest with a jury. A great many of these cases might be settled with such an assessor and

with other expert evidence, such as that of an expert pathologist, but without a jury. I think this would have a threefold advantage. In the first place it would not be quite so public; that is to say, there would be less chance of the Press taking up these cases and alarming the public by their publication; secondly, unnecessary distress to relatives and others would be avoided; thirdly, the evidence obtained would be much more serviceable, much more valuable, and much more scientific.

1514. (*Chairman.*) As a warning for the future how to avoid mishaps?—Yes.

1515. (*Sir Horatio Shephard.*) You would not take it away from the coroner altogether?—No, not altogether, but, as I say, I think it would be rather better not to have a jury in such cases.

1516. (*Sir Malcolm Morris.*) But you think there should be such an inquiry in every case of a death from anæsthetics?—In every case there should be an inquiry, and certainly a post-mortem examination.

1517. (*Chairman.*) In the case of a death under anæsthetics, does the post-mortem show the cause of death?—Not necessarily; in fact, usually not, but without a post-mortem one cannot be certain that the death may not have been from natural causes.

1518. From cerebral hæmorrhage, for instance?—Yes, and that must be excluded before the cause of death can be attributed to the anæsthetic.

1519. (*Sir Horatio Shephard.*) The difficulty, as I understand, that Mr. Bramsdon had in his mind was, that an inquiry such as you suggest would be going beyond the proper functions of the coroner. It does not matter to the coroner under which of your four heads it is put, although from a scientific point of view it is exceedingly important?—Yes, but some coroners have expressed their views as to how patients have died under anæsthetics, and have criticised the systems at present in force; and under such circumstances it seems to me that we must supply them with proper evidence.

1520. But if the tribunal, whatever it is, has to go into these questions, that rather points, does it not, to some tribunal other than the coroner?—Yes, I think that is a very important matter.

1521. (*Chairman.*) As the law stands at present the coroner has to supply the Registrar-General with the exact cause of death, has he not?—Yes. This is part of a very wide question, as to whether deaths under anæsthetics are really unnatural deaths, and if they are, whether deaths from operations should not also become the subject of a coroner's inquest. That, I am afraid, I am not prepared or competent to deal with; but dealing with the law as it at present stands, provided that the coroner has to inquire into these deaths, the lines I have suggested, I think, would be most suitable.

1522. There is one question I forgot to ask you. Has the Section of Anæsthetics of the Royal Society of Medicine expressed itself as favourable to the proposals of the Bill?—Yes.

1523. Has it been brought before the general body of the Society?—It has. I think a resolution was sent up to them, and it rests with the Council at the present time.

1524. Have the Royal College of Surgeons and the Royal College of Physicians been consulted in any way as to this Bill?—Not officially, I believe.

1525. Have you had any communication with the Scottish or Irish authorities? Have they expressed any opinion on the Bill, because the Bill would apply, of course, to the whole of the United Kingdom?—No, I think not.

1526. You do not happen to know, do you, whether in any foreign country there are restrictions on the use of anæsthetics by unqualified persons?—Curiously enough, in last week's "British Medical Journal" I noticed that the German Government are at the present time promoting a Bill restricting unqualified practice, and amongst the various things that are under consideration is this question of general anæsthetics. It is proposed to include general anæsthetics in that Bill, so that they can only be administered by qualified persons.

1527. (*Mr. Bramsdon.*) We regard you, of course, on this subject as being at the head of the profession?—It is very kind of you.

1528. I do not know whether you can give me some more information upon this point. You told us that you had administered anæsthetics in over 3,000 cases in one year without a fatality?—Yes.

1529. Might I go a little further than that? Can you give us any idea in how many cases you have administered anæsthetics in hospitals?—I am afraid I cannot.

1530. Would it be many thousands?—Yes, many thousands. I have kept no record of the actual number.

1531. I do not know whether I am asking too much if I ask you whether you have ever had a mishap at all in those hospitals?—During the whole time that I was at the London Hospital I had no mishap, and I was there 15 years; and I have not lost a patient under anæsthetics for 19 years.

1532. Was that in hospital?—I am now including all cases.

1533. So that with skill and care the proportion of deaths under anæsthetics would be reduced to a minimum?—I believe so.

1534. As a coroner, I am rather interested in this point. Do I rightly understand that the post-mortem appearances in these cases are usually those of asphyxia?—Frequently they are.

1535. You would not say usually?—No, I would not say that; but unfortunately it does not follow that because a patient has died from asphyxia that signs of asphyxia are found; and I am told—I speak under correction now, but I am told by eminent pathologists—that it is often impossible, in fact usually impossible, to say from the post-mortem appearances whether the patient has died from syncope or from asphyxia.

1536. May I just follow that up. Supposing that a post-mortem examination was held on the death of a person who has died from the administration of chloroform, what particular appearances would you expect to find?—I should say that there were no post-mortem appearances which would indicate that the death took place simply and solely from the toxic action of chloroform.

1537. Then how could you come to a definite conclusion as to the cause?—From the absence of other causes of death, and from the description of the symptoms of the patient at the time of the death. That is to say, in all these records of deaths under anæsthetics, the symptoms observed and noted have a definite significance to anyone who is accustomed to meet with difficulties under anæsthetics.

1538. I wish you would tell me what those symptoms are?—Very often, of course, there are evidences of obstructed breathing, the patient becoming blue in colour or very stertorous in breathing.

1539.—That is during life?—I am talking of during life.

1540. I was asking as to the post-mortem appearances?—I do not think my opinion is of much value there, but, so far as I am aware there are no characteristic appearances in death from anæsthetics. Of course if a patient has died simply and solely from asphyxia, say, under nitrous oxide gas, the right side of the heart is generally found very full and the left side empty, which are the ordinary signs of simple asphyxia; but in a great many cases there are not those signs.

1541. Have you any experience of post-mortem examinations under such circumstances?—I have not had much experience of post-mortem examinations after anæsthetic fatalities.

1542. Perhaps, then, you would hardly be able to express a sufficient opinion?—I think I should consider myself as incompetent.

1543. I think you have already answered this question. When a patient is under anæsthetics he requires continuous watching from commencement to finish?—Yes, continuous watching.

The witness withdrew.

Mr. DUDLEY WILMOT BUXTON, M.D., B.S., M.R.C.P., examined.

1544. (*Chairman.*) I believe you are Anæsthetist to University College Hospital?—I am, and I am also Consulting Anæsthetist to the National Hospital for Paralysis and Epilepsy, Queen's Square, and Senior Anæsthetist to the Royal Dental Hospital.

1545. And you are a past President of the Society of Anæsthetists?—Yes.

1546. And for many years of your professional life you have devoted yourself to the administration of anæsthetics?—I have.

1547. What is your opinion as to deaths under anæsthetics coming under the heading of unnatural deaths?—That is rather a difficult question for me to answer. I can only say that lawyers with much more authority than I have are doubtful upon the point.

1548. Some coroners, I believe, hold that it is their duty, in every case of a death under anæsthetics that is reported, to hold an inquest, while other coroners hold that they have a discretion?—Quite so. I take it that no death is natural except when you die in your bed from old age; a man who even dies from measles dies an unnatural death.

1549. But still you have more human intervention in the case of a death under anæsthetics?—In some cases, yes.

1550. (*Sir Horatio Shephard.*) How do you distinguish between that and an operation?—Deaths after surgical treatment are probably "unnatural" deaths, as are also those of patients under any form of medical treatment.

1551. (*Chairman.*) Do you know what is done in Scotland?—I know this much, that they have a private inquiry by the Procurator Fiscal.

1552. Does that work well, so far as you know?—I believe so.

1553. Is there any special means by which he gets expert advice and help?—I believe that he can call in an assessor—whether he does so in all cases I am not sure, but I am under the impression that he always has an assessor.

1554. When an inquiry takes place into a death under anæsthetics, I think you say that there are two distinct questions involved?—Yes, I have put it in that way.

1555. Would you say what they are?—My first heading is, whether the death was actually due to the anæsthetic.

1556. Due to it with or without other causes?—Yes. Then a further question is: was the anæsthetic given for a lawful purpose and by a person qualified to administer it?

1557. In your opinion are the existing coroners' courts a satisfactory tribunal for dealing with those two questions?—If I may say so with submission to those who are present, I should say, as a rule no. They may be in capable hands, but you cannot legislate for everybody, and in some cases the inquiry is a farce.

1558. What would you suggest as a better inquiry into the cause of these deaths?—I think that there ought to be someone, either an assessor or an expert present, to assist—either an officer like the Procurator Fiscal or the coroner.

1559. Do you think that a jury is of any use or not in these cases?—They are quite useless. The advantage of having the Procurator Fiscal is that he would probably have a wider experience in all cases brought before him, and he would get the hang of the thing better than a man who has comparatively few. I do not, of course, mean to say for a moment that many coroners do not do their work extremely well, but they do it without regard to the jury; they tell the jury what verdict to come to.

1560. We know that there are some 360 coroners, and we also know that some of them receive the magnificent salary of 4*l.* a year?—What can you expect?

1561. The jury, of course, naturally have no knowledge of the medical questions and medical terms, and the proceedings in a delicate inquiry of this kind must be absolute Greek to them?—Absolute Greek.

1562. So that the whole matter turns on what the coroner says to them?—Entirely.

1563. Therefore, the coroner by himself would be a more satisfactory tribunal?—Much more satisfactory, but it would depend upon the coroner's knowledge.

1564. Especially, in your opinion, if he was assisted by a medical assessor?—Yes, with adequate knowledge of the subject.

1565. An expert assessor?—Yes

1566. Would there not be this difficulty about an expert assessor? You have got about 360 coroners, and you would require a considerable body of men available for going about the country if you are to have an expert inquiry in each case of death under anæsthetics?—Of course, without the figures before one, one would not know how much time would be involved in it. It is a question, of course, whether all cases would have to be inquired into. The duty of the coroner I believe is to ascertain the cause of death. If this involves crime the jury return a verdict in that sense. In most cases of deaths under an anæsthetic the issue is clear, and the question of crime is absent. An informal inquiry made by the coroner with expert help such as most hospitals could supply, or made by some person expert in such cases, and reporting to the coroner, would rapidly establish the nature of the case, and avoid the waste of time and public money incident to the present system, and would abolish the garbled newspaper reporting, which is undoubtedly a danger to the public. Such a scheme would save the coroner's time as well as that of other people. If the evidence was unsatisfactory the formal inquest could be held. On one occasion a death occurred, and as the patient had had an anæsthetic an inquest was held. The patient had succumbed to a severe operation, and no question of poisoning by the anæsthetic was present. This fact had been communicated to the coroner before the inquiry. However, the inquest was held, and everybody connected with the case, except the surgeon, who was really the chief person concerned (although not in any sense open to blame) was subpœnaed! That case was put to the jury as a death from the anæsthetic, but the coroner was reminded of the medical evidence, and then advised a verdict more consistent with the facts of the case. I have heard of several similar cases, and these indicate to my mind that coroners do not as a rule possess sufficient technical knowledge to make them the best judges in such inquiries. I hold also that these public inquiries into deaths under anæsthetics are unnecessary and involve vexatious loss of time to hospital authorities, and a waste of public money.

1567. You mean that if the coroner by a preliminary inquiry decided that it was not necessary to hold an inquest, you would not then require the assistance of a medical assessor?—That is so.

1568. Have you any opinion upon this point about which Dr. Hewitt has been telling us—whether unqualified persons ought to be allowed to administer anæsthetics?—What do you mean by "unqualified"?

1569. First of all, take the pure layman (I exclude the dentist for the moment), the bonesetter, the herbalist, the amateur doctor, and the quack?—It is extremely dangerous. They ought not to be allowed to do it.

1570. The risk to the patient is great, you think?—Great

1571. Is it your opinion that, as a general rule, when it is possible, the person who administers the anæsthetic and the person who performs the operation should be different persons?—Certainly, I feel strongly upon this point.

1572. That is to say, that while the attention of the anæsthetist is required to be fixed on the effect of the anæsthetic on the patient, the surgeon has to attend to his own special work?—He should do so.

1573–4. I may ask you, with regard to dentists, do you agree with what Dr. Hewitt said on that point, that only medically qualified dentists should be regarded as qualified men in the sense that they should be allowed to administer nitrous oxide gas, not ether or chloroform?

—I think it would be a hardship on the men themselves and a great inconvenience to the public if they were not allowed to do it. I think also that it would lead to their employing other agents, which I think would probably be more dangerous.

1575. You refer to local anæsthetics like cocain?—Yes, and it would probably lead to worse results than their using nitrous oxide.

1576. (*Sir Malcolm Morris.*) What qualification are you thinking of?—The L.D.S. I think would be a sufficient safeguard, if they were properly taught.

1577. Are they?—Oh yes, as a rule. I think that point ought to be made clear. That is why I think it is most important that the second part of the Draft Bill which has come before you at the instance of Dr. Hewitt should be emphasised. I understand that the feeling is to drop it. I think it is the most important of the two—the education clause; because, obviously, if you restrict the giving of anæsthetics to a certain body of men you do so upon the assumption that those men are capable of doing the work and are properly educated. A medical man as a medical man is no more fit to give anæsthetics than a porter at this office, unless he has had a special training and teaching in the methods of using anæsthetics.

1578. (*Chairman.*) Dr. Hewitt had two points on that, upon which I should like to know your opinion. In the first place, we put to him the case of a dentist receiving instruction in the administration of anæsthetics, and he said, Well, yes, you could teach no doubt the class of dentists to administer anæsthetics, but they would not have the necessary medical training to determine beforehand whether the patient was fit to receive the anæsthetic, and what anæsthetic it was right to employ in that particular case. What do you say to that?—I think that is met in this way. In the large majority of cases, if the patient is at all not strong, and it is likely to have any bad result, the medical man in the case would warn the patient, or would warn the dentist. As a matter of fact, nitrous oxide is such an extremely safe agent that I think there is no danger of any trouble arising from its use.

1579. Dr. Hewitt mentioned to us nine cases of deaths under nitrous oxide administered by dentists, in which he said, I think, that in all the cases the man who administered the anæsthetic was himself also the operator: what is your opinion with regard to that?—I think it is a wrong system. I think that no one, whether a medical man or a dentist, ought to operate under those circumstances.

1580. He might be obliged to do so in exceptional cases?—That is so.

1581. But dental operations not being very urgent ones, you think that no dentist ought to be allowed himself to administer the anæsthetic and also to perform the operation?—I quite agree to that.

1582. Then if one man is to do the operation and another man is to administer the anæsthetic, is it not better to have a qualified medical man to administer the anæsthetic?—It is better [but you cannot always get him], provided always that the medical man knows how to administer it. In many cases the ordinary medical man knows less about giving gas than a dentist does.

1583. You think that nitrous oxide on the whole is a very safe anæsthetic?—Yes, I think so. It is given an enormous number of times by Dick, Tom, and Harry without any bad results.

1584. You yourself, no doubt, are perfectly familiar with the administration of nitrous oxide?—Yes.

1585. Do you use it constantly?—Yes, I have used it hundreds of thousands of times.

1586. And you think that no special skill is required in administering it?—Certainly, some special skill is required, but I think it is easily acquired.

1587. (*Dr. Willcox.*) Do not you think it is better for the anæsthetist to be personally responsible for any fatality to a patient who has taken an anæsthetic?—Certainly.

1588. (*Chairman.*) But you do not think it is practical in the case of the poor?—No, I think not in the case of the poor, and in remote districts.

1589. You think that one cannot legislate for counsels of perfection, but must legislate for ordinary conditions of life?—Quite so. I have no doubt that the ideal thing is to have Dr. Hewitt to give gas to everybody.

1590. Or Dr. Dudley Buxton. In your précis of evidence which you have kindly given us, you say that a case of death under anæsthetics is a case for a court of experts, and that most of the cases that are decided at present as deaths due to anæsthetics would by scientific investigation be shown to have been deaths under anæsthetics, and not due to it?—Yes, in many cases.

1591. And that you say could only be elucidated by an expert inquiry?—I say best elucidated.

1592. Would it meet your views if the coroner held his present inquiry for what I may call the rough and ready purpose of seeing whether anybody was to blame, and if some scientific inquiry was held into the other matter?—Quite, provided the inquiry was merely into the question of fact—the cause of death, and without a jury. I also think it would be made best in camera.

1593. For instance, by experts on a hospital staff?—Yes.

1594. That is done at present, is it not, in some hospitals?—I am not aware.

1595. What is the course, for instance, at University College Hospital when a death occurs under anæsthetics?—The matter is reported to me as the senior anæsthetist, and I inquire into it and report it to the medical committee, and state whether I consider that the death was due to careless administration or whatever the cause might be.

1596. Whether it is due to preventable or unpreventable causes?—Yes.

1597. And in any case what was the exact cause?—Yes; and whether any blame is to be attached to anybody.

1598. Is any record of that kept that is available for scientific purposes afterwards?—Yes; since I have been attached to the hospital I have had a record kept of all cases, whether ordinary or attended with any fatality.

1599. Dr. Hewitt suggested to us that it would be valuable in the interests of medical science that some authority should have a return of all anæsthetics administered in public institutions, stating what were the anæsthetics and the cause of death in case of any mishap, so that you would get a large body of statistics showing the relative mortality by different anæsthetics, and the particular causes of accident in individual cases. What is your opinion with regard to that?—It would involve an enormous amount of labour, would it not?

1600. Would it be scientifically worth it, in your opinion?—I am a little doubtful. It depends entirely on how the statistics are prepared.

1601. (*Dr. Willcox.*) Are not records kept at most hospitals of the anæsthetics given?—I do not know about most; there are some, I do not know how many.

1602. (*Sir Malcolm Morris.*) Surely they would be valuable data?—Yes, they would be useful data.

1603. Whatever the result of the statistics may be, that is another matter, but surely they would be useful data for the purpose of separating the causes?—I am quite in accord with Dr. Hewitt in saying that all hospitals ought to have the cases carefully recorded, and I am also in accord in saying that those data should be accessible, if need be, upon request to the hospital authorities. I only differ in so far as that I doubt whether it would be possible to have all those data from the different hospitals sent to some central body, because I think it would simply mean that we should have statistical figures and nothing else, which would be of no value unless you had the actual notes of the cases.

1604. (*Chairman.*) You would have the actual notes in cases of accident, but you would find, for instance, so many thousand cases of chloroform and no deaths from chloroform?—Yes, but even there it is open, of course, to criticism because it depends so much upon who gives it.

1605. You mean that there are personal factors which no statistics can show?—I think so.

1606. Which vitiate mere figures?—Yes.

1607. As regards proceedings before coroners in the case of deaths under anæsthetics, you think that the questions asked a medical witness are sometimes unfair?—I think that one particular question is unfair. I have armed myself with one of the forms.

1608. What form do you refer to?—I will hand it in (*handing in the same*).* It is question 20 I object to. That form is employed, I believe, by some coroners, I do not know how many.

1609. It is not an authorised form?—No, but it is commonly used.

1610. Where a death occurs under an anæsthetic some coroners issue a list of questions to be filled up by the anæsthetist or the surgeon who performs the operation?—By the anæsthetist.

1611. Do you know which coroners issue those questions and under what authority they issue them?—I do not know how many employ that form. The matter really came to my notice a good many years ago now, when I was discussing the value of statistics with Dr. Danford Thomas. He asked me then to draw up some schedule of questions, which I believe at the time I did, and whether this particular schedule arose out of what I wrote I do not know.

1612. At any rate, some coroners in the case of deaths from anæsthetics send a list of questions to be answered by the anæsthetist?—I may mention that this Form appears in "Taylor's Medical Jurisprudence." It is quoted, and the editor, I think, draws attention to that particular question.

1613. Which particular question?—No. 20.

1614. Will you kindly read the question to which you object?—"In how many cases have you given "anæsthetics previously? If any fatal cases, say how many."

1615. That means to say, that supposing a man has given anæsthetics in three cases, and in one case he has had the misfortune, which might happen to anybody, to lose the patient, the inference might be drawn that he had lost 30 per cent. of his patients?—That might happen.

1616. You think that is a thoroughly objectionable question to ask?—I do, because, as I have pointed out in my précis, supposing a man were convicted for manslaughter upon it, or supposing an action for civil damages was brought against him afterwards?——

1617. For negligence?—Yes, upon that evidence.

1618. Then counsel may make the observation: "You have lost 30 per cent. of your patients"?—Yes.

1619. (*Sir Malcolm Morris.*) What is the motive for the question?—To make the questions uniform, I think.

1620. (*Chairman.*) May I ask whether the object of the question is for the coroner to be able to determine whether to hold an inquest or not, or would that answer come before the jury?—You are asked to hand this Form to the coroner at the time of the inquest.

1621. These are questions to be asked at the inquest?—Yes. "Please hand to coroner at inquest." I fancy it is largely used in London.

1622. (*Mr. Bramsdon.*) There is no obligation to fill this Form up of course?—No, but many young hospital men do not know that.

1623. (*Chairman.*) Besides, the question can be asked at the inquest?—Yes.

1624. Is there any further point to which you desire to call our attention?—I do not think so. I have spoken about the proposed Bill.

1625. You agree with the proposed Bill?—Only with certain modifications.

1626. With this exception that you think that future as well as existing dentists might be allowed to administer nitrous oxide if they had had a training?—I also think that the scope of the Bill ought to be enlarged so as to include the employment of other than general anæsthetics.

1627. Local anæsthetics?—Local anæsthetics and injections.

1628. You get into very awkward questions then, do you not?—I am afraid that you always do if you try to legislate.

1629. Would you prohibit a dentist from using cocain for operations on gums?—No, not a qualified dentist.

1630. You would not prevent a man doing this. He gets something into his eye; he goes into a chemist's shop and asks the chemist to put in a drop of cocain by means of a camel's hair brush and get the thing out?—I should not object to that, though that, of course, is unqualified practice.

1631. It is the patient who does it?—I should object to his injecting it into the tissue round the eye.

1632. When you come to putting these points into the terms of a Bill you raise a lot of questions which you have no intention of dealing with?—It occurs to me, that the whole difficulty can be met by merely saying, "general anæsthetics, or those employed for "the purpose of alleviating pain at the time of an "operation."

1633. But I rather understood you to say that you wished to extend it to local anæsthetics?—Yes.

1634. Used for the purpose of alleviating pain at the time of an operation?—Yes. I think it is very important that stovain injection should be included.

1635. Surely nobody but a qualified medical man would think of using stovain?—It is quite possible.

1636. Stovain has to be injected into the spinal canal or under the skin. May I ask you on this point, do you think that as knowledge progresses local anæsthetics, such as stovain and eucain, are likely to supersede general anæsthetics?—I should think not entirely.

1637. Not entirely. I suppose you could never use a local anæsthetic for operations on the brain or even anywhere near the throat?—No.

1638. (*Sir Malcolm Morris.*) But general anæsthetics might be superseded by local anæsthetics for ophthalmic operations very considerably?—Yes, very largely.

1639. (*Chairman.*) At any rate, you think it is necessary to make some provision for local as well as general anæsthetics?—Yes.

1640. But if you cannot get everything, do not you think it would be a step in advance if unqualified persons could be prevented from using general respirable anæsthetics?—Certainly.

1641. (*Mr. Bramsdon.*) You have read this draft Bill, I take it?—Yes.

1642. It only deals with cases where a state of unconsciousness is produced?—Yes.

1643. So that it would not apply to local anæsthetics?—No, that is my point.

1644. You want to go further than that?—Yes.

1645. (*Sir Horatio Shephard.*) I do not quite understand about the position in which you leave the dentist. You want to allow the dentist to use anæsthetics, but yet you say he ought not to administer them himself. Is that the point?—No. It is in this way. I think he should administer them himself, certainly nitrous oxide, but I do not think that either a dentist or a medical man should be allowed to operate and give the anæsthetic unless there be an over-riding circumstance of urgency compelling him to do so.

1646. That applies to dentists?—And to medical men too.

1647. Must there be two dentists then?—Yes.

1648. One to give the anæsthetic and one to operate?—Most of these men in the country have partners, you know.

1649. (*Mr. Bramsdon.*) You agree, I take it, that dentists on the whole do administer nitrous oxide with success?—Absolutely.

1650. And that there have been very few mishaps in the very considerable number of cases in which it is administered?—Yes.

1651. I want to quite clear up this question about the coroner's inquest. I gather that for the purpose of ascertaining whether there is crime—that is, whether a person has been guilty of any negligence or is to blame

* *See* Appendix No. 5.

—you consider that the coroner's inquest is sufficient?—Yes, although even in this case an expert's help is needed.

1652. You want, as a step in addition to that, a scientific inquiry into the more scientific side of the question?—Yes, that is the main thing, to decide whether the death was, as regards the anæsthetic, *post* or *propter*.

1653. That is an extra inquiry to the coroner's inquiry?—That is a very difficult question to answer. You see what frequently happens, so far as one can judge from reading the papers, is that a case is put down as a death from an anæsthetic which occurs under an anæsthetic, and I think that the distinction between the two is not usually brought out by an uninstructed coroner.

1654. That evidently shows that the inquiry is not so complete as it ought to have been?—Yes.

1655. If we could ensure fuller and more detailed inquiries, that would probably meet the case?—Yes.

1656. You do not suggest that in place of the coroner there should be some other authority holding an inquiry?—I am afraid that I am rather inclined to advocate that.

1657. You want to do away with part of the coroner's duty in holding inquiries into a case of death and to put it into the hands of sombody else?—Yes in this particular connection.

1658. Is not that rather impracticable?—I do not know whether that comes within the purview of my opinion, if so, I should think some better constituted court of inquiry could be made practicable.

1659. With regard to keeping the records in hospitals, do not you think that doing so would to a certain extent act as a preventive—that more caution would be required?—I have already said that I think all cases ought to be recorded.

1660. And you think that by proper records being kept it would prevent the occurrence of mishaps?—I should hope that is true, if the mishaps were due to carelessness.

The witness withdrew.

Adjourned to Friday next at 3 o'clock.

NOTE.

At the conclusion of this day's sitting the Chairman intimated to Dr. Buxton that the Committee would be glad, if by way of supplementing his answers to the questions put to him, he would read the evidence given by Dr. Hewitt, a copy of which the Secretary would send to him, and state how far he agreed with it. Dr. Buxton has accordingly read Dr. Hewitt's evidence, and has submitted the following memorandum :—

MEMORANDUM by Dr. DUDLEY BUXTON.

(The Numbers are those of the Questions and Answers in Dr. Hewitt's Evidence.)

1181. As a matter of fact anyone can act as a physician or surgeon and perform any of their functions, but may not act as an apothecary—provided he does not misrepresent his status. This raises the point—would the proposed Bill protect the public, or will it not merely promote the interests of a section of society—the medical men? At present a death under an anæsthetic, whether the anæsthetic is given by a layman or a medical man, involves the charge of manslaughter, and in the case of the medical man it further may lead to one of malpraxis. This issue has been raised. In the first case the decision arrived at has been decided upon evidence as to whether or not the person undertaking the duty of giving the anæsthetic had used to the utmost of his power what knowledge he possessed. The really important issue, whether any layman can possess knowledge sufficient to give an anæsthetic safely, has never been discussed in court. I acquiesce in the view that special training and knowledge are required, and that for the protection of the public the ordinary untrained layman should not give an anæsthetic. The medical man is presumed to know his business, giving anæsthetics being regarded as a part of that business, and is held criminally responsible if a death arises through causes over which the medical man has had control. It is this contention which bulks largely in considering the adequacy of the present system of enquiry into such fatalities in coroners' courts. I am not convinced, however, that the *personnel* of these courts is such as to ensure a satisfactory verdict. I deal with this matter in my evidence.

1194. This statement, although true, needs very much more elaboration to express the truth accurately. I should demur to it in its present form.

1199 *et alia*. There are various points raised in the evidence brought before the Committee concerning the action of the anæsthetics which do not accord with the views of many observers. For example, there exists a marked difference as regards the effects of carbonic monoxide (CO) and nitrous oxide as regards the blood. The former associates itself firmly with the red colouring matter of the blood (hæmoglobin) and prevents the necessary conveyance of oxygen from the air to the blood, while nitrous oxide on the other hand associates itself so feebly with the blood corpuscles as to offer no impediment to oxygenation whenever air or oxygen is admitted to the lungs.

1219. This is true only when the smoker is suffering from nicotine poisoning and all smokers are not so afflicted.

1223. The mouth mask must be removed in order to clear the field of operation. When "gas" is given by a nasal mask, this is kept in position throughout the whole operation.

1237 *et seq.* Admirable as is this exposition of a difficult subject, I think it is necessary that it should be clearly understood that it does not present the matter from the standpoint of all scientific observers, nor, I presume, is it meant to do so. It is important to speak of anæsthesia as connoting a state when consciousness to painful sensation is totally in abeyance. "Light" or "complete" anæsthesia may be regarded as "inadequate" and "adequate," the latter suggesting that anæsthetists do at times employ "incomplete" or "inadequate" anæsthesia. Such is not the case. It is best to avoid these phrases in order to prevent this obvious misconception.

When the profundity of the action of the drugs upon the tissues of the body, and especially of those of the central nervous system, is referred to, it is best, I think, to speak of "light" or "profound" "narcosis." The stages of anæsthesia thus become degrees of narcosis and are usually regarded as divisible into five (*more* Snow) in England, three in France (Dastre).

It may perhaps assist the lay members of the Committee if I attempt to elucidate some of the evidence by giving a brief account of what modern science recognises as the procession of events in chloroform narcosis.

Chloroform vapour enters the lungs, is absorbed by the blood and conveyed through the large pulmonary vessels to the heart. This organ pumps the blood, now laden with chloroform, throughout the body. The first organ supplied is the heart itself, as the first branches given off from the main vessel, the aorta, are the coronaries which supply the heart muscle with its necessary blood. As the heart unlike other organs never rests, it is most important that it should be properly fed with blood.

As soon as the tissues of the body are bathed in chloroform laden blood they become narcotised—for example, the nervous system is put to sleep, the higher centres, those concerned with consciousness first, but in series all become affected until those in the lower brain which control life, the centres presiding over respiration and circulation, at length are narcotised and life ends. In normal anæsthesia the tissues give off the chloroform and the venous blood conveys it back to the lungs from which it is exhaled. The intake at first exceeds the output, then they become equal, later the output is greater than the intake. Chloroform differs from other general anæsthetics in being a tissue poison. It not only narcotises, it can absolutely destroy nerve and other tissues rendering functionation at first to

cease and then to be impossible of resumption. The whole question of safe chloroformisation is one of dosage. A certain percentage produces anæsthesia, a higher percentage deadens or paralyses the vital centres (respiration and circulation). Interference with respiration, the "asphyxial factor," produces two disabilities; it lowers the vitality of the tissues by depriving them of the recuperative oxygen, and so renders them more easily destroyed by chloroform or other narcotics, and by interfering with "output" tends to accumulation of chloroform in the circulation. It establishes a vicious circle. The heart muscle is starved of oxygen and drugged by chloroform and venous blood, and so its function is deranged, also the controlling centres. A sudden high percentage of chloroform conveyed to the heart can absolutely paralyse it, as also the higher nerve centres. Hence we return to the necessity of dosage and methods which ensure the accuracy of the percentage of chloroform which is presented to the organism. The art of the anæsthetist consists in his appreciation of these laws, the variation in type in patients, and his ability to adapt his dosage to the individual and to the necessities of the different steps of an operation. The moral of course is that teaching technical to the art is necessary. Nitrous oxide narcosis is a simpler affair, and although requiring skill and experience it does not jeopardize life to the same extent as does chloroform. I do not wish to imply that chloroform is necessarily dangerous. If rightly handled and accurate methods are pursued its dangers may be brought to a minimum, but science and not haphazard is required.

The whole question of reflex movements under anæsthetics is most important, and I am glad Dr. Hewitt has pointed out that in the case of chloroform, at all events, the unskilled or unlearned person may, and probably will, destroy life while endeavouring to control movements which to the inexperienced appear to be voluntary or sub-conscious, but are in fact the result of nervous interaction. The extinction of these is only accomplished when respiration and circulation are brought to a standstill and life is destroyed.

1285. This answer appears to me to be at variance with much of the experimental and clinical knowledge which we now possess. Of course free performance of respiration predicates absence of overdose. Of course if no overdose is given, no toxic symptoms will arise. As regards the action of chloroform on the heart we know, and Simpson believed, that a highly concentrated vapour of chloroform can be absorbed from the lungs, carried by the coronary arteries to the heart substance and cause sudden death by heart failure. A similar result follows vagus action when high percentages of chloroform vapour are inhaled.

1290. Even so it is the heart that kills. Failure of respiration can in most cases be corrected; when the heart stops, the final issue is death.

1303. While everyone recognises the dangers of permitting an "asphyxial factor" in giving chloroform, it is generally recognised that a flood of light has been thrown within the last few years upon the subject by physiological experiment. We now appreciate the fact that chloroform influences nervous and muscular tissue, and directly as its concentration varies. Below a certain percentage chloroform, as such, is practically safe, above that percentage it is always dangerous and may be deadly. It is assumed that the necessary precautions are taken which ensure free breathing, *e.g.*, posture and so on.

1323. Here I should like to say that all our reliable knowledge of anæsthesia is derived from physiological experiments. That clinical observation may be useful I am prepared to admit, but it is always crippled by two limitations: (1), since by its methods the individual factors at work in producing a result cannot be studied individually, as can be done by the experimental method; and (2) the interpretation of clinical notes is a blend of the minds of the men who observe and the man who interprets, and the *idée fixe* often unconsciously dominates one or all. The theory that anæsthesia is produced by lessened oxidation of the tissues in the sense that Snow enunciated it is not a sufficient working hypothesis. Anæsthesia can co-exist with complete oxidation of tissues. The question is still *sub judice*.

1325. The question of nitrogen acting as an anæsthetic I will not discuss, but I wish to point out that nitrogen, like all indifferent gases, belongs to a wholly different category to nitrous oxide as far as anæsthesia is concerned. This I showed experimentally some 20 years ago.

1347. It was a belief at one time that women in parturition and young children enjoyed immunity from danger as regards anæsthetics. This has been proved to be a fallacy, as both women and young children die readily if overdosed. Dr. Hewitt justly remarks that if small quantities are used and are properly diluted the danger is slight, but the whole point is that the untrained administrators do not appreciate what is a small quantity and what is due dilution, and, in the case of the woman, yield to her semi-unconscious iteration, "Give me more chloroform," and give it in such a way as to permit of unsafe concentration of the vapour.

1352. I think that we have no evidence to show that deaths due to anæsthetics are more numerous and are increasing in frequency. I admit the proof of the converse is equally difficult to sustain. The reason why such deaths appear to be more numerous are, (i) many more operations under anæsthetics are done nowadays, and yearly grow more numerous. The rank and file of the profession are now better trained and skilled in surgery, and perform a very large number of operations. (ii) Cases of extreme gravity, those which a few years ago would have been left as inoperable, are now dealt with in our hospitals as well as in private; many die, some are saved. In the past all or most of such persons would have died. Take appendix cases for example. (iii) The Registrar-General now schedules these cases of deaths under anæsthetics, although probably loosely, under heads which reveal their nature. (iv.) Medical men in hospitals and in private report and publish most fatal cases. It is impossible to decide this point unless one can obtain an accurate return of all cases in which anæsthetics are administered. In 1891 I was asked to speak upon anæsthesia at a meeting of the British Medical Association, and I then advocated an investigation into the *normal* as well as the *abnormal* cases of anæsthesia. A committee of the Association was formed, and Dr. Hewitt subsequently became a member of it. The classification of cases given in Dr. Hewitt's answers, 1365 *et seq.*, is the one which this committee formulated, and it is probably the best. 25,920 cases were examined and reported upon and published by the British Medical Association in 1900. I was led to push forward such an inquiry by the fact that when I was asked to go to India—(I eventually declined to go, and Sir T. Lauder (then Dr.) Brunton went to Hyderabad)—and represent the "Lancet" at the Hyderabad Commission, I recognised that to bring home to the clinician the results of experimental work, it would be necessary to compare experimental results with the experience obtained in practice. I therefore, at the instance of the "Lancet," drew up a clinical report, which was published in 1893. I mention these reports because they were of the nature of a general registration of statistics of anæsthetics given, but were necessarily very incomplete in the sense that those who supplied information did so voluntarily, and the difficulty of dealing with even a few thousands of cases convinced me that a national record, however desirable, would present great difficulties in execution.

1379, 1386, *et passim*. As regards the question whether dentists who hold the L.D.S. should administer anæsthetics in dental practice. The arguments advanced to support the contention that dentists shall be precluded from employing anæsthetics are that (1) dentists are not educated, it is alleged, to fit them for such a responsibility; (2) that they are in this sense a danger to the public.

(1) I find upon referring to the calendar of the Royal College of Surgeons, England, that the obligatory subjects for the L.D.S. diploma outside purely dental matters include (*a*) lectures on anatomy; (*b*) lectures on physiology; (*c*) a separate course of practical physiology; (*d*) a course of lectures on surgery and demonstrations on operative surgery; (*e*) a course of lectures on medicine; (*f*) dissections of the human body during twelve months; (*g*) practical surgery and clinical lectures during twelve months. These courses

are all taken at a recognised general hospital, and are the same as those attended by the ordinary medical student, although the medical student is compelled to take hospital practice for a somewhat longer time. The dental student is examined upon all of the above subjects. I have looked through the examination papers set in the Royal College of Surgeons, England, examination for the L.D.S. diploma which have been set for the last ten years, and find that some knowledge has been expected from dental students upon the subject of anæsthetics and the dangers arising during dental operations under these agents. Thus in May 1904 it was asked, "Describe the operation of laryn-"gotomy and give the indications for its performance;" in November 1900, "Describe the operation of tracheo-"tomy. What difficulties may be met during the "operation?"; in May 1907, "What are the dangers "incident to the administration of anæsthetics for "dental operations? How may they be met?" I find also that the pharmacology of cocaine has been asked; that the dental students are expected to recognise such conditions as "post-nasal adenoid growths"; tumours invading the buccal cavity; diseases of the heart, of the liver, and of other organs; syphilis and general diseases. It must appear then that Licentiates in Dental Surgery of the English College of Surgeons are expected to know the essentials of anæsthetics as far as the specialty of dentistry is concerned and inferentially are qualified to administer them. In their special hospitals they see nitrous oxide given every day and have to operate on patients who are under its influence.*

It is a curious fact that medical students have been less questioned upon the subject of anæsthetics during their professional examination. It is only within the last few years that they have been compelled to attend classes giving instruction in the uses of anæsthetics. It is lamentable to have to record that even now many of the degrees and diploma granting bodies do not compel candidates for qualifying degrees or diplomas to give evidence of any acquaintance with anæsthetics.

(2) The statement (1413, *et seqq.*) that six cases of death under nitrous oxide have occurred in 21 years where dentists administered "the gas" hardly supports the contention that it is a public danger for dentists to give nitrous oxide (1398). I am quite in accord with the suggestion that only specially trained men should employ anæsthetics other than nitrous oxide, and I should go further and should object to even a medical man employing them unless he had been properly trained in this branch of his duties. I should insist upon a special certificate of proficiency such as is at present required for vaccination, and should safeguard the public by stringency in granting such a certificate. I think also the training of dentists as regards anæsthetics should be made universally more thorough and uniform. The present attitude of the teaching schools of medicine is that students are so harassed by the multiplication of subjects that, unless these authorities are compelled by external pressure, they will not make anæsthetics a living item in their scheduled curriculum.

1395, *et seqq.* I heartily agree. I think the anæsthetist should be of the same professional status as the physicians and surgeons. An important point has been raised with regard to the fatalities mentioned. It is that in 11 cases of the 13 cited, one and the same man administered the anæsthetic and operated. This is commonly done by medical men as well as by dentists, and is most dangerous. Frequently it cannot be avoided, but if the practice can be prevented, saving of life will be effected. I could cite cases which have been published when death resulted from this practice even where an experienced medical man was concerned, but the fact is well known.

There are two great perils to the public; the giving of chloroform by dangerous methods for dental operations, and that of employing powerful analgesics by injections into the tissues, and I think both of these might be and would be resorted to if dentists were not allowed to use nitrous oxide. Very many country practitioners employ chloroform rather than "gas" as being more portable, and few possess the apparatus for giving "gas." Indeed, I fear many hospitals are not provided with such apparatus. I am informed by the firms who supply unqualified dentists that nitrous oxide is being employed less than formerly, while local analgesics are being used more largely every day. I consider this constitutes a real danger to the public at large, since few know the subtle peril of such injections.

1417. I think this statement ought to be corroborated by reference to specific cases, especially if it is implied that the danger is one particularly liable in the practice of dentists. I submit that what Dr. Hewitt has heard is not evidence, and should not be admitted to tell against the dentists. I have seen cases published of such accidents, although they are not necessarily fatal, when the anæsthetic has been carefully administered by one person—sometimes a medical man—and the operation done by a skilled and highly qualified dentist. I take it the Committee should have specific cases of such accidents given to it when a non-medically qualified dentist operates after anæsthetising the patient. The practice is of course highly reprehensible, but I have failed to find evidence other than hearsay that serious and fatal accidents have been common as a result of the practice.

I do not condone the practice—I reprobate it—and would make it illegal for anyone, whether dentist or doctor, except when grave emergency could be advanced as an excuse. Even then the *onus probandi* should rest with the anæsthetist.

1425. I have gone into this matter very carefully, and from what I can gather from leading dental practitioners in London and the provinces, and from the secretary of the British Dental Association, the feeling is that the proposed Bill would, if passed, prove a great hardship to very many men, and would in no way raise the status of their calling. The unqualified men would not be affected, as they would either use local injections or send their patients to a hospital for extractions before fitting teeth. It would further react unjustly upon the men qualifying after the passing of the Bill, as such could not administer any anæsthetics, and those qualified before its passing could do so. This would *ipso facto* give the latter a spurious appearance of being better qualified, and react very prejudicially upon the former class.

1522. The Section of Anæsthetics of the Royal Society of Medicine expressed a unanimous dissent to unqualified persons giving anæsthetics. Some members were not convinced that the suggested legislation would prove effectual, and so were not in favour of promoting the Bill. Some were in favour of L.D.S. men being allowed to administer nitrous oxide, but no other anæsthetics. Some members wished the exclusion of L.D.S. diplomates from this practice altogether. All were in favour of increased facilities for teaching their art to those who give anæsthetics. The objections urged against the draft Bill were that those who wished to evade its provisions could readily do so by pleading emergency, and that it would be practically impossible to obtain convictions when this excuse was advanced. It was also shown that "information" of infringement being left to common informers would render the Bill inoperative, except in the very rare occasions when a fatality occurred, and that such an occasion is at present provided for by common law. Objection was also taken to the exclusion from the provisions of the suggested measure of the use of dangerous local analgesics. These it were pointed out were becoming very often used, and would certainly obtain a greater vogue if general anæsthetics were prohibited in the practice of dentists. The Royal Society of Medicine as a whole has not expressed either assent or dissent to the proposed Bill. It has made no pronouncement upon it.

1534. The only value of post-mortem examination in these cases is that it reveals whether causes other than the anæsthetic caused death, *e.g.*, a sponge or foreign body in the air passages, vomitus in the lungs, aneurism or enlarged thymus pressing on the trachea. The effects of anæsthetics are not shown by specific morbid changes a few hours subsequent to death.

* In June 1909 the R. Coll. Surg. Eng. has made it compulsory upon all candidates for the L.D.S. Eng. that they shall receive practical instruction in the administration of nitrous oxide.

At the Home Office, Whitehall, S.W.

SIXTH DAY.

Friday, 26th February 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S. Edin.
Sir HORATIO SHEPHARD, LL.D.
Mr. ARTHUR THOMAS BRAMSDON, M.P.
Mr. WILLIAM H. WILLCOX, M.D.

Mr. J. F. MOYLAN (*Secretary*).

Mr. HERBERT THOMAS HERRING, M.B., B.S. (Durham), M.R.C.S., called in and examined.

1661. (*Chairman.*) You, I believe, are Medical Referee to the London Cremation Company?—Yes, which works both the Woking and the Golder's Green crematorium.

1662. I think there are one or two points to which you want to call our attention?—May I say that since the first cremation took place in this country in the year 1885 there have been about 7,264 cremations. Of these some were performed before the Cremation Act, 1902, and some after. Out of this total I have personally inspected the certificates in 3,300 cases.

1663. Perhaps you will kindly tell us shortly what your duty is as medical referee?—My duty is to examine the certificates placed before me, as directed by the Regulations* made by the Secretary of State under the Cremation Act, 1902, which came into force in April 1903, and to see that all are in order.

1664. What are those certificates?—First of all there is a statutory declaration which is signed by the executor, administrator, or the next-of-kin of the deceased, which requests cremation. Then there are two medical certificates, one as a rule by the practitioner who attended the deceased, and a second certificate which is given by certain qualified medical men who are defined in the Act or nominated by myself, or in certain cases I can give it myself, and lastly the certificate of registry of death.

1665. What is the object of the certificates?—To prevent crime.

1666. To be sure of the cause of death, and to see that no crime is concealed by the fact of cremation?—Yes.

1667. And it is your duty to examine all those certificates?—It is my duty to examine them and to see that they are in order.

1668. Do you ever have to go further and inspect the body?—I do not inspect the body myself, or very rarely; I have power to do so.

1669. In any instance that has come to your knowledge have you ever had reasons to suspect crime and to withhold your certificate?—No, I have never withheld my certificate, but I have reported cases to the coroner. I must now base my evidence on those cases that have come before me since the Cremation Act came into force. Since then there have been 2,325 bodies cremated at Woking and Golder's Green, of which 11 have been referred to the coroner. This is after the certificates have come before me, sometimes people have applied to the coroner previously and he very likely has made inquiries.

1670. That is in case of sudden death?—Yes, that may be so; but in the 11 cases referred to, the certificates have come before me apparently in order; that is the burial certificate, *i.e.*, the certificate of registry of death, the application by the next-of-kin and the two medical certificates; all have been put before me, and then I was not satisfied, and I appealed to the coroner. In 4 cases he made an investigation and said that no inquest was necessary, but in 7 cases, notwithstanding the fact that the certificate of the registry of death had been issued, he held inquests.

1671. What were the results of these inquests?—They were various; some of the deaths were due to accident. But there is no doubt these 7 cases would have been buried without difficulty on the registrar's certificate had it not been for the cremation authority. Therefore if those figures are any criterion, and taking the death-rate in London at 70,000 per annum, there are at least 210 people buried every year on the registrar's certificate in London alone on whom inquests should have been held.

1672. Is it your duty to communicate with the coroner under the regulations?—I believe there is no compulsion about it. It is part of my duty.

1673. It is part of your duty as a citizen and a medical man?—Yes, but I do not think there is any Act that compels me to do it.

1674. I think you wish to call our attention to a difficulty which arises in the case of a person dying abroad and the body being brought to England and the relatives desiring cremation?—Yes, it is impossible under the Act to cremate that body. The Custom House officer at the port of landing may examine the package and say what is in it; it is not incumbent upon him to report the landing of a body to any authority who could inquire as to the cause of death.

1675. But there are rules and regulations on the subject, are there not?—There may be, but all I say is that the general rule, so far as I know, is that there is no inquiry made in this country. The Custom House officer may know that it is a body, as certificates may accompany it.

1676. Have you ever seen the Custom House rules?—No, I have not.

1677. May I hand you a copy (*handing the same to the witness*), and may I ask you to read the rules out?—"Packages containing corpses may be landed and "passed without examination or entry (but on a written "request or baggage sufferance, if reported). In all "cases it is necessary that the certificate of the civil "registrar of the place where the death occurred be "produced, stating that the body is being removed for "interment." I do not know what the civil registrar means.

1678. That refers to foreign law, the person who exercises corresponding duties to our registrar here?—Quite so, "There must also be produced the certificate "of the British consul, which may be either separate "or endorsed on that of the civil registrar. Such "packages, when accompanied are not required to be "reported, being treated in like manner as private "effects, but in practice they are usually reported "(often as 'a casket')." "When the consul's certificate "is separate from that of the civil authority, it is to "be retained and attached to the ship's papers, but "when the consul's certificate is indorsed on that of "the civil authority, the surveyor is to certify that "the certificate has been produced, and that he is "satisfied. The certificates of the registrar and "medical officer being required at the place of inter-"ment are not to be retained by the Customs officers." "In the absence of the usual proofs by certificate, an "order of the Board is necessary to sanction the

* Statutory Rules and Orders 1903, No. 286.

"delivery of the package without examination." "In "the event of the arrival of a package containing a "corpse, accompanied by a certificate of death from a "foreign authority, not countersigned by a British "consul, the collector (in London, and in Liverpool the "inspector), provided the officers are satisfied of the "*bona fides* of the transaction, may allow delivery on a "deposit of 2*l*., pending production of the consular "certificate, when, if satisfied, the deposit may be "returned." I had not seen those rules, but that does not give me the certificate of registry of death.

1679. And you mean that you cannot act without it?—I cannot act without it. It is definitely laid down in the Cremation Act, 1902, or rather in the Regulations* made under it in April 1903. There is a Regulation allowing certain modifications of the strict requirements in the case of remains coming from abroad, but these modifications are of no use because you cannot cremate without the certificate of registry of death.

1680. Your point would be met by an alteration of the law, making the certificate of registry of death include the certificate from the foreign registrar?—Yes, it could be done in that way.

1681. But at present you say that a body coming from abroad cannot be cremated under the Cremation Regulations?—It cannot be cremated for that simple reason. Before the Cremation Act, bodies coming from abroad were cremated; for instance, at the time of the war, two distinguished officers were cremated in this country, for one of which we certainly had no certificate of registry of death. If a body is landed in this country it is nobody's duty to register the death, and more than that, the registrar cannot register the death because the person does not die within his district. I cannot get a certificate, and, so far as I know, it is the practice that these bodies are buried without any medical investigation or recognised equivalent certificate so far as this country is concerned.†

1682. In fact, as the law stands at present, anything may be done with such a body except cremate it?—That is so.

1683. It may be buried or embalmed, put in a tower or anything else, but it must not be cremated?—That is so.

1684. Have you any suggestion to make as to the forms that ought to be required for your purpose?—I think that all bodies that come from abroad, whether from death at sea without the radius, or brought from a foreign country, should be reported to the coroner.

1685. Who would then exercise his discretion as to whether he should hold an inquest or not?—Yes, and if he does not hold an inquest should give a certificate which must be handed to the burial or cremation authority, which would allow them to bury or cremate.

1686. But you would have all cases of corpses brought into the country reported to the coroner?—Yes.

1687. That would create an unnecessary delay and difficulty in burying, would it not?—I do not think so. I do not think any great length of time would necessarily elapse before the matter was reported to the coroner.

1688. I mean that there would have to be delay in the Custom House pending the coroner making inquiry as to the certificates that came with the body?—Yes.

1689. (*Sir Malcolm Morris.*) You mean the coroner at the port of arrival?—Yes.

1690. To turn aside for a moment, is your Society Sir Henry Thompson's?—I am not speaking for the Cremation Society at the present moment. I am speaking as medical referee. I am registered at the Home Office for the two crematoria at Woking and Golder's Green.

1691. They have nothing to do with the Society?—Woking is really owned by the Society, but it is supervised by the London Cremation Company as to all the working details. I am not appointed by the Society as referee, but by the London Cremation Company. I am a member of the council of the Society to which you refer, that is the Cremation Society of England; which is the parent of the cremation movement in this country.

1692. (*Dr. Willcox.*) Is one of your difficulties the obtaining of the certificate of death in the case of a body coming from abroad?—No, that is not a difficulty. It is the impossibility of obtaining the certificate of registry of death. I am allowed by other regulations under the Cremation Act to accept the evidence of certain people from abroad, but I must have a copy of the certificate of registry of death.

1693. You would have no difficulty about getting the two medical certificates?—I have had no difficulty in getting such evidence as is demanded by the Cremation Regulations.

1694. (*Chairman.*) Or as is required by the Customs' Regulations. Would not that be your suggestion?—No I cannot take anything but the certificate of registry of death.

1695. If the rules were altered, I mean?—Yes, but you could not have the Customs' Officer, who is not a medical man.

1696. He would simply produce to you the certificates that he received with the body?—I get these medical certificates, but they are no good without the certificate of registry of death.

1697. (*Mr. Bramsdon.*) I want to quite understand your views with regard to the suggested report to the coroner. A case could be reported to the coroner now of course under Number 6 of the Cremation Regulations, and if he held an inquest, his certificate in the prescribed Form E would really meet your requirement, would it not?—If he gives it me in Form E it is quite right.

1698. You do not wish to go further than that, do you? I take it that if a body comes from abroad, you suggest that it should in all cases be reported to the coroner, so that he can make preliminary inquiries?—Yes.

1699. And if he was satisfied he could give a certificate?—Yes, a certificate the form of which has to be decided.

1700. Do you know what is done in cases of deaths in lunatic asylums?—No, I am not conversant with it.

1701. You do not know that all deaths in lunatic asylums are reported to the coroner?—I understand so.

1702 And the coroner makes some inquiry?—Yes.

1703. Or even with no inquiry, if he is satisfied from the report, he gives a tentative certificate, a sort of preliminary unofficial certificate?—Yes.

1704. That would meet your case, would it not?—No.

1705–10. You do not want the coroner to hold an inquest?—No, I suggest that the coroner should be empowered to issue a certificate, when he does not hold an inquest, which the medical referee should be entitled to accept in lieu of the certificate of registry of death. As the law stands I cannot accept anything else but Form E from the coroner after inquest.

1711. You said just now, in reference to those two medical certificates that you yourself may give one of them?—I may give the second.

1712. In that case do you see the body?—Yes.

1713. You practically go through all the form of an ordinary practitioner?—Yes.

1714. As to the cases that you report to the coroner, those I suppose are cases in which you think there is some irregularity in connection with the death?—Yes.

1715. Such as accident or injury?—Not necessarily that; but if the evidence before me on these certificates is not sufficient from the knowledge that I have of medicine to justify me in cremating that body, I report the case to the coroner.

1716. You are not compelled to do that?—No, I am not compelled by any statutory requirement.

1717. But you ought to be compelled?—I do not say that.

1718. It is advisable?—I do not think so. I think it should be left to the discretion of the medical referee. Where I am in doubt it is not my bounden duty to do it.

1719. (*Chairman.*) The existing regulation as to the circumstances in which the Medical Referee is to

* Statutory Rules and Orders 1903, No. 286.

† Subsequently to giving evidence, Dr. Herring wrote to the Registrar-General with reference to this point and submitted the following extract from the Registrar-General's reply:—"Deaths abroad or at sea beyond the limits of any "English registration district, are not registered in England "unless they are the subject of coroners' inquests. In no "case, therefore, can a 'certificate of registry' of any such "death be issued by a registrar in England."

decline to allow a cremation is not exhaustive. Number 12 of the Cremation Regulations is not exhaustive?—Yes, I think it must be left to the discretion of the medical referee. I do not think he should be bound.

1720. (*Mr. Bramsdon.*) You want to extend the provisions of Regulation 12 somewhat?—No, I do not, I think it is much the best to leave that as it is to the medical referee's discretion.

1721. (*Sir Horatio Shephard.*) What sort of a certificate generally comes with a corpse that is brought from abroad—from the Continent say?—I cannot absolutely say, but they give you all kinds of information.

1722. You do not know?—Medical and consular certificates. We have refused eight cremations. I have had the papers before me.

1723. (*Mr. Bramsdon.*) Can you give us any idea as to how many cases you get from abroad?—I have refused this last year, I think, three or four.

1724. But how many do you get in a year?—More than that I should say, because applicants are informed at once when applying to the cremation office that it is impossible to cremate a body dying abroad without an inquest, and consequently they take no steps. Relatives are frequently much distressed that they cannot carry out the wishes of the deceased as to cremation, simply because the person happened to die abroad.

1725. (*Chairman.*) There is another point to which you wish to call our attention, about persons dying from habitual excess of alcohol. You have some suggestions to make as to that case. What is your point there?—People dying from excess of alcohol, not infrequently from an over-dose in the final stages, are practically poisoned. I think that some rules or regulations should be laid down for the guidance of the registrar, as to whether he should report such cases to the coroner.

1726. I suppose that the Registrar-General can do that?—I do not mean the Registrar-General; I mean the local registrar who registers the death.

1727. Would not the proper authority to make such regulations as you suggest be the Registrar-General, and would it not be sufficient to call his attention to the point?—Yes.

1728. (*Sir Malcolm Morris.*) For him to give instructions to his own officials not to accept?—Yes, that would meet the point.

1729. (*Chairman.*) I take it that any representation from you or any other authority on the subject would receive consideration?—Very probably, but I think that a rule for the guidance of the registrar might be advisable. As medical referee such cases come before me. I have had two recently which were both rather flagrant.

1730. What was the cause of death?—It was alcoholism no doubt.

1731. But what was the cause of death certified?—I think pneumonia. I have not got the certificate before me.

1732. (*Mr. Bramsdon.*) Do I rightly gather that in those cases that you have reported to the coroner, you have had a certificate from the registrar?—Yes. The certificate of registry of death.

1733. Then they have gone through the registrar's hands before they get to you?—Yes, I am obliged to have the certificate of registry of death.

1734. Notwithstanding that, you have still reported 11 cases to the coroner?—Yes, but I did not report all these on account of alcoholic habits, the reasons for reporting were various.

1735. And in seven there has been an inquest?—Yes.

1736. Which would look upon the face of it as though the information that you obtained through the registrar has not been quite sufficient?—It is very unsatisfactory.

1737. When were those cases; have they been recent?—Since the year 1903—five and a half years ago.

1738. I do not know whether you know that some more stringent regulations have been issued by the Registrar-General to his officials within recent years. Would it be before or after that?—I do not know when they were issued. I have had one case within the last six months, December 1908.

1739. (*Chairman.*) But your present point is important as bearing on the law of death certification rather than on the law of coroners?—I think it bears on both.

1740. Your next point, I think, is as to coroners holding inquests on the charred and unrecognisable remains of persons who have perished in a fire?—Yes.

1741. You say that no authority is given to them to hold an inquest on a purposely cremated body?—That is so.

1742. But that they may hold an inquest on an accidentally cremated body. Is there any authority for that?—I have been told so. The Cremation Act of course came into force since the Coroners' Act, and I have been asked by a coroner as to whether the ashes of a person are remains.

1743. You mean to say that difficulty arises because an inquest must be held *super visum corporis*?—Yes.

1744. It cannot make one pin's head of difference whether a person is burnt in an accidental fire or is burnt by cremation?—I quite agree, but I think it should be definitely defined that the coroner can hold an inquest on ashes.

1745. (*Mr. Bramsdon.*) I take it that when you get the charred remains you are still able to afford some means of identification and even some evidence regarding the body?—Yes, you are. You have perhaps pieces of clothes.

1746. What I mean is that if you get a portion of a body as the result of charred remains, you can tell whether it is a male or a female?—You might be able to do so.

1747. And probably the age?—You might.

1748. And with surrounding circumstances you would be able to get sufficient information to prove that the charred remains are the remains of a particular person who has been burnt in a fire?—Yes.

1749. So as to connect the whole together?—Yes, you might, but where you get several people burnt beyond recognition in one room. It would then be extremely difficult to say exactly to which person the ashes belonged, yet an inquest has been held under such circumstances.

1750. There are cases and cases, are there not?—Yes.

1751. I am speaking from experience in this myself. You may get three or four bodies burnt in three or four different rooms, and you may be able to get charred remains sufficient to identify each and all?—Yes.

1752. But there may be other cases in which it may be different?—Yes, for instance an explosion.

1753. Is it not a fact that coroners are not expected to hold an inquest unless some proper means of identification can be shown, and that is the reason why there is considerable doubt as to holding inquests on ashes?—That is so.

1754. (*Dr. Willcox.*) Do you have the ashes carefully kept after a cremation?—Yes, if they are left with the cremation authority they are by the Act I believe told to bury them in a portion of the ground set apart for that purpose. A person may bury ashes wherever he may think fit; there is no law on the subject.

1755. And in that case there would be no means of identification?—No.

1756. But if the ashes are left with you?—If they are put in the columbarium, of course they are numbered and registered and are there in perpetuity.

1757. And the same ashes could be obtained say in 20 years' time?—Exactly the same; there is no alteration.

1758. (*Mr. Bramsdon.*) Following on that, each body is cremated by itself, is it not?—Yes, though if I knew of two bodies that were going to be cremated at the same time, there is no reason why they should not be cremated together.

1759. But they are generally cremated singly?—Yes.

1760. (*Chairman.*) Otherwise the ashes would get mixed?—Yes.

1761. (*Mr. Bramsdon.*) Therefore you can get identification really of the ashes?—You would know that you had the ashes of two people together.

1762. I mean if you keep them singly?—If you keep them singly you know whose ashes they are.

1763. Have you ever had a case in which, after a body has been cremated, an inquiry has been wanted into the case?—Never.

1764. Therefore we may take it as a conclusive fact that after all your cremations there has been no suspicion whatever as to foul play?—I have never heard of any; but at the same time I think that, as cremation is growing rapidly, provision should be made for that.

1765. You want to be more careful?—Yes.

1766. (*Chairman.*) Your next point is that there is a difficulty in cremating a body when a person dies without medical attendance; that is to say, falls dead at a railway station, say?—Or he may be in the country where no one has medically attended him at all. From the Registrar-General's Report for 1907, 8,000 people were buried in England and Wales alone without any medical certificate.

1767. What is your suggestion?—I cannot obtain the medical certificate. I may cremate if a post-mortem examination is held, although the law is not very clear on that point.

1768. But still, as a matter of fact, if the post mortem was satisfactory to you, you would give your certificate?—I should be doubtful. To obviate this trouble I would suggest that it should be the coroner's duty on application of the friends and relatives of the deceased, who desire that the body shall be cremated, either to hold an inquest and afterwards to issue the certificate in Form E as he has power to do; or to issue a certificate which can be accepted by the medical referee in lieu of the medical certificates in Forms B and C. The medical referee can then allow cremation provided that the coroner's certificate is accompanied in the usual way by the certificate of registry of death and the statutory declaration.

1769. (*Mr. Bramsdon.*) If cremation were universal you would have the coroner inquire into all cases?—Yes.

1770. That would be carrying it rather far, would it not?—Yes; but some inquiry as to the cause of death would be necessary if the body was to be cremated.

1771. (*Chairman.*) Would it not satisfy you if the case were reported to the coroner and he exercised his discretion as to whether to give you a certificate with or without an inquest?—Yes, if the law allowed me to accept that certificate.

1772. You have some comment to make, I think, on the relations between the coroner and the medical referee. What is your suggestion in regard to that?—When the medical referee reports a case which has come before him to the coroner, it is not incumbent upon the latter to take any notice of the communication.

1773. (*Mr. Bramsdon.*) There is no legal obligation you mean?—That is so.

1774. (*Chairman.*) It is like anybody else, any other medical man reporting a case to the coroner?—Yes.

1775. (*Mr. Bramsdon.*) In point of practice though, would not the coroner make inquiries?—Yes, but he does not inform the medical referee; the latter is left in total ignorance as to what is taking place.

1776. Have you ever had a case in which you have reported it to the coroner and he has not caused inquiry to be made and the case has been properly dealt with?—He may have done so, the medical referee has no official knowledge of the fact. This also places him in some difficulty with the relatives as to whether the cremation is to be postponed or not.

1777. Is it not rather a point of practice? What I mean is this: the coroner to whom the report of a death is sent, invariably, in all cases in my experience, makes inquiries and decides whether or not an inquest is necessary. If an inquest is not necessary he communicates the fact to the friends or relatives, or to some person, say the undertaker. You want him to communicate with you?—I want him to let the medical referee know officially.

1778. That could be done in the same way as in the cases I mentioned about the lunatic asylum?—Yes, that is what I suggest.

1779. Perhaps you do not quite know the practice in the case of death at a lunatic asylum?—No, I do not. I know that they are reported to the coroner.

1780. In all cases of death at a lunatic asylum, are you aware that a notice is sent by the medical superintendent to the coroner, specifying in detail all the information which would be sufficient to satisfy the registrar, and then asking the coroner if he decides to hold an inquest?—Yes.

1781. And the coroner then either makes inquiries, or from the information given is satisfied that no inquest is necessary, and returns a certificate with another certificate of his at the end that no inquest is necessary?—Yes.

1782. He having either made inquiries or being satisfied that no inquest is necessary?—Yes.

1783. If such a thing as that reached you, that would be sufficient?—Yes.

1784. You suggest that it should reach you?—Yes, I suggest that after receiving a communication from the medical referee, if the coroner decides to hold an inquest, the medical referee should be notified at once in writing before the inquest is held. On the other hand, should the coroner think an inquest unnecessary, he should forward at once to the medical referee a certificate, stating that he has investigated the circumstances connected with the case, and considers that cremation of the body may be allowed without further inquiry.

1785. You and I are quite at one on this point?—Yes, I think that it should also be laid down that all papers and certificates furnished by the referee or cremation authority to the coroner for his inspection and guidance should be returned under cover to the referee or cremation authority immediately after the inquest or inquiry is completed. Recently I sent all the certificates to a coroner when I reported a case. I received no acknowledgment; he did not inform me whether he was going to hold an inquest or make an inquiry. He held his inquest, and after it was all over, and the inquest closed, I could not obtain the certificate on which to cremate; the consequence was the cremation was unnecessarily delayed.

1786. Did you not get an order from the coroner on Form E?—Yes, but he did not return the application to cremate.

1787–1801. Was not that order sufficient for your purpose?—No, I must have the application for cremation, as required by Regulation 7, in addition to the coroner's certificate in Form E.

1802. Then you have some point to raise on what you call, in your précis, definitions. I do not quite know what definitions you refer to?—I refer to one especially, that is, a post-mortem examination. I have had this happen: A medical man has said that he has made a post-mortem examination by turning over the dead body and looking at it back and front.

1803. You mean that an autopsy should be made?—Yes, you must have some definition as to how far a post-mortem examination is to go.

1804. Surely everybody knows that for a proper post mortem you have to examine the head, the lungs, the kidneys, and the whole of the organs; is that not so?—I should not say the whole of the organs.

1805. The whole of the material organs?—It has been said that no post-mortem examination is fully made unless you open the spinal cord.

1806. Post-mortem examination does not mean a view; it means a post-mortem examination?—If you take the term post-mortem examination, it means an examination after death, and I think a man is right, if asked, "Have you made a post mortem?" to reply "Yes, I have examined the body after death; I have "turned it over and looked at it."

1807. That is not examining it; that is viewing it?—If you touch it and handle it that is an examination.

1808. It is news to me. I thought that a post-mortem examination was a well perfectly understood term?—But it is not defined, and I think it should be.

1809. There is always an objection to defining a word which is in common use and commonly understood; if you make any legal definition of a common term you get into difficulty.

1810. (*Mr. Bramsdon.*) Have you ever made any effort to discover whether the question of the interpretation of a post-mortem examination has been decided by the courts?—No, I never have.

1811. Therefore there may be an interpretation?—There may be.

1812. (*Dr. Willcox.*) You would like a post-mortem examination to imply an examination of all the organs of the body, so as to determine the cause of death?—Yes.

1813. (*Chairman.*) I think the only other point that you raise is some question about the coroner's fee for granting a certificate in Form E?—He sometimes asks the relatives for a fee because he has held an inquest, and gives a certificate for cremation.

1814. Under what authority does he ask for a fee?—I do not know.

1815. Is not the certificate in Form E a substitute for the ordinary burial order?—I believe it is.

1816. Is there any fee for the ordinary burial order?—I do not know. I do not think there is.

1817. If there is a fee for a burial order, ought there not to be a fee for the certificate under Form E? The two ought to be on an equal footing?—Exactly. I am under the impression that he does not get any fee for a burial order.

1818. Is there any other point you wish to bring before us?—No, I think not.

The witness withdrew.

Mr. FREDRICK JOSEPH WALDO, M.D., M.A., M.R.C.S., D.P.H., examined.

1819. (*Chairman.*) You are a Doctor of Medicine of Cambridge, a Master of Arts, a member of the Royal College of Surgeons, and you hold the Diploma of Public Health?—Yes.

1820. You are also a justice of the peace of the County of London, and a barrister at law of the Middle Temple?—Yes.

1821. How long have you been coroner for London and Southwark?—I started in the City on June 25th, 1901.

1822. Who appointed you to the City of London?—The Lord Mayor, aldermen, and commons in Common Council assembled, on the approval of the Lord Chancellor. The Lord Chancellor's approval must be given.

1823. And who appointed you to the Borough of Southwark?—The same authority, under a different charter; they are both franchise coronerships. The first charter is that of Edward IV. in the year 1478—that is for the City of London—and the charter for Southwark is under Edward VI. in 1550. The City paid 7,000*l.* for the right as regards the City, with other rights thrown in; and for the borough of Southwark they paid 500 marks.

1824. Who pays you as coroner for the City of London?—As regards the City of London alone I am paid by the City.

1825. And as regards Southwark?—As regards Southwark, the small pay I get comes from the London County Council.

1826. How many inquests per annum do you hold in London and how many in Southwark on an average?—On an average I hold 200 inquests in the City and 300 in Southwark, but, of course, that includes fire inquests but not fire inquiries. The fire inquiries short of inquests are a very considerable number. I may get 140 or 150 fires referred to me, that is only within the City boundaries, and I may hold three, four, five, six, seven, or eight fire inquests in a year, but I make private inquiries into all the fires.

1827. So that adds considerably to your work?—Very considerably. I am only giving the averages. I could give you the figures for any year that you like.

1828. Your salary, I think, for the City is 1,000*l.* a year?—No, it is 1,250*l.* for the City.

1829. And what is it for Southwark?—126*l.* 19*s.* 4*d.*, to be exact.

1830. That is your salary for 300 inquests?—Yes, and last year I held 64 preliminary inquiries in cases where no public inquest followed.

1831. No coroner gets paid for those?—No, that is so at present. I may add that I have to pay out of my salary for a deputy, clerk, travelling, stationery and printing, and other out-of-pocket expenses.

1832. The ordinary rate for a borough coroner is 1*l.* 6*s.* 8*d.* per inquest, is it not?—Yes, and for every mile exceeding two miles which he is compelled to travel from his usual place of abode to hold the inquest, 9*d.* In London, which I know better, all the coroners in London, with the exception of myself, are paid 30*s.* per inquest. There are two exceptions to that. The coroner for Central London and Central Middlesex, and the coroner for North-East London and the Tower, whose incomes are comparatively large, have the largest number of inquiries, and they get rather less, I think, by agreement with the London County Council—slightly under the 30*s.*

1833. Your inquests in Southwark would work out I suppose at about 10*s.* an inquest?—No, in Southwark I am paid 6*s.* 8*d.* for each public inquest and 2*s.* towards my travelling expenses. All the other London county and franchise coroners, with the exception of the two who, as I say, hold the largest number of inquiries, receive 30*s.* a case.

1834. But if you lump your two coronerships together you are as well paid as the others, are you not?—The two coroners of whom I spoke receive, roughly, 2,500*l.* and 2,000*l.* per annum respectively. They are, however, under no obligation to devote their whole time to their duties, but are free to supplement their official salaries from outside sources. On the other hand, I have to give my whole time to the work; I am not allowed to practise as a barrister professionally, or as a medical man; and there are other conditions as well; so that I am under quite different conditions from those under which my predecessor, the late Mr. Langham, was; he acted as solicitor and coroner for the Duchy of Lancaster, and did other work, and was not bound by any age-limit.

1835. Is it convenient, in your opinion, that the coronership for the City and the coronership for Southwark should be joined in the hands of one officer?—I see no reason, from the point of view of the public interest, against it. From my own point of view, I am out of pocket by doing the Southwark work through the present inadequate pay. The City have power to elect separately; they may elect the Southwark coroner apart from the City if they like; but in my case they chose to give it to me.

1836. And to make it a whole-time appointment for the two franchise coronerships?—Yes.

1837. Is the Tower of London within your area?—No, it is outside. That is a franchise coronership.

1838. I know it is; but is it in a little island in your area, or is it altogether outside?—It is outside the City boundaries; it is Mr. Wynne Baxter's coronership—he holds it together with the district of North-East London. It is a franchise coronership for which he is paid by the London County Council at the ordinary rate.

1839. Then it does not come within your district?—No, it is outside my district altogether.

1840. I suppose the area is about an acre, is it not?—I should think it would be rather more than that. I have been over it, but I should not like to say. There are not many deaths in it in a year.

1841. The population is very small?—Very small, I believe—mostly soldiers.

1842. There are certain peculiarities in the City coronership, and perhaps we should appreciate your evidence better if I were to ask you to take the steps in an inquest before you in their order, and if I put a hypothetical case to you. Supposing that a respectable elderly gentleman falls dead at the Mansion House Station, what is the first thing that happens. Is the body taken to one of your mortuaries or to a hospital?—The City Police probably would get to know about it; the new electric ambulance would be summoned very quickly by the police, and the body would in all probability be conveyed to the City mortuary, which is adjacent to my City court in Golden Lane.

1843. Whose duty is it to inform you about it?—It would come to me probably from the police in that case.

1844. There is no law on the subject, I think?—No. Most of the cases in the City that come to my knowledge come from the City Police, or it may be from one of my officers, that is, men who act ex-officio as my officers in the City.

1845. But supposing there were signs of life, to what hospital would he be taken?—If there were any doubts about it the City Police are very well up in first aid, and they would probably take him to St. Bartholomew's, that would be the nearest hospital, and that is where the City ambulance is kept.

1846. Whose duty would it be when the body arrived at St. Bartholomew's to give you notice?—It would be seen by a doctor there, and he would say whether the man was dead or alive, as the case may be. If he were dead the police would tell me.

1847. Would the body go into the hospital mortuary?—No; by a private arrangement I have made with the Commissioner of the City Police, the body, as nearly as possible as it was found with the clothes (this is of great importance), would be brought up direct to the City mortuary, adjacent to my court, and I should be informed of it. That would give me an opportunity of seeing things just as they were, and making my inquiries.

1848. May I ask who makes those inquiries?—The case would be reported to me by the City Police, and then I should set my proper officer to make inquiries.

1849. The coroner's officer, I take it, is not known to the law?—No, there is no such person known to the law so far as I understand.

1850. Although his functions are most important?—Of the greatest importance.

1851. Who would be your officer in that case?—In the City that would be for me to find out, or for the police to find out. The 31 ward constables are ex-officio my officers. They are called beadles. One of those men would act.

1852. I am sorry to say I do not know what a ward constable is?—He is a City beadle; he is a servant of the ward. There are 26 wards, and some of the smaller wards have only one beadle, while other wards have as many as four—it depends on the ward. If you take Farringdon Without, where the Temple is situated, it is mapped out into four districts. Then if there are four beadles, the first business of the policeman, after having brought the body up, would be to find out who the proper beadle was, and having found that out, generally speaking, he would inform that particular officer. But one of the first things that I did when I became coroner was to make an arrangement with the Commissioner of the City Police that he should communicate with me direct at my office. I have a clerk who in my absence is always there—when I say always, he sits with me at inquests, but there is somebody always there, the keeper or his wife are always obliged to be at the mortuary, and the information would come to my office from the Commissioner of the City Police; then the ward beadle would sooner or later get to know about it. Then I pay my clerk at my office for his whole time to be there. I have a very efficient clerk, with considerable experience before I came to the coronership, and he would find out the right beadle, and it would be his duty to communicate with him. With a view to getting what uniformity I can, all my beadles are provided with forms, which I have had printed for them. Some of them get their own forms done by the wards, but I think that is going to be done away with, if it is not already. Then the proper beadle would be asked to prepare a report on my special form, which I have had specially printed to try and get uniformity, and then he would have to set about making his preliminary inquiry and writing it down as well as he can on paper.

1853. Is that consistent with his general duties as beadle?—No; of course the beadles have many duties, and many of them are very important. They have, as I say, the aldermen's interests to look after, the ward's interests, and they have licensing duties on a licensing day. It is very difficult to get a beadle; they may be all present at a licensing meeting, where their duties are quite outside and nothing to do with me.

1854. And I dare say they are not selected for special aptness to act as coroner's officers?—I am not consulted at all on their appointment; it is done at what are called in the City, the wardmotes. In each ward every year two beadles have to be put up for appointment by, I believe, an Act of Parliament—it is going back a long way, and one of the ward aldermen has to be present. Then these two names are put up and one of them, generally one who has been there before, is appointed; it is, practically, so far as I can make out, an appointment for life, no pension attaching to it. They are appointed as beadles; and I believe by an old custom of the City, if the coroner calls upon them to act for him they are expected to do so. That is the case, so far as I know.

1855. Practically you have no power of appointment of an officer to make inquiries?—No, that is so.

1856. Some of the beadles, I suppose, are aged and venerable people?—Yes, they are of all ages, and there are good, bad, and indifferent; some of them are very good men; some of them are in private businesses of their own in addition to their beadles' work and the work they may do for me. Others act as income-tax collectors and ushers at the Central Criminal Court.

1857. Is not that a little inconvenient when you want an inquiry made in a hurry in case of a sudden death?—Yes, I have found it the greatest inconvenience. I have had to do the best I can. Some beadles live in outlying suburbs, very few in the City itself. I often do the work myself that the beadle ought to do, or my clerk does the best he can.

1858. You are rather expected to make bricks without straw, I gather?—It is not a right condition of affairs at all in the public interest.

1859. In your opinion, would it be convenient if, as in other parts of London, you had a police officer on the strength of the force attached to your court to perform the duties of coroner's officer?—Perhaps the best way to answer that will be to tell you my experience in Southwark. When I first started in Southwark I found that, I think three or four months before I was appointed, the son of an old City beadle had been appointed by my predecessor to do all the work in Southwark. He did not give his whole time to it; he was attached to some business. Things went on in that way for a time, and at last he resigned. I then applied to the Commissioner of Police of the Metropolis——

1860. Southwark is under the Metropolitan Police—not the City Police?—Yes. I had had previous experience with police officers as successors to parish beadles in addition to that before I came on as coroner, through working with my old friend, Dr. Danford Thomas, and I saw how things worked in his district. Accordingly I made up my mind that the best plan would be to get, if possible, somebody actually in the Metropolitan Police Force under the dual control of the Commissioner and myself as coroner.

1861. If I may interrupt you there for a moment; does any difficulty arise from what one may call dual control?—No, I think it is a great advantage, and no difficulty whatever arises. I made up my mind to get, if possible, a sergeant of police. It is better if you can get a sergeant rather than a constable; a sergeant has greater power, and if he falls ill, or is away on a holiday, you can get another man to work for him.

1862. He is a superior officer?—Yes, although it is more expensive.

1863. He is chosen for his superiority?—He is a better man to have if you can get him. I believe I am one of the few coroners in London who has got a sergeant. I got an exceptionally good man; but, unfortunately, I have lately lost him. He has been promoted in the force. I should have liked him to have had promotion to an inspectorship while under me, but I think the Commissioner of Police of the Metropolis (I have not asked him) is unfavourable to that, in London. In some other parts, for example, in Liverpool, I think they promote them. I have got another sergeant who is doing extremely well at present, and I think in a little time, with experience, he will serve very well for the purpose. That is how it is worked in my two districts.

1864. You have a strong preference in favour of a policeman on the strength of the force?—Yes.

1865. In preference, possibly, to a pensioned policeman?—Very much so. I must say that in the City in the last two or three years more than one man has been appointed who was an ex-sergeant of police, but I do not think those are the right men. Once out of the

force, and not under the dual control, it is very difficult for the coroner with his many duties to control so many officers; it is better to have one man under the dual control.

1866. (*Dr. Willcox.*) Does your officer wear uniform?—He wears uniform in court, but by a private arrangement with the Commissioner he is allowed to visit houses when it is necessary in plain clothes. I think it is often expedient for a sergeant to go in plain clothes; but he always appears in court in uniform. In the City I have great trouble in that matter. Some person in court, say, a lady, might get up, and perhaps there would be three or four beadles in court, and the lady would not know to whom to appeal. I have got over that difficulty to some extent by getting them to wear a black gown like an usher's gown. There may be several in court, but only the one who opens the court and swears the witnesses wears a gown, and I find that a great convenience to the public in the court. I think it is very important that there should be some sort of uniform worn in court.

1867. But you think it is better that there should be no uniform worn outside when they are conducting inquiries?—Yes.

1868. (*Mr. Bramsdon.*) Do I correctly understand that in the City you have 26 coroners' officers?—31. Of course, they die occasionally.

1869. I presume so?—Then another one is appointed at the end of the year. Practically it is a life appointment.

1870. You have 31 coroners' officers to attend to 200 cases in a year?—And the fire inquiries, which are about on an average 150. As I have already said, the fire inquests are few in number, but they have to make preliminary inquiries as regards these fires.

1871. And do I rightly gather that those 31 officers do that as well?—They do that in addition to the inquests on bodies.

1872. So that individually you would be very much better off with one expert man?—I think that one sergeant of police in the City Police would be infinitely better; because, as I have said, if he was ill or away on a holiday, there would be a substitute for him. I have got that in Southwark.

1873. I understood that you think that a man in the force is preferable to a civilian?—Certainly.

1874. He is under the discipline of the force, too, is he not?—He is under the discipline of the force, and if anything went wrong he would be had up before the Commissioner.

1875. Which is a distinct advantage to you as coroner?—Certainly; and he is looking out for his pension, and he is much more likely to do my work properly, I think, under those conditions.

1876. (*Chairman.*) Your officer, whoever he may be, reports to you?—Yes, on a uniform form.

1877. Then you determine on that report whether, in your discretion, to hold an inquest?—Are you talking of body inquests?

1878. Yes, I wish to keep them quite separate from fire inquests?—On receiving his report I inquire into it, and it may be that I have to go more deeply into it; I may want my officer to make further inquiries.

1879. Do you go down to the deceased's house in the country?—No, my officer may have to go long distances, and may have to go to the doctor.

1880. That is the ordinary medical attendant?—Yes; it may be that the man has had heart disease, or some other disease, and it may be that there is no need for a public inquest if the doctor can sign the certificate.

1881. The body in the meantime is at the City mortuary?—Yes.

1882. The body, of course, cannot be taken away until you have finished your inquiries?—No; the body technically, I believe, is in the hands of the coroner.

1883. Technically it is in the possession of the coroner?—Yes; I believe that is the legal way of putting it.

1884. How long is it as a rule before you are able to release the body. Supposing that the man lived at Wimbledon, if you decide not to hold an inquest, how soon on an average can you release the body for the friends to take it away?—That would depend of course upon how quickly I get my report from my officer. It would not take long when once I get my report before I decide whether there is need for a public inquest or not.

1885. When you decide to hold a public inquest the body has to remain until it has been viewed by the jury?—And by myself.

1886. Then you can give the necessary permission to remove the body?—Yes. The first thing I do in taking evidence is to take evidence of identification, and immediately I have got that evidence I have a burial order and I sign it and I hand it to one of the witnesses as he is going out of the witness box, or through my officer; so that when the inquest is over they can remove the body and bury it.

1887. Have you any big hospital in Southwark?—I have one of the largest and most important in London, Guy's Hospital, in Southwark; that is a general hospital, I have also special hospitals.

1888. I asked you for this reason. Supposing you think that what I may call a skilled post mortem is necessary, have you any power to order the body to be taken to the hospital to have the examination made in the pathological laboratory there?—Do you mean made by a specialist—a special pathologist?

1889. Yes?—I do not know. I assume that I have that power. I have got my own man—I unfortunately have lost him now—Dr. Theodore Fisher, who has acted for me in any case where I thought it necessary.

1890. Does he go to your own post-mortem room and hold the post mortem there?—Yes, either in the City or in Southwark, or at Holloway Prison, which is in my jurisdiction. I hold inquiries at Holloway in the prison itself, and there is a room there where a post mortem can be made, and a mortuary.

1891. I suppose that at each of your mortuaries you have a post-mortem room attached?—Yes.

1892. Have you the proper appliances?—In the City the mortuary keeper has a public set, which any doctor can use if he likes, or he may bring his own. In Southwark it is the same.

1893. I may take it that you have no power to order a post mortem unless you also have an inquest?—That is so, the law does not allow it.

1894. Do you think it is desirable that you should have that power, which would save an inquest in many cases. Let me take the case of this old gentleman falling dead on the Mansion House Station platform. It is painful to the relatives to have an inquest?—I always study the feelings of those that are left, the relatives and friends, as much as I possibly can. What might happen in a case like that would be this. If the old gentleman had got, say, heart disease or kidney disease, and he had got his own practitioner, it is quite likely that that private practitioner would call upon me or write to me; he would probably know what the coroner's powers were, and if he did not I should explain them to him, and he might say, "Have "you any objection to my making a post mortem?" and I do not know that I should officially tell him to do it, but if he liked to do it himself I should not be responsible.

1895. You could not pay him for it?—No.

1896. But his report upon that post-mortem examination might influence you as to the necessity for holding an inquest?—It has done so more than once, but cases of the kind are of extremely rare occurrence.

1897. There are many cases where a man dies suddenly and the coroner cannot properly certify the cause of death without a post-mortem examination, but where an inquest before a jury is quite unnecessary if a proper post mortem is made, are there not?—My two districts are peculiar. I have in my City district one of the largest and most important hospitals in London, St. Bartholomew's, and as I have already told you, I have Guy's in Southwark. The majority of my body cases, both in the City and in Southwark, come from those two hospitals and the post mortems are made there.

1898. You have a hospital post-mortem room?—Yes, and they are made by the gentlemen whom I have the right to call upon at the hospital; but there are three or four experts at each institution, and they do it

together, and all that I require is that the gentleman who is giving evidence before me shall have been present at the post mortem; he may have done it himself, or it may have been done partly if not altogether by one of the experts—it may be the medical or the surgical registrar.

1899. But those post mortems will be made in the hospital mortuary and not in yours?—Yes. But to take the old gentleman's case that you have mentioned, probably in a case like that I would invite the doctor at St. Bartholomew's who had seen him, to come up to our mortuary and do it there, for which he would get the fee. I can call in anybody I like, but as a matter of fact I should generally call in the hospital doctor.

1900. You can pay him a fee if he makes a post mortem outside the hospital?—Yes.

1901. But you cannot pay him a fee if he makes it inside?—No, I have no right to pay him any fee unless the patient is taken in dead. If the patient expires just outside the doors of the hospital, and I order a post mortem, and call upon a doctor in the hospital to make it, I pay him one guinea for the post mortem and one guinea for giving evidence in my court.

1902. Then, it comes to this: that if the doctors in a hospital gratuitously give their services to patients during life, they are obliged to do gratuitous services after death?—That is so, and the law is very doubtful to my mind on that point, as to whom the coroner has the right to pay and whom he has not. I mean in public institutions. There have been different rulings, as you know.

1903. But the principle is that if a doctor gives his services by way of charity he has to do extra services, which have nothing to do with his charitable work, for nothing?—I believe that is the principle. I am not in agreement with it.

1904. Do you know how that provision got into the Act?—I have been told that it had to do with the body snatchers, Burke and Hare.

1905. But surely doctors' fees have nothing to do with body snatching?—They should not have anything to do with it. I think they ought all to be paid, every one of them.

1906. (*Dr. Willcox.*) Do the doctors at poor law infirmaries get paid?—That is in the discretion of the county. I am under two jurisdictions. The City as regards disbursements is quite separate and apart from the London County Council, who pay my disbursements for Southwark. The ruling, I believe, of the London County Council is that in a workhouse and a workhouse infirmary you may pay the doctor; but I am a member of the Council of the Society of Coroners for England and Wales, and of course one hears things and gets the experience of other men in the country, and one hears of all kinds of things in different counties. The London County Council allows us to pay the doctor who makes the post-mortem examination and gives evidence from a workhouse or workhouse infirmary; but in other counties the coroners are not allowed to pay them.

1907. (*Chairman.*) It depends upon the County Council in each case?—Yes.

1908. (*Dr. Willcox.*) Do you consider that fair?—No, I do not; I always pay them myself. I do not think it is fair that they should not be paid. I should pay all or not any. In the City of London I may say I am given very much greater powers. Once appointed coroner, my signature is sufficient for most things. In the City I am under different conditions as regards disbursements; they allow me a great deal of latitude, which I think is right in the public interest.

1909. (*Chairman.*) Just to finish this point: have you any suggestion to make as to whether the coroner should be allowed by law to order a post mortem before he makes up his mind whether an inquest is necessary or not?—I think that would be a wrong thing. I do not think it would work well.

1910. Will you give us your reasons for that opinion?—I think it would increase the coroner's responsibility, and, I am afraid, his troubles, too; people would write to him.

1911. Pressure, you think, would be put on the coroner as soon as he had discretion?—Pressure would be put upon him to get out of an inquest. Very many people, I think, very naturally, not understanding the proceedings at an inquest, have a great horror of the idea of an inquest; but I have overcome that with a good many people by explaining to them myself, or through my clerk, that after all it is very much better to know the exact cause of death; and several people have thanked me after an inquiry.

1912. Surely you get exactly the same pressure now not to hold an inquest as you would get if you had power to order a post mortem; it would not increase the pressure upon you?—People do not like the idea of the publicity of a public inquiry.

1913. Then this would save the publicity; you would have a post mortem and be satisfied that death was perfectly natural, and you would save the relatives the irksomeness and distress of a public inquest, where they had to attend in court and give evidence on oath, you being perfectly satisfied as soon as a post mortem has been made that there is no reason for not giving your burial certificate?—In that case, of course, no statements would be on oath. I simply accept the evidence from the doctor, should it seem satisfactory.

1914. (*Sir Malcolm Morris.*) It is not on oath at your ordinary investigation before you decide whether you will have an inquest?—No, and the same applies to the post mortem performed by the medical man upon his own responsibility.

1915. (*Chairman.*) I was thinking whether it would not save a good many inquests, and a great deal of distress to members of the public, in perfectly straightforward cases, if you had the power to satisfy yourself as to the cause of death by medical evidence and a post mortem, without the necessity of calling in a jury and delaying the burial?—I see your point. It is a matter that I have not thought much about. I have had no difficulty so far in the way that my inquiries have been held.

1916. (*Mr. Bramsdon.*) Have you any special Acts in connection with your appointment as City coroner?—Yes, I have the City of London Fire Inquests Act, a local Act.

1917. We are only dealing with deaths now?—I know of none.

1918. Then, of course, you work under the general law of coroners?—I do.

1919. Dealing with this question about dispensing with an inquest, you intimated, and I think it is the fact, that a great deal of pressure is often brought to bear on coroners to try and dispense with inquests as much as possible?—That is so.

1920. At the present time if a person has died and the medical man is unable to certify the cause of death, you get over a good deal of the difficulty by pointing out that the cause of death is unknown, and therefore an inquest is necessary?—Yes, I do; if there is no doctor to sign the certificate, I point out that it is unknown, and it is better for all parties, for the public and for the relatives, that a public inquiry should follow, generally with a post-mortem examination.

1921. So that that does away with a large amount of pressure that would otherwise be brought to bear on you?—It does; if you talk it over with them in a tactful way they generally see the force of it.

1922. Do you see any objection at all to the coroner having power to order a post mortem and dispense with an inquest?—Do you mean in any case?

1923. Only in the case of a natural death?—How are you to know that it is a natural death until you have had a post mortem?

1924. Supposing the coroner causes inquiries to be made and everything appears to him to be quite natural, and it is an ordinary sudden death, and that the cause of death could in your view be ascertained by a post-mortem examination made by an ordinary medical practitioner, do you see any objection to the coroner being vested with power to enable him, if it is an ordinary sudden death from natural causes, to dispense with an inquest?—Of course it would put great responsibility on the coroner.

1925. I am coming to that?—That is the objection.

1926. Do you see any other objection?—No, I cannot say that I do.

1927. It would not lessen the coroner's duties at all, would it?—No, it would not in any way. A greater responsibility would be thrown upon the coroner.

1928. And in many instances it would increase the coroner's trouble?—I think it would.

1929. Is it not a fact that in many instances it is easier to hold an inquest than to make the preliminary inquiries and dispense with the inquest?—It is, certainly, since greater responsibility is thrown upon the coroner. If you have an inquest you have a jury, and the responsibility lies with the jury.

1930. And a formal inquiry is held and all the witnesses are there?—Yes.

1931. My meaning is, that in many instances it is practically easier, so far as the coroner's duty is concerned, to hold an inquest and conduct an inquiry than to make a preliminary investigation of the business without an inquest?—That is undoubtedly so.

1932. And the requests from relatives and friends not to hold an inquest would be very much intensified if the coroner had power to order a post mortem?—That is my own view.

1933. I gathered that from your statement?—I think so.

1934. But notwithstanding that, do you not think that in the public interest it would perhaps be beneficial to give the coroner that power?—Yes, it may perhaps be so.

1935. Can you give us the number of cases in which you make inquiries without holding an inquest, dealing only with deaths?—In Southwark last year there were 64 cases in which I had a preliminary investigation and in which I held no inquest. In the year before, 1907, there were 60 such cases. In the City there were 20 cases last year as against 12 in 1907.

1936. I take it that as coroner you have to be very careful in accepting a post mortem, to be sure that death was entirely due to natural causes?—Yes.

1937. Let me illustrate this. In a case of death from exposure which may well arise from purely natural causes, you would have to be very careful over the examination so as to be sure that there was no question of criminal neglect?—Yes.

1938. So as to be satisfied that there was no crime committed?—Exposure would be an unnatural death.

1939. Would you hold an inquest?—Certainly, if I got to know about it. Such cases are not always reported by the doctor. I have had two cases last year which were not reported to me by the doctor. I got to know of one and I held an inquest, and the verdict was "Death from exposure."

1940. But my meaning is rather this: that in making a post mortem are you liable to conclude that a death is due to natural causes which, if full inquiries were made, you might ascertain to have been caused by other than natural causes?—To ascertain that is the object of the post mortem.

1941. My meaning is, that that shows that an additional amount of responsibility would be thrown upon the coroner in making his preliminary investigation and dispensing with an inquest?—Yes, it would make it much more responsible for him.

1942. (*Dr. Willcox.*) What proportion of post mortems do you hold to your inquests?—In nearly every case. Last year, according to the return of the London County Council Public Control Committee, I believe I held the greatest number of post mortems of all the coroners of London. The longer I live, and the more experience I have as coroner, the more I am having post mortems. I expect before long I shall have them in nearly every case. In one or two cases, say, railway cases, where I have been told that the man has been previously seen in good health and he has been run over, and perhaps was seen to be run over and have both his legs cut off, or his head cut off, I should not have a post mortem, but as a general rule I have one in practically every case.

1943. And you consider that is the proper course to adopt?—I do, undoubtedly. I place great reliance on the post mortem, taken in conjunction, of course, with the other evidence.

1944. (*Chairman.*) To go to another point, when you think that a post mortem will be necessary, may I ask what your practice is as to who should make that post mortem?—As I have already said, the majority of my cases come from these two large hospitals—St. Bartholomew's and Guy's—and in those cases it is made by the gentlemen there as a rule, not always.

1945. Do you pick out the particular gentleman to do it?—Generally I give the order to the house surgeon or house physician under whose care the deceased has been.

1946. Their pathologist does it in his presence, probably?—Yes, or they do it together. Sometimes one does it and sometimes the other.

1947. Now I want to take a case outside the hospital, please. Some coroners, I understand, think that the proper person to be asked to make the post mortem is the doctor who last saw the deceased person during life, or the doctor who was called in; other coroners, I believe, think that the post mortem ought as a general rule to be made by a skilled pathologist. What determines you in your decision—take a Southwark case?—In the majority of cases outside these two hospitals and the other special hospitals of which I have not given you the names, I get the gentleman who has attended the deceased during life, or has been called in at the time of death; but if, on the evidence put before me by my officer or in other ways, I cannot form a satisfactory opinion, I think it is essential I should get an independent man; then I get my own special pathologist, who will do it for the small statutory fee.

1948. Do you think that in many cases an ordinary general practitioner, who is not in the habit of making post mortems, can give you satisfactory evidence after having made a post mortem?—I do in most cases, which, so far as I know, are fairly simple cases, and there is no evidence pointing to a special need for a special pathologist.

1949. (*Sir Malcolm Morris.*) How do you know that they are simple cases? You have ordered a post mortem to find that out?—Supposing I have got presumptive evidence that a man has been poisoned, I should get a special pathologist.

1950. (*Chairman.*) Take the case of my old gentleman dying at a railway station. *Ex hypothesi* he may have died from poison, he may have died from cerebral hæmorrhage, or he may have died from heart disease?—In that case the house physician or house surgeon who saw him in the hospital first would give the particulars.

1951. I am supposing a case where the body is taken to your mortuary, apart from the hospital, without any medical attendance?—In that case, in the City there are two or three gentlemen known to me who live close by who can be got quickly—police surgeons, for instance, who are constantly in my court called by the police. I should probably put it into the hands of one of those gentlemen. If I thought there was any special need, on account of any evidence of poisoning, I should call in my own specialist.

1952. Now I want to come to another point which, as a medical man, I dare say you can deal with. The post mortem in many cases will be what I may call colourless—it will tell you very little apart from clinical evidence?—Yes.

1953. In that case, do you make any provision for the medical man who attended or last saw the deceased during life being present at the post mortem?—In case like poisoning?

1954. No. I am thinking more of a case of a man falling dead at a railway station; he may have had a medical attendant. Would you have that medical attendant at the post mortem?—If he had had a medical attendant, my officer would go down to see him and if he said that he could not give a certificate for some reason (not having seen the patient for some time it may be), and if he expressed a wish to be present at the post mortem, I should most certainly give him an opportunity of being present. I should instruct my clerk to write to him and make arrangements with the

gentleman to whom I had given the post mortem to give him an opportunity of being present if he wished.

1955. Would you call him as a witness at the inquest as well?—If I thought it necessary I should; but I have no power to pay him for being present at the post mortem.

1956. (*Sir Malcolm Morris.*) But, being a man with knowledge of the deceased during life, would it not be necessary to get some information from him as to the past history of the case?—In some cases it would, and in some it would not. I place the greatest value on that clinical evidence, but I use my discretion. I must be careful. If I think it is unnecessary to summon the gentleman, then, if I summon him, I have to pay him.

1957. (*Chairman.*) You said that in many cases you do call in a special expert. I did not catch who that was?—The gentleman I have been calling in for some time past is Dr. Theodore Fisher. He is a Doctor of Medicine of the University of London, a Fellow of the Royal College of Physicians, and an independent man.

1958. He is not connected with any of the hospitals in your district?—He was for many years at the Bristol Royal Infirmary. That is how I got to know him. I have a brother connected with that hospital.

1959. You heard of him privately?—Yes, I heard of him in that way.

1960. Is he an expert pathologist?—Yes. He is no longer acting for me; he has got other appointments and it is not worth his while.

1961. Did he act for you both in the City and in Southwark?—Yes, in both districts, and in Holloway.

1962. Have the London County Council furnished you with any list of experts who might be employed in such cases?—They did some time ago. It is a much smaller list now, I think. I have seen one or two lists.

1963. But no pressure is put upon the coroner to obtain any person on the Council's list?—I do not know of any. None has been put upon me, as apart from making examinations for poisons.

1964. (*Mr. Bramsdon.*) Do I rightly gather that you are in favour of the appointment of a special pathologist to conduct all post-mortem examinations?—I do not think it is necessary. I think it should be left entirely to the discretion of the coroner—that he should be given a free hand. I assume that I have the power now, but I think it should be made more definite in the Act. So far as I can gather from the Act, it is left indefinite. I think each individual coroner should have power to do just what he thinks right to the best of his ability.

1965. You think there is no other danger in a general medical practitioner being called in from the point of view of the public interest?—In certain cases there is danger. Supposing a man is a general practitioner seeing midwifery cases, it is quite possible, I believe, to disinfect one's hands and one's person, but I think it is desirable that men doing that practice and having much of it should keep out of post-mortem examinations. There is a danger in it, I think.

1966. (*Sir Malcolm Morris.*) In holding an inquest in a big hospital, do you find that there is any inconvenience in keeping the house surgeons away from their natural duties?—No, I do not, when I first became coroner I found that my predecessor Mr. Samuel Langham's practice was to hold the St. Bartholomew's cases at St. Bartholomew's. There was a room set apart for the court, but there was no retiring room for the jury, and in a case of murder or manslaughter it was very inconvenient. The surgeons used to say it was much better for the coroner to go down there and then they could go on with their work, and when they were called before him they could attend. But my experience was that they were not always forthcoming. So far as hospital residents are concerned the medico-legal experience gained in a coroner's court forms an important part of their medical training. Similar drawbacks existed in the accommodation provided at Guy's Hospital.

1967. That is not quite my point. Supposing you asked a surgeon from a hospital to come to your court, would there be any chance of your keeping him all day so that he could not get back to his work?—Not all day.

1968. A very considerable time?—Yes, he is kept some time. It may be one, two, or three hours.

1969. How are his particular cases to get dressed and attended to during that time?—He has to provide others to do his work for him whilst he is in my court.

1970. You recognise the fact that in modern surgery, with its delicate antiseptic precautions, it is unwise to be changing men?—They have to come if I want them. I have never had any complaint on that score. At first I did, but now I never hear a word.

1971. Could not some scheme be devised by which this amount of wasted time could be curtailed?—Possibly, but on the other hand, it would be very inconvenient for City jurors to waste their time in walking to and fro between two courts. I study the doctors as much as possible. I am an old house physician myself, and I know what it means. What I do is this: through my clerk and through my officers, so far as I am able, I apportion the cases out. Supposing I am sitting on three cases, I get the first doctor to come at 11 o'clock in the morning, the next at 12 o'clock, and the next at 1 o'clock. I do my best in that way.

1972. You do your best not to keep them longer than is necessary?—Yes, I do that.

1973. (*Dr. Willcox.*) Do you find a difficulty in getting an expert pathologist, or will you find a difficulty now that Dr. Fisher is gone?—I do not think I shall have any difficulty. Very probably I shall again appoint an independent man. I shall get a younger man, perhaps, who has given himself specially to that particular line of work, I have not fixed on one yet.

1974. What is the fee for such expert?—The fee is the same; the statutory fee of one guinea for giving evidence, and a second guinea if he makes a post mortem on my order.

1975. Do you consider that an adequate fee for an expert pathologist?—I think it is a small fee.

1976. Sometimes a man has to attend on three or four days in a difficult case?—Yes, and he gets no pay for an adjournment. I think perhaps the Australian system is better. In some of the States of Australia they get two guineas for the post mortem and one guinea for giving evidence. But ours is a statutory fee; I cannot give them more than that. I should not be averse to raising the fee, especially to meet the case of an adjourned attendance.

1977. (*Chairman.*) Do not you think it would be far better if all these matters of fees were regulated by rules made by some State authority rather than by the cast-iron machinery of a statute?—Yes.

1978. You know that the fees in criminal cases are settled by certain State authorities?—Yes.

1979. And there is power to provide for exceptional fees in exceptional cases?—Yes.

1980. But where you have a cast-iron machinery that is not possible?—No.

1981. You think it would be an improvement if some public authority had power to make rules dealing with fees?—Yes, I think that is possible. And I think some alteration might be made in the London County Council schedule. I think that greater power should be given to the coroner.

1982. (*Dr. Willcox.*) What provision have you for dealing with poisoning cases?—There again, I am under two authorities. In the City, so far as I understand the law, apart from this statutory fee of one-guinea for a post mortem and one guinea for giving evidence, I believe as regards poisoning cases I am not bound by any statute, because there is no schedule made in the City, it is only made in boroughs and counties according to the Act.

1983. (*Chairman.*) You can give any fee that the City will allow?—Yes, I do that, and I have never been mulcted. But with the London County Council it is different; if you pay anything beyond what their schedule says you have to pay it out of your own pocket.

1984. (*Dr. Willcox.*) What is their schedule?—Five guineas for poisoning cases.

1985. To whom do you send the organs?—The organs are sent to Dr. Womack at St. Bartholomew's;

he does all my cases both for the City and for Southwark for the fee of five guineas.

1986. (*Chairman.*) Is he a toxicologist?—Yes: he used to do work for the London County Council before the present gentleman.

1987. (*Dr. Willcox.*) Dr. Freyberger?—Yes; but he does not do it now. He does it for some counties, Surrey and others. I believe I am the only coroner in London for whom he does it. I may perhaps say that a little time ago I had a poison case in Southwark, and I had, according to the regulations, to write to the London County Council, and I did so. There was no meeting coming on, and I said, "Might I pay the five guineas." I received a letter back from the clerk saying that I might do so on condition that I employed a certain gentleman. I wrote back that that was for me to settle, I had not asked that. As a matter of fact, I had already given the work to my man, Dr. Womack, and nothing more was said. I think it is rather a bad thing that I should be tied down as regards the London County Council; I am not tied down in any way in the City.

1988. (*Chairman.*) Coming to the next stage, supposing that you intend to have an inquest, you have to call a jury. How is that done in the City?—It is done by the ward beadle. There are three lists; some beadles get the jury from one list, some from another, and some from a mixture of all three.

1989. What are the three lists?—The first is the jury list, the second is the Parliamentary voters' list, and the third is the municipal or ward list. Then there has been an Act of Parliament passed lately called the City of London (Union of Parishes) Act, 1907. Under section 21 of that Act the Secondary of London has to make up the jury list, and that list is now ready, but they have not a copy of it, neither have I. I have applied for a copy of it.

1990. Will that make one jury list for the whole City?—Yes, the old City wards are now discarded and it is one parish for the whole City. That list, of course, is got up by the Secondary for the purpose of getting juries for the Old Bailey and other courts apart from the coroner's court, and he can get jurors only up to 60 years of age, whereas I can get them up to any age. But as I say, some beadles use one list and some another.

1991. Does the beadle select whom he likes, or on what principle does he summon the jury?—I am obliged to leave it to the beadles, they can get whom they like.

1992. If a beadle goes to a man and he would find it very inconvenient to serve, does he give the beadle a small sum not to summon him?—I have no evidence of it, I cannot say. I am obliged to leave it to my officers.

1993. You know nothing of what goes on between the beadles and the supposed jurymen?—No, nothing whatever.

1994. Have you had many protests from jurymen about being summoned?—There has been a good deal of trouble in the City about juries and a good deal of the time of the court has been wasted. The list has been brought and gentlemen do not come, or if they do come they object. I think the system is a very bad one. I should like to get the one list and have them taken in strict rotation alphabetically as regards streets. It could be better done if only I had one officer. But even if I had that list now I do not know how it would work. One beadle does not like to go into another beadle's ward; but I should simply tell them through my clerk to go round.

1995. Is there any system by which a man who is summoned to serve on a jury in your court is not summoned for the same day or the next day to serve at the Old Bailey?—I do not think that is worked at all. He may have to be at the Old Bailey. I do not see how it is possible to do otherwise.

1996. Do these beadles summon for the other jury lists in the City?—The beadles have nothing to do with other jury lists—only for my court. The Secondary has to perform that duty in the other courts.

1997. So that there is no provision for preventing a man being summoned in two different courts on the same day, one at the Old Bailey and one before you?—No, there is nothing; and that may be used as an argument either for or against my employing the Secondary's list. Practically it would come to the same thing.

1998. If you use the Secondary's list, and he was informed of the jury who attended before you, then that would prevent their being summoned again until their turn came round in rotation?—I do not know how it would work.

1999. You have kindly given us answers to the questions* on which we have asked the opinion of all coroners, and I need not trouble you, I think, very much with regard to them, but there are just two points arising out of them that I should like to ask you about. You say that, in your opinion, the jury ought to have a view of the body as well as the coroner?—Yes, I think that is of great importance.

2000. Have you had any objections raised to the view by jurymen?—I can recall only one, and that was in the case of a gentleman who got up and objected. I asked him what his objection was—I am always ready to take any reasonable objection—and he said that he had conscientious scruple to seeing the body, because if he saw the body and then sat as a juryman, somebody might be hanged, and he objected on that score; so I excused him. But that is the only objection I have ever had. On the other hand, jurymen have often said what a good thing it is that they view the body—how it helps them in following the evidence.

2001. In your opinion, does it help?—Most certainly.

2002. I may take it from you, that even if a man has died from an infectious disease there is no danger in the view?—About the first thing that I did when I became coroner was to made an application to the sanitary committee of the Corporation to have an alteration made in their mortuary, so that in cases like that the jury might stand out in the open air and look through a window with blinds, the body being placed in a position so that they could see it. I had the same thing done in Southwark, but it was not so well done in Southwark—there it is just like a greenhouse, and in hot weather it is very objectionable, even outside while you look through, though it is very much worse if you go inside.

2003. You have no freezing machine?—No, there is a separate little part of the mortuary in Southwark for infectious bodies.

2004. For infectious bodies?—Yes. But in the City I do not think there is any danger at all from infection, or in Southwark. At the City mortuary an apparatus similar to that in use at Brussels for the preservation of bodies by the agency of formalin has been lately installed on my suggestion.

2005. You personally have had only one objection made to viewing the body, and that was a very eccentric one?—That is the only one I can remember.

2006. Among certain classes of Jews there is a religious objection, I think?—I have not come across it. I do not think I have ever had a case myself. But there are other objections in Southwark apart from that. The mortuary in Southwark is about a quarter of a mile removed from my present court. I used to sit in an old mission hall in Collier's Rents, and the mortuary was close by; but they discovered a lot of human remains and coffins immediately underneath with ventilators opening directly into the court; that has been done away with now, and the London County Council have given me the old police court in Borough High Street, an excellent court, except that it has no mortuary adjacent. Accordingly, my officer, when he has sworn the jury in, has to marshal them through the public streets half a mile there and back, which wastes a good deal of time, and the jury, being working men, do not like it—they do not like being seen going through the public streets.

2007. How many jurymen do you summon for each case?—I can summon any number between 12 and 23.

2008. How many do you in fact summon?—It depends very much on the case. If I have a case

* *See* Appendix No. 1.

which I think is likely to turn out to be a criminal one, I instruct my officer to see that I get at least 16, if not 18. I like a full jury for such a case or for a case that is likely to be adjourned, because men may fall ill in the interval.

2009. Or die?—Or die. I have not had a case of a man dying, but I have had many cases of illness in long inquiries, and if the number falls below 12 it is all wasted time—no verdict follows. In no case do I sit with less than 13 jurors.

2010. How are your jurymen paid, first in the City and then in Southwark?—In the City, when I first became coroner, they were paid a groat apiece for each body sat upon.

2011. (*Mr. Bramsdon.*) 4*d.*?—Yes, the old groat; in times past it was worth more than it is now, I take it.

2012. (*Chairman.*) What are they paid at present?—At present they are paid 2*s.* for each sitting.

2013. That may be for any number of cases?—Yes, and if I adjourn a case they get 2*s.* each for the adjournment as well. I did not suggest it; it was suggested by the foreman of one of the juries, and I sent it in to the Council and the Council allowed it.

2014. (*Sir Malcolm Morris.*) Is that 2*s.* for the whole day?—It may be.

2015. There may be an inquest at 10, 11, 12, 1, 2, and 3 o'clock?—Yes, I take my time over these inquests.

2016. (*Chairman.*) It is for each attendance in fact?—Yes, for each sitting.

2017. Is that the same in Southwark?—In Southwark there is a difference. I am allowed by the London County Council to pay up to the number of 15, but not more than that 2*s.* each, if they apply to me for it—if they say that they have lost their work through being present.

2018. I take it that they do apply to you?—Nearly everybody in Southwark does, and they get it. All I want is their signatures. They take it in the City, but they generally put it into my poor box. When the alteration was made from 4*d.* to 2*s.* I started a poor box. We get a very different class in the city, bankers and stockbrokers and citizens of that class. I used to get just as good jurymen under the groat as I do under the 2*s.*, and they generally put it in the poor box and ask me to distribute it in poor cases. I may, perhaps, add that at three prolonged fire inquests in the City jurors were paid a special fee of five guineas each; and at a recent four-day inquiry in Southwark one guinea each.

2019. In Southwark, if there is an adjournment, does the juryman get 2*s.* on the adjournment as well?—Up to the number of 15. When I first started in Southwark I did not know so much about the schedule as I do now. I had two cases of murder or manslaughter, and I had got rather a big jury, so I reckoned up the 15 2*s.* and made a little calculation and distributed the money, and each man got 1*s.* 8*d.* or 1*s.* 9*d.*, but I got a letter from the London County Council disallowing that. But in the City there is no question, each one is paid 2*s.*

2020. Where do these sums come from? Are they advanced to you by the London Council, or do you have to pay them out of your own pocket in the first instance, and trust to getting them repaid?—I had better put it in this way perhaps. The City do things in a different way in that respect; in fact, the City is the only place I know where they arrange the disbursements in this particular way. The City give me through one of their committees 100*l.* each month towards disbursements. At the end of the three months, I have to go to the Chamberlain's office in the City and give my own cheque for 300*l.* Then I begin again, and can draw another fresh 100*l.*, so that the City, at any rate, is on the safe side.

2021. Do you expend the whole 300*l.* or not?—I put it in a separate bank in the City, quite apart from any money of my own, and I draw upon it. But the London County Council have no such arrangement.

2022. What happens there? Do you advance the money out of your own pocket?—Yes.

2023. And you have to trust to getting it back?—Yes, it is paid back in Southwark every month. I send in a bill with a declaration every month.

2024. And that bill, of course, is taxed, and you pay at your own risk in the first instance?—Yes, the coroner has to provide that work under the London County Council. That arrangement in the City, I might add, was made by the late Town Clerk of London, Sir John Monckton; he acted as coroner in the City for a time, pending the appointment of a coroner, and finding the system of providing large sums of ready-money inconvenient, he suggested the present arrangement, which works admirably.

2025. Now, I want to ask you particularly about fires. You are the one coroner in England who holds inquests in the case of a fire not involving any loss of life?—I am the only coroner in England, Wales, and Ireland who holds one.

2026. What is the practice in Scotland?—The Procurator Fiscal is the official who holds inquiries there.

2027. Does he hold an inquiry there in case of fire?—I have seen it stated in evidence before a Committee of the House of Commons that he does; whether he does all over Scotland I do not know. I have not a very intimate knowledge of how they are held in Scotland, but I believe he is supposed to hold a private inquiry in every case, and if there is anything suspicious it is referred to the sheriff, and then a judicial inquiry would follow, if it is thought necessary.

2028. That is something like your inquiry, only it is held in private?—It is done secretly or in private, and without a jury. Those are the two differences between their inquiries and ours.

2029. Is your inquiry in case of fire conducted on exactly the same lines as the ordinary inquest into a death?—On very much the same lines. It is a more technical duty, and takes much more time, and requires a greater knowledge of law for these fire inquiries. It means a much bigger task holding a fire inquiry than holding a body inquest.

2030. I think we have the Act under which you hold such an inquest?—It is the City of London Fire Inquests Act, 1888.*

2031. What is the effect of a finding of arson by your jury?—If a verdict of arson is given, the coroner commits (in my case I should commit to the Old Bailey), and the individual then would be put on trial before a judge.

2032. (*Sir Horatio Shephard.*) It has the same force as an indictment?—Yes, just the same as in a case of murder or manslaughter.

2033. (*Chairman.*) But surely in the case of murder or manslaughter the finding of the coroner's jury is rather more than an indictment; it is equivalent to an indictment on which a true bill has been found. I am asking for this reason. When you commit on a charge of arson, is an ordinary indictment drawn up and does that indictment go before a grand jury or is the man put on his trial on your inquisition?—I can only quote the words of section 6: "May be placed on his or their "trial for such offence, and such verdict and inquisi-"tion shall have the force and effect of an indictment." Personally, I have never committed anybody for arson. I have had a case of arson found against a person or persons unknown. My predecessor, Mr. Langham, had two men committed for long terms of imprisonment for arson.

2034. Will you kindly tell us how many inquiries on an average you hold per annum, and how many of those result in inquests?—I have all the figures here from 1884. In 1884 there were 204 fires reported in the City; in 1885, 172; in 1886, 145; in 1887, 175; in 1888, 143; in 1889, 177.

2035. That was the first year after the Act came into operation?—Yes. In 1890 there were 181; in 1891, 222; in 1892, 201; in 1893, 190; in 1894, 210; in 1895, 235; in 1896, 193; in 1897, 180; in 1898, 145; in 1899, 172; in 1900, 136; in 1901, 171; in 1902, 166; in 1903, 150; in 1904, 144; in 1905, 178; in 1906, 122; in 1907, 145, and in 1908, 134.

2036. Do you draw any inference yourself from those figures as to the operation of the Act?—The inference I draw from those figures is that taking the figures for the four years immediately preceding the

* *See* Appendix No. 6.

Act, the number of fires was 706, whereas for the four complete years 1902 to 1905, the number of fires was 638 or 17 fires a year less now than formerly. If you add the last four years I have given you, that is 1905 to 1908, you will find that there is a still greater decrease as regards the number of fires—much more than the 17 I have mentioned.

2037. Do you attribute that in any way to improved means of preventing fires, or do you attribute it entirely to the working of the Act?—It is a difficult matter to say one way or the other, but my inference is that it is due to the working of the Act in large part.

2038. Will you say why and how?—The fact remains. If you consider that there are more combustible and inflammable materials now stored in the City than there were before the Act, electricity both for lighting and for motive power having been introduced within comparatively recent years, you would rather expect to get more fires than the other way.

2039. You think that the Act operates in reducing the number of fires? That is what I want to get at?—Yes, in many ways. Not only are there fewer fires but there have been fewer serious fires within the last two or three years, which is perhaps of greater importance. Last year it was very marked indeed; I had hardly any serious fires, fewer than at any time in my previous experience.

2040. How do you connect that with your inquiries under the Act?—I think the Act itself tends to prevent fires both directly and indirectly. I think there has been great improvement in the London Fire Brigade. I think that householders and people with businesses in City warehouses, factories, and workshops, are much more careful than they used to be.

2041. You think that when people know that there is going to be a public inquiry into a fire it makes them more careful in dealing with inflammable material, it makes the Fire Brigade more anxious to do their duty, and prevents people from committing crime because they know that an inquiry may bring it out. Is that your point of view?—Yes, I think so. My experience as coroner generally is that the good that comes out of the coroner's work is less perhaps in the detection of crime than in the prevention of crime, and I think that in the case of fires it has great influence in preventing arson, and more than that in preventing culpable or careless negligence, which is not a crime in our law, and in making people more careful generally, householders and so on.

2042. Have the Insurance Companies expressed approval of the Act; have you had any communications with them?—When I have a fire I sometimes ask for their assistance. I may say that the chief officer of the London Salvage Corps, Colonel Fox, is their expert salvage officer, and these different Companies, I believe, include most of the Fire Insurance Companies. He always gives me the greatest assistance at fire inquiries.

2043. Have you ever discussed with him the effect of the Act?—I may have done so, but I should not like to say. I would rather you asked him. I do not know whether you intend to call him.

2044. Have you any opinion as to whether the Act should be extended to the country generally or not?—I am certainly of opinion that it should be extended to the whole country.

2045. You think it would tend to prevent incendiary fires and fires caused by negligence?—I do most certainly.

2046. And that every important fire should be made the subject of inquiry?—I think so. I have already, in my two last annual returns to the Corporation, suggested the extension of the Act to the borough of Southwark. It seems to me a little anomalous that I, holding the appointment in the two districts, should hold a fire inquest in the City and not in Southwark. I think if it is good for the City it is good for Southwark, and good also for the rest of the country.

2047. And having had experience in the City, you have no hesitation in saying that it is a useful and valuable procedure?—None whatever. I think it is most valuable.

2048. Have you considered whether, as regards the country generally, it ought to be extended compulsorily or whether local authorities might be allowed to adopt the procedure under the London Act?—I have not thought of it from that point of view. I see no reason why it should not be made compulsory for the whole of London and other large cities, and indeed, for the whole country. The machinery is all ready at hand, and the coroners are experienced generally, because it is the duty of all coroners to hold inquiries when there is a death from a fire, and my reading of the coroners' law is that it is the coroner's duty to go fully, not only into the cause of the fire, or explosion, but into the whole subject.

2049. Do explosions come within the purview of the City Act; are they fires within the meaning of the City Act? Supposing a firework factory blows up, for instance?—Section 2 of the Act simply says: "In case "of loss or injury by fire." I have had two or three cases within the last two or three years where there has been an explosion followed by a fire, but in those cases there has been a death, so that I have simply held an inquest under the ordinary coroners' law, and given just as much time to it as if it was held under the special Act.

2050. Do you think that these inquiries are more difficult than ordinary inquries into deaths?—They take a much longer time, and they throw considerable responsibility on the coroner. There is a great deal of clerical work; everything has to be written down very carefully in the inquiry; and at a fire inquest I have sitting by me my clerk, who is a very good and quick writer, and he writes it all out in round hand. Then when the evidence of a witness is attested, although I notice that the Act does not insist upon it, I get every witness, just as in a murder or manslaughter case, to sign it; it is read over to him and then, according to the Act, I only have to sign it, but I think it is much better to have every paper signed.

2051. In an inquest of that kind you can get a great deal of valuable information which would not be evidence against a specific person in a criminal trial?—That is so, short of arson.

2052. Even in the case of arson you can get a great deal of evidence, and wholly legitimate evidence, before you which you could not get in the case of a criminal trial?—Yes, you mean that in the coroner's court we are not bound by strict rules of evidence.

2053. And for this reason that there is no accused person?—Yes, there is no party; it is an inquiry; it is not a trial.

2054. Therefore sources of information are open to you on an inquest which are not open on a trial?—Yes, sources which are often of the greatest use to the police and in leading up to further testimony.

2055. Which are of the greatest use as laying a foundation for what I may call legal evidence?—That is so.

2056. Is there anything more you wish to tell us about fire inquests?—It is a very big subject.

2057. (*Mr. Bramsdon.*) How are you set in motion on a fire inquest?—I receive a paper every morning containing information of every fire that happens in London from the chief officer of the London Fire Brigade, and also a report from the Commissioner of City Police.

2058. Dealing only with the City, I suppose?—Yes, my powers are only within the boundaries of the City.

2059. So that when you speak about receiving information from the chief of the London Fire Brigade, you mean the City of London Brigade?—There is only one Brigade—the London Fire Brigade, which includes the City—that is, the London County Council Fire Brigade; there is no special City Brigade; there is the one Brigade for the whole of London.

2060. But you only inquire into inquests in the City, and nowhere else?—On fires, yes. I am not allowed to go outside the City.

2061. Then all these cases of fires in the City are reported to you, and you investigate each and all of them?—I do, every one. The procedure is this: The paper comes in from the Chief of the London Fire Brigade for the whole of London. I pick out, or my

clerk does for me, the fires that happened in the City. Then I get the full report from the Commissioner of City Police, and having studied that, my clerk has got a card which he sends to the proper beadle, asking him to make inquiry forthwith and report on a special form.* Generally I go off myself and view the site of the fire, and I form a pretty good opinion then as to whether there is need for inquiry. I then make other inquiries from other sources, and upon that I decide whether there should be an inquest.

2062. And the result is that you hold very few inquests in proportion to the number of cases reported?—Very few; last year only three, and the year before eight.

2063. Because you are quite satisfied that the majority of the fires have been accidental?—Yes, in the majority of cases. Only in 17 was the cause not decided last year.

2064. Are all minor fires also reported to you?—All fires except chimney fires.

2065. You only get cases reported to you that have come under the cognizance of the Fire Brigade?—Of the Fire Brigade and of the City Police—that is practically the same thing—they send the same cases because the police have to be present at every fire.

2066. Just to follow on a little more what has been already asked you, I take it you are very often able to make recommendations for the prevention of future fires?—Yes, often.

2067. And in that respect your inquiries prevent fires?—Yes, and the riders of the jury are of very great importance; they have led to many practical results—legislation I mean, and all kinds of things. Personally I think that these private inquiries are of the greatest importance. It involves a considerable lot of labour and work, because if I find something wrong—say a flue is wrong—it is not uncommon for me to write to the district surveyor and ask him to see to it, and, if he can, by law or persuasion, to get it altered, with a view to preventing future fires; or, if exits are wrong, I often write to the owner or occupier in a friendly sort of way.

2068. So that directly and indirectly a great deal of future danger is obviated?—Yes.

2069. Are you able to say whether the Common Council are perfectly satisfied with the working of the Act?—I think they are. I do not know whether I might say that they have increased my salary by 250*l.*

2070. That is the best possible evidence?—It looks as if they were pleased with it.

2071. We are getting information about other places and other circumstances. You have no reason to suppose that they would like to discontinue the Act?—No, I think they believe thoroughly in the Act so far as I know. I have very little, if anything, to do with the Corporation Committees, being a Crown rather than a Corporation officer.

2072. Do you know whether other county or borough councils have expressed a wish for this Act to be adopted in other parts of England?—I am afraid I could not answer that. I do not know officially; one hears things.

2073. I thought, perhaps, as you have had the administration of this Act, you might know that. But you do not?—I believe that the London County Council have expressed themselves in favour of inquiry into serious fires, but I think they would like to have something to do with it themselves. I do not think they have expressed themselves in favour of the coroner doing it. I do not know whether they would like me to hold inquiries in Southwark. I think the suggestion was that some new office should be created, but I should not think myself that that was a good thing. I should think that the coroner is the proper man to do it; the machinery is all ready at hand, it would be less costly, and the court is moveable and therefore adaptable to local investigations.

2074. If a fire takes place and a death occurs do you then hold a combined inquest?—I never have done so. I might give you an example of that—the Queen Victoria Street fire—ten young people lost their lives on that occasion. On that inquiry I sat for 12 whole days, and I found that my court was not big enough, and I had to go up to the old Guildhall chamber. I held that inquiry under the ordinary coroner's law; I did not hold it under the special Act. Then I had a case in Ivy Lane, where there were seven deaths, and that took me two whole days. I held that under the ordinary law.

2075. Do you go thoroughly into the cause of the fire as well as into the cause of the death of the person in cases of fire inquests?—Just as thoroughly. I had a case only three weeks ago at Southwark, and there I went thoroughly into the cause, both of the explosion and fire—which took place in Bermondsey—and of the death.

2076. I do not know whether you can answer this. Do you know whether the chambers of commerce have expressed any opinion upon this question?—They have, and the Municipal Corporations Association.

2077. In favour of inquiries into fires?—Yes, in favour of an extension of the Act. The Nottingham branch especially is one.

2078. I do not know whether you know that Portsmouth, in one of their Bills, were anxious to get similar power to what you have?—I have not heard that before.

2079. (*Chairman.*) You said that the Chambers of Commerce had expressed an opinion. Have the Fire Insurance Companies ever made any recommendation?—I have never heard of any. I think the view that they take is that they look upon themselves from a commercial point of view. I do not think that they look upon it especially as in their interest one way or the other beyond ordinary individuals. They take their premiums and they take their risks. If the number of fires goes down, they charge, I presume, a less premium, and if the risks are greater, they charge a larger one; it does not make any difference to them.

2080. There is one other point that we are directed to inquire into, and that is the case of deaths from flannelette burning. Have you had many of those cases?—Yes, I have had a good many.

2081. In your opinion, is flannelette a real source of danger to the population?—I look upon it myself as a secondary contributory cause. My experience is that in the majority of those cases, particularly where young children are left alone—it may be for a few minutes or a longer time—the chief cause of death is their being left alone and the absence of proper fireguards—insufficient protection from fire burning. The flannelette is quite a secondary cause I think. In a comparatively small number of cases, in combination with the want of proper fireguards, or matches left carelessly about, children left alone will get the matches, and if they have flannelette garments set themselves on fire, but I think that if they had muslin or some other article on it would not make much difference. It certainly is very inflammable stuff.

2082. You have had several cases of death from flannelette burning?—Yes, a good many.

2083. Have you made any inquiries to ascertain whether the flannelette was sold as inflammable or non-inflammable?—I have an inquiry going on now. I had a case in Southwark a little time ago, and different firms sent me some stuff; one firm sent me some that they said was inflammable, and others sent stuff that they said was non-inflammable.

2084. In the case of an inquest, have you made inquiry as to whether the particular flannelette was sold as inflammable or non-inflammable? That has not arisen, perhaps?—No, this was stuff treated chemically, and I am having experiments made with it. The question is whether washing renders it inflammable.

2085. (*Sir Malcolm Morris.*) Is that the result of a particular inquest?—Yes.

2086. You are inquiring for the purposes of the inquest into the nature of the flannelette?—In this particular inquest, although the verdict has been given, the inquiry is not over.

2087. (*Chairman.*) You are having private experiments made outside the inquest?—Yes.

2088. To see what?—To see whether it is really non-inflammable.

2089. (*Mr. Bramsdon.*) After washing many times?—Yes, several times.

* *See* Appendix No. 7.

2090. You do not know the result?—No, not yet. I do not think that there is much in the flannelette question, really.

2091. (*Chairman.*) You do not think it is a question of much importance?—I do not think it is a thing that you can legislate for. It is of great importance, but secondary importance. I think the want of a proper fireguard is the chief thing. I think that the Children Act, which comes into force on the 1st of April next, to provide against an insufficient guard, is a very good thing.

2092. (*Mr. Bramsdon.*) I am very pleased to hear you say that?—I believe the Act will be the means of saving a number of lives.

2093. (*Dr. Willcox.*) Do you think that these deaths would occur if the children wore linen nightgowns instead of flannelette?—I think they probably would. The main thing is the absence of a proper guard, and the carelessness of parents and guardians.

2094. (*Mr. Bramsdon.*) In these cases of children wearing flannelette, is it not a fact, as the result of your inquiries, that directly the flannelette gets ignited it burns very quickly?—Yes, it will. I have often tried it in court and it blazes up. Some kinds are more inflammable than others; the more expensive kinds, I think, so far as I can judge, are less inflammable than the cheaper kinds, and the poor people get the cheapest.

2095. Let us for a moment suppose that a child, instead of wearing flannelette, had been wearing some other article of clothing, not muslin, do you think that death would have occurred so quickly or in so many cases?—I should think the injuries would be slighter.

2096. And, therefore, there would be a greater chance of the child getting over it?—Yes.

2097. I agree with you that it is a secondary cause, but do not you think that this inflammable flannelette conduces to a number of deaths?—Undoubtedly it does, but not to so great a number as the absence of a proper fireguard.

2098. Granted; but is it a factor in the question?—It is a factor, certainly.

2099. And an important factor?—Yes. I never miss an opportunity in court of pointing it out to the parents.

2100. I was going to ask you that very question?—I never miss an opportunity, but I tell them more about the want of a guard if there has been no guard or an inefficient one.

2101. (*Chairman.*) Do you think that legislation to this effect would be justifiable, that flannelette which did not answer a certain Government test should be always marked plainly as inflammable when sold?—I have not really considered that. It is rather a difficult point, for the poor particularly I think. Going back some years, I understand that flannelette came in in the eighties, and if you look over the inquiries, as I sometimes do, it seems to me that there used to be a good number of deaths of children from fires before flannelette was introduced. I do not think there is much difference.

2102. (*Mr. Bramsdon.*) You have only been coroner, I take it, since 1901?—That is all.

2103. When did you say flannelette came in?—In the eighties.

2104. So that your experience does not quite enable you to say what the difference is?—Only from looking over old statistics. I have got all the statistics connected with inquests held in the City and Southwark, from 1861, brought up to date and bound in volumes at my office.

2105. But your personal experience only dates from 1901?—That is so.

The witness withdrew.

Adjourned to Friday next, at three o'clock.

NOTE.

Dr. Waldo has submitted the following memorandum to supplement his evidence on the subject of Fire Inquests.

MEMORANDUM BY DR. WALDO.

I should like to supplement my evidence with regard to Fire Inquiries by saying that the general effect of the working of the City of London Fire Inquests Act, 1888, has been—

(1) The prevention of the crime of arson, and, to a less degree, its detection and punishment within the City of London.

The rarity of arson in the City now-a-days is, I think, largely due to the greater fear of detection on the part of wouldbe fire raisers. They not only dread a possible judicial inquiry, but also recognise the increased efficiency of the police and the fire brigade.

(2) A diminution not only of the actual number of fires in the city, but also of serious fires—especially during the past three or four years—notwithstanding the fact that the fire risks are greater owing to the storage of a larger amount of inflammable materials, and the introduction of electricity for lighting and motive power.

(3) The detection of gross culpable negligence in the causation of fires, whereby life and property would be endangered or sacrificed. The publicity of an inquest in all probability leads to some lessening of this evil, and this would be made still more effective by the passing of an enactment whereby on proof of culpable carelessness of some person or persons such person or persons should be deemed guilty of a punishable offence.

(4) Fire inquiries direct attention to fire-extinction and prevention, and to the saving of life.

As regards (*a*) *Fire-extinction*—a public inquiry often elicits valuable information both as to the efficiency and the defects of the official organisation of the fire brigade (both public and private), police, water board, and others concerned in the putting out of the fire. (*b*) *Fire-prevention.*—The attention of the authorities and public is drawn to such matters as the resistance offered to fires by suitable building construction, including means of exit, and to the use of fire-resisting materials, and to the means used generally for the extinction of fires and for the protection of property; also to the unsafe storage, conveyance, and sale of inflammable and explosive materials such as petrol and ammunition, which are under imperfect legislation, and of the reckless and indiscriminate storage together of substances such as celluloid and spirit in large quantities altogether uncontrolled by special legislation. (*c*) *Life-saving.*—Both public and preliminary inquiries as to the efficiency or otherwise of the life-saving methods adopted by the fire brigade, and of those provided by the householder for his own protection. Protective legislation, also, has followed largely upon and in consequence of City fire inquests.

(5) The discovery of the actual cause in a large proportion of fires officially reported: *e.g.*, in the year 1902, 47 per cent. were reported as "unknown," whereas in the year 1905 25 per cent. were undiscovered. Out of 134 fires notified in 1908, 34 were reported by the fire brigade as "unknown," which number, on later and fuller inquiry by the coroner, assisted by the fire brigade and police, was reduced to 17—the lowest figure yet recorded.

Broadly speaking, this marks a reduction of about 35 per cent. during a period of seven and three-quarter years of office.

(6) The circulation by the Corporation in the City of printed instructions as to the best means of avoiding, as well as of escaping, fires.

(7) Valuable recommendations added by juries in the form of riders to their verdicts, many of which have already been fully carried out, while some are still under consideration.

A few examples of such suggestions are given in the copy of the Address* handed in by me to your Committee, entitled "City Fires from a Coroner's point of view," *e.g.* :—

(*a*) The introduction, after the great Barbican fire in 1902, of oil-fed engines in all City fire stations. In this way engines are now kept ready with steam up to 25 lbs. pressure by means of gas, and can be got to work on their arrival at a fire without a moment's loss of time.

(*b*) The sending of long ladders to every City fire, and the introduction into London of the Pompier or Hook ladder.

(*c*) The building of the first-rate fully-equipped City fire station at the corner of Cannon Street and Queen Victoria Street, in the heart of the City, in place of the inadequate and now disused station in Watling Street.

* *See* Appendix No. 8.

At the Home Office, Whitehall.

SEVENTH DAY.

Friday, 5th March 1909.

Present:

Sir Mackenzie Chalmers, K.C.B., C.S.I. (*Chairman*).

Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin.
Sir Horatio Shephard, LL.D.
Mr. William H. Willcox, M.D.
Mr. J. F. Moylan (*Secretary*).

Mr. William Henry Webb examined.

2106. (*Chairman.*) You, I understand, are a practising herbalist?—Yes. I do not do very much now.

2107. But you have practised?—Yes.

2108. For how many years?—20, at least.

2109. Have you any other profession as well?—No; I might say I have another calling, another occupation; I am a manufacturer and seller of herbal beverages and hygienic foods. I call myself a herbalist and dietician.

2110. You are honorary treasurer of the People's League of Medical Freedom?—Yes.

2111. I am sorry to say we do not know much about the League; will you kindly tell us how the membership is constituted?—The present membership is about 120.

2112. Is it confined to London, or does it go all over the provinces?—It is all over the country. The objects are on this bill I have here. There are a few herbalists and hygienists of different kinds, but the bulk of the members are from the general public.

2113. The League is not confined to herbal practitioners?—Not at all; it is the People's League; it is not a herbalists' League by any means.

2114. What is the subscription to it?—1*s.* and upwards.

2115. As people like to give; but a shilling a year?—Yes, or 2*s.* 6*d.* a year, and that entitles them to the organ of the League, that is, the "Herb Doctor."

2116. That is a monthly publication, as I understand?—Yes.

2117. The price is a penny a month, or 1*s.* 6*d.* post free?—Yes.

2118. Then the principal points of your League are these five points mentioned in the objects of the League on this bill?—Yes.

2119. Would you kindly read them?—"The People's "League of Medical Freedom. This League has been "established to preserve the freedom of the public in "medical matters, to oppose all legislation having a "tendency to curtail or take away that freedom, and "to lay before the proper authorities, that is, the "Home Secretary, Registrar-General, and Local "Government Board, all cases of persecution or prosecution arising where the public have acted within "their legal rights. The proposed Medical Acts "Amendment Bill is an attempt on the part of the "medical profession to take away every vestige of "that freedom, and unless it receives a strenuous "organised opposition, the 'art of healing' will pass "entirely into the hands of the regular or allopathic "doctor; the people will no longer be able to decide "what manner of treatment they will have in time of "sickness, and the herbalist, &c. will be robbed of his "right to administer any treatment whatsoever. The "principal points that require earnest and immediate "attention are:—(1) The preservation of the freedom "of choice of one's medical attendant during illness, be "he registered or unregistered. (2) To oppose any "alteration of the Death Registration Act that will "place the sole power of certification in the hands of "any one particular class. (3) That any herbal or "other practitioner be able to give a death certificate "equally with allopathically trained practitioners, so "long as those who employ them are satisfied."

2120. That refers to death certificates, does it?—Yes. "(4) To diffuse, among the public, M.P.'s, &c. "literature bearing upon their rights, privileges, "and liberties, and other matters likely to be of "interest. (5) To encourage and help as much as "possible the founding of schools, colleges, and hospitals wherein students in herbal and other systems "of hygienic healing can have proper and efficient "training, and where complex and chronic cases can "receive every attention. The annual subscription to "the League is from a 1*s.* upwards. The organ of "the League is 'The Herb Doctor,' price 1*d.* monthly, "1*s.* 6*d.* per annum, post free. The honorary secretary, Mr. J. P. Swan, 11, Scarisbrick Street, "Southport." Then follows the form for applicants. "The Herb Doctor," I may say, has a circulation of between 3,000 and 5,000 a month. It is all sold—none given away.

2121. As I understand, the League is mainly composed of members of the general public?—Yes, almost exclusively.

2122. How many herbalists belong to the League?—I can only speak from memory; roughly, perhaps, between one and two dozen.

2123. Do you know at all how many herbalists there are in London, or in the country?—I could not say that.

2124. Is there anything like a register of herbalists?—Yes, there is the National Association of Medical Herbalists. This is their souvenir year-book (*handing in the same*). But I wish the Committee to understand that I am not representing the Association. I am a member of the Association and a member of the council. They would be glad to be represented here themselves. I am here as representing the people. This is the register of the Association, and that is a further year-book (*handing in the same*).

2125. This represents all those who belong to the Association?—In that year in which it was published.

2126. But is it obligatory on a person who is a herbalist to belong to the Association?—No, if it was we should have a tremendous lot of them. I suppose there are about 2,000 throughout the country.

2127. I can understand that there may be people who are herbalists who have great skill; but what is to prevent any member of the public calling himself a herbalist and setting up in practice as a herbalist?—There is nothing according to law to prevent him from doing so. That is why the Herbalists' Association applied for a charter, for the purpose of creating a legal register for members of the Association. This was opposed by the British Medical Council on the ground that we were a dangerous body. We pass all our members through examinations. If you will refer to the "Herb Doctor" for February 1909, you will see the examination papers. I am examiner on dietetics and hygiene for the council.

2128. (*Sir Malcolm Morris.*) How do they gain their knowledge?—By study, by reading, and apprenticeship with other herbalists.

2129. (*Chairman.*) Is there any qualification for a man before he joins the Association?—He has to keep open a shop or be in practice three years before he is eligible to apply for membership. That shows that he has the confidence of the public. He can be an associate before then.

2130. But not a member?—No.

2131. But in the meantime is he not rather a danger to the public while he is learning?—We use non-poisonous herbal remedies. We do not use poisons—minerals.

2132. I should like to understand about that. Do you confine yourselves exclusively in your prescriptions to vegetable drugs?—Some may use a little bicarbonate of soda, something of that kind, or some other soluble salt; others do not. I do not myself.

2133. If you were treating a case of rheumatism you would not use a drug like silicate of soda?—No, I would not. I do not know the secrets of all the herbalists, but they are not supposed to use anything but what is organic, something that will assimilate with the body, the same as food does in health.

2134. But even some food, I suppose, contains some mineral constituents?—We regard a mineral that is in its organised form, which is not a poison, as a wholesome substance.

2135. Take ordinary salt, for instance?—That is a mineral. They would use salt, for instance, in outward application for fomentations, and so on.

2136. Do you treat what I may call only out-patients, or do you visit at the homes?—Yes, all kinds. I have had a sanatorium.

2137. You mean something in the nature of a hospital?—Yes.

2138. For acute cases, or for only convalescents?—For acute cases and chronic forms of disease, anything you might call curable, or to relieve as well. That sanatorium is not open at present.

2139. Do you do any surgical operations?—No, that is surgery.

2140. You confine yourselves to what is called clinical medicine?—Yes, only some do a little minor surgery, but I never had any taste much for that myself, I use poultices and plasters, and so on.

2141. You do not use the knife?—No, not the knife.

2142. Therefore, you take what in a hospital would be called medical cases?—Yes, and do what we call minor surgery.

2143. Opening an abscess, for instance?—Yes, little minor surgery in injuries, and so on, and what you might call surgical treatment, that is, treatment by outward applications, herbal decoctions, herbal poultices, and herbal plasters; and all the time in cases like these we give medicine that will help to tone up the system and purify the blood. In herbal preparations from the wild vegetable kingdom you have salts that will purify the blood, the same as culinary vegetables and salad vegetables purify the blood in food when in health.

2144. Have you any, what I may call, medical library, any standard books which teach herbalism?—You will find a list of them in the year-book of the National Association for 1907. Dr. John Skelton's "Science and Practice of Herbal Medicine" and the "National Botanic Pharmacopœia" are two of our English text books, and there are quite a number of American works, *e.g.*, "Physiology—its Science and Philosophy," by Jacob Redding, M.D., Ex-President American Microscopical Society (21*s.*); "The Science and Practice of Medicine," by W. H. Cook, M.D. (23*s.*); Cook's "Dispensatory" (1*l.* 10*s.*); Cook's "Compend of the New Materia Medica" (5*s.*); "The Philosophy of Physio-Medicalism," by J. M. Thurston, M.D. (12*s.* 6*d.*); Lyle's "Physio-Medical Materia Medica" (12*s.* 6*d.*); The "Journal" of the American Association of Physio-Medical Physicians and Surgeons; Dr. M. C. Keith's "Domestic Practice" (30*s.*), "Forms of Fever, especially Typhoid" (5*s.*), "Consumption" (2*s.*); "Cancer, and Appendicitis" (1*s.*); Dr. J. M. Greer's "A Physician in the House" (5*s.*). If I had known that you were going to inquire of me in respect of these matters, I would have come prepared.

2145 If we want to go into any details, who is the best witness to give us evidence as to the training and practice of herbalists?—Mr. Charles Burdon, Secretary of the National Association of Medical Herbalists, 16, Bridge Street, Worcester. I may say we are in course of founding two schools or colleges, one at Birmingham and the other at Southport, and students that have gone over to the States, where we have had about 23 free scholarships offered us to found a college, will be back this spring, and we shall commence training as soon as we can.

2146. As soon as you have the necessary place and funds?—We have the necessary place and are getting funds, but we have not got the men over yet. We want to start on a proper basis, and not be afraid of anyone coming and inspecting us.

2147. Would the instructor be a medical man or a herbalist?—He, or rather they, would be trained under the herbalist or physio-medical system.

2148. Have you among your body of herbalists any men who are qualified medical men?—Yes, but they have mostly been qualified in America. They are qualified under our own system; it is recognised over there, and the herbalists, or physio-medicals, in America have representatives on the State Board.

2149. And it is with the object of introducing a similar system here that you propose to establish this college?—Yes, that is so, but the system was introduced into our country about 60 or 70 years ago by Dr. Isaiah Coffin.

2150. In your sanatorium, how many cases had you?—We have not any now; it is closed.

2151. How many did you have?—Perhaps about 10 at a time at the most.

2152. You had more than 10 beds?—Yes, but we have had as many as 10 in.

2153. What do you do in cases of infectious disease?—We do not take them in.

2154. Then you attend them in private practice?—Yes.

2155. Do you notify those diseases; are you a notifying authority?—Yes; but I have not attended many such cases—in fact, very few. People, as a rule, are afraid lest anything would happen, and there would be an inquest; hence, although they prefer our treatment many a time, they are afraid of the upset and

bother and annoyance. I can tell you that only this week a man whose child died of diphtheria said to me: "I had sooner you had the case, and carried it right through." He did not believe in the anti-toxin, which his doctor had used, but he said: "What can we do "when you are not registered?"

2156. I was going to point out this difficulty. When a child is brought to you, say, by its mother, ill and feverish, it may or may not be an infectious case. Have your people any training to enable them to discriminate whether a case is diphtheria or simply laryngitis?—Yes. At the present time we have, in the different localities, local organisations where we meet and discuss our cases over, and read papers and get information from one another in that way. If we have difficult cases we call in one of our fellow herbalists, and have a consultation with him.

2157. Does your Association prescribe any scale of fees which are to be charged by herbalists?—No.

2158. It depends on the individual herbalist and the individual patient?—Yes, that is so. The prices vary.

2159. Would the same herbalist always charge the same fee to every patient, or would it depend on the patient's means?—Each man would have his own way of going about it.

2160. But you have no professional rules of the Association on the subject?—No; we do not like anyone to make promises and advertise and charge big fees; we like to do a respectable bonâ fide business.

2161. I am rather impressed with this difficulty about infectious cases. When a man starts in practice he has not seen infectious cases, has he? Just let me give an instance that occurs to me. As a visiting member of the committee I see a great many infectious cases at the London Fever Hospital, but, not being a medical man, I could not tell the difference between a case of scarlet fever and a case of German measles; but it is most essential to find out?—It is not so essential in our case as it is in the regular doctor's, you know.

2162. But for the sake of other people?—We treat conditions; we do not, as it were, wait for symptoms to develop to find out exactly what it is, and then apply a specific. We see a feverish condition, and we know exactly what to do when that condition is present.

2163. Would you treat a case of German measles in the same way as you would treat a case of scarlet fever?—Yes, exactly.

2164. (*Sir Malcolm Morris.*) Or typhoid?—Exactly; in cases where the symptoms have not developed we treat them on general lines.

2165. (*Chairman.*) In fact you do not discriminate between fevers, but you treat for the feverish condition generally?—That is so. Then specialise after, when the symptoms have developed.

2166. Still I want to go back to my point, which is rather a difficult one. It makes a great difference whether a child is suffering from German measles or scarlet fever as to his removal to hospital, and what ward he should go into?—That is quite true. We are liable to make mistakes the same as any other practitioner, as to what it is exactly until it is properly developed; but we can treat that condition in order to get down that fever, and we can do it in a very quick effective way. If this Committee is interested in safeguarding life, and would promote a compound hospital, where the different systems could be tried side by side, I think we should come out top.

2167. But I rather want to get you back to my difficulty. An infectious case ought to be sent off to the hospital; you think it would be safer treated at home?—I should treat it at home.

2168. Take the case of a large family of children in a house; one develops a red rash and sore throat, which may be simple German measles or scarlet fever. What should you do in a case of that kind?—I know what I would do individually, I would give him an emetic first thing. But I think myself, if you will excuse me, I would sooner represent the liberties of the people; I do not mind answering any question on that.

(*Sir Malcolm Morris.*) Surely this involves the liberty of the people, if the medical officer of health wants to remove that child to the hospital.

2169. (*Chairman.*) I am taking the case of one child in a large family, developing what may be scarlet fever, which as we all know is a serious complaint. In your opinion, should that child be removed to a hospital?—In my opinion, if that child was isolated and treated on our system, that would be far safer than taking it to a hospital.

(*Sir Malcolm Morris.*) How about the danger to others? I am speaking about the danger to others.

2170. (*Chairman.*) Can you isolate such a case?—Yes, you can isolate it in a room by itself.

2171. In the poorer quarters, where the poor people are in a close connection with each other, is it not almost impossible to isolate it?—Yes, in many cases. Such cases are not so infectious under our treatment, but if we had a hospital of our own, or if we had a quarter in a hospital where we could treat our own patients, that would be in accordance with the public mind of those that employ us; and that is the liberty that I think, and our league thinks, ought to be safeguarded.

2172. I quite understand your position, but I am taking things as they are. Is there not great risk, if a man does not know a case of scarlet fever from a case of German measles, of letting infection spread in a densely populated house?—Not in our system.

2173. How is that? I want to understand it?—Because we go right away and employ accepted modes to eliminate the impurities in the system, which are the provoking cause of the fever. In the first place, to follow on our line of treatment, we would give what is known as a lobelia emetic. There is a great deal of difference between the medical fraternity and herbalists on this point. They say that lobelia is poison and we know it is not. I have taken bucketsful myself, and I know it is not, and I will take it before this Committee to prove it at any time.

2174. Does that get rid of the infection?—I am just coming to that. That will throw the child into a perspiration, as well as empty its stomach and make a way for other treatment to follow. We keep up the perspiration and allow the poison to escape, and keep up the circulation by suitable medicaments and foods that we use specially. In that way we can soon reduce scarlet fever; it does not have to run its course with us in the same way that it does through regular treatment.

2175. While the poison is being eliminated, is not that child a source of danger to others?—No, it is chiefly at the end of the fever when the danger begins.

2176. When the peeling begins?—Yes.

2177. Do you find that your treatment cuts the fever short and prevents the peeling?—No, it does not prevent the peeling; it cuts the fever short, and reduces its severity I am speaking about the rule now.

2178. Do your students have to go through any course of anatomy or physiology?—Yes, you will find the questions asked at the last examination in the "Herb Doctor" for February 1909.

2179. How long does the apprenticeship last?—In the same way as an ordinary apprenticeship—four or five years to a herbalist.

2180. Then a written examination has to be passed?—Yes.

2181. (*Sir Malcolm Morris.*) There is a paper on physiology and a paper on pathology. What are the text books that they read for those subjects?—They are all mentioned in the year-book of the National Association for 1907.

2182. (*Chairman.*) Was Dr. Skelton an American doctor?—No, an English physician on the Register. He was a herbalist, of course, before he was on the Register.

2183. Your students do not get any opportunity, for instance, in the dissecting room, or in clinical practice?—No, it is hardly necessary. We do not perform surgical operations.

2184. In case of death, have you yourself made any post-mortem examinations?—None whatever. Our students in America do, of course, go through four yearly courses, and they have to pass a State examination, the same as graduates from any other school, before being allowed to practice.

2185. They have to graduate in medicine just like the ordinary homœopathic practitioner has to graduate in medicine, and then specialises in homœopathy?—

No; it is a different thing. Over there there is a collection of colleges, homœopathic colleges, and physio-medical or herbalist colleges, and the regular or allopathic colleges, and the students of each system learn their own system of medicine in their own colleges, whereas the homœopathist in this country does not learn his business of medicine in the college that he is trained in. This is an anomaly. From a therapeutic point of view homœopaths in this country are as much unqualified as herbalists.

2186. In America the three systems are recognised?—Yes.

2187. (*Sir Malcolm Morris.*) It is not so in all the States, is it?—In all the States. They have a system of transfer.

2188. I thought some States were excepted?—Some of the States have not got all the different schools of medicine; but in coroners' inquests and trials only a practitioner of the same school of medicine can give evidence against another practitioner of that school. Whereas here, in an inquest held in one of my cases, there was a regular doctor against me, and he did not understand my system, and that was not fair. That is a grievance of ours.

2189. (*Chairman.*) Now having got this preliminary evidence that I wanted, may I come now to the evidence that you kindly gave us a précis of?—This is what the secretary of the League drew up, and it was read and approved at a meeting of the committee of the League on Wednesday.

2190. You object to the holding of an inquest merely because a case has been attended by an unregistered practitioner and not by a registered practitioner?—Yes; our League considers that these inquests are not required by law unless there is reasonable cause to suspect that the person has died a sudden death of which the cause is unknown (that is, according to section 3, subsection (1) of the Coroners Act, 1887), and unless the death is attended by suspicious circumstances.

2191. On that, is it not very often impossible to get at the cause of death without a post-mortem examination?—Yes, exactly.

2192. Then you must have an inquest?—Well——

2193. As the law stands at present, it is an uncertified death?—It is an uncertified death at present; it is what you might call a notified death, but not certified.

2194. That is a good way of putting it. Do you suggest that a herbalist's certificate as to the cause of death should be given to the coroner and accepted by him?—Yes, unless he suspects that there are circumstances about the case calling for an inquest.

2195. (*Sir Horatio Shephard.*) Given to the registrar?—Yes, and accepted by him, unless he had reason to suspect that there had been foul play or negligence, or sudden death. There was a case of sudden death among our members last week. County Councillor Stott, of Barnsley, died suddenly. He was our vice-president, and of course they had an inquest over him. That was an inquest on a herbalist himself. We do not object to enquiries of this kind.

2196. (*Sir Malcolm Morris.*) Because it was a sudden death?—Yes.

2197. That applies to anybody?—Yes.

2198. Supposing that a herbalist was attending a patient and did not know what the cause of death was, what would happen then?—He would certify it to the best of his belief.

2199. He would not make a post-mortem to find out what it was?—No. I have a case that has a bearing on that point. A man had been attending a case about five or six days, and death happened rather suddenly at the last; he went to the registrar and notified the police about it, and they had an inquest. The unfairness in that case was that although he notified the case he was not called as a witness, and yet he was the most likely man to have given the best evidence. That is a grievance—they do not call the herbalist, unless it suits them to do so.

2200. (*Sir Horatio Shephard.*) They do not always call the doctor, either?—No, perhaps not.

2201. (*Chairman.*) Will you kindly go on. On your interpretation of the Act, the League consider that such inquests are not required by law?—That is so.

2202. And that they are not necessary in the public interest?—The League considers that these inquests are not necessary in the public interest, because it should not be a difficult matter for the coroner's officer to satisfy himself that the death has not been sudden, that the cause is not unknown, and that no criminal circumstances are present.

2203. Does that go quite far enough, because there may be certainly no criminal intent, but an unskilful herbalist may have been guilty of negligence in his treatment?—Exactly the same as an unskilful allopath.

2204. Exactly?—We take pains to have only respectable men among our body. They have to supply references as to character before being accepted as members.

2205. I believe the General Medical Council do the same?—Yes, the same rule applies here too. What I am contending for is that there should not be exceptional treatment unless there are special reasons for it.

2206. (*Dr Willcox.*) Do you think it is important to know what a person dies from?—I think for registration purposes it is important to know what a person dies from; but I do not think it is of such importance that a person should be robbed of his liberty to employ a practitioner of another system when he has not confidence in the orthodox system.

2207. (*Chairman.*) But surely the mere fact that there may be an inquest does not prevent a man employing a herbalist, if he thinks he can get better treatment and recover?—But I am speaking of dangerous cases. They would employ him very often if it was not for that; and we believe that under our system, if I may say so without presumption, they would be better treated. In fact, I believe that when the system of medicine as at present followed out in inoculations, the use of minerals and poisons, gets back again to the more natural and hygienic system of sanative herbal treatment, it will be better all round for the health of the nation. I would not come to sit here or practice the medicine I do if I did not believe it. I praise the bridge that has carried me over individually, and know what I have seen in my own experience.

2208. (*Dr. Willcox.*) If a patient died of diphtheria and was attended by a herbalist, who did not know what was the cause of death, do you think it is important to investigate it and find it out?—Yes, I think that myself if it was found to be not a mere mistake of the individual, but that they were making wholesale blunders, there would be time for an inquiry, just ths same as I think there ought to be inquiries over the number of deaths that occur from operations and from the anti-toxin treatment.

2209. I gathered from what you described as your line of treatment that when you see a case you say: This is a case of fever. You diagnose the symptoms and you treat it?—Yes.

2210. That is as far as you go?—No; we look for particular symptoms to find out the particular form of fever; but I am speaking in reference to the visit, and how we would do in a case, as I understood the Chairman to say, where we did not know. Where the fever had not developed.

2211. May I ask you how would you distinguish between a case of fever having a sore throat, whether it was diphtheria or tonsilitis?—I would look for the diphtheritic patches, and I would take means to clear them off.

2212. Have you had any training in bacteriology?—No.

2213. No herbalist has?—The men who are studying in America go through a course of bacteriology.

2214. Do you not know that the white patches occur in other conditions than diphtheria?—Yes.

2215. So that the only certain method is to see the diphtheria microbe?—We aim to clean off the throat, whether it is the diphtheritic bacteria or not.

2216. But you would not know whether it was diphtheria or not, because you have not been trained in bacteriology?—No, we should go to general treatment, as I have already pointed out in the case of fever, giving

an emetic and cleaning off the diphtheritic throat, and also by treating the case constitutionally.

2217. You would not make any bacteriological examination to find out whether it was diphtheria or not?—No, we should rely on the clinical symptoms.

2218. (*Sir Malcolm Morris.*) How about the relief of great pain; do you ever administer anæsthetics?—No, we treat according to the locality and nature of the pain, and the agents we use are effective and safe.

2219. Would you give anæsthetics of any kind, say chloroform, to relieve spasm?—No, we give our chief agent, which is what is called No. 3. It is a compound of nervines, stimulants, relaxants, antiseptics, and antispasmodics.

2220. (*Chairman.*) Would you give hypodermic injections of morphia?—No, we do not use poisons in any way.

2221. (*Sir Horatio Shephard.*) Or alcohol?—In tincturing we do, but not to give it as alcohol.

2222. (*Sir Malcolm Morris.*) Would you give any person opium?—No.

2223. Opium is a herb?—Yes, but not non-poisonous.

2224. (*Dr. Willcox.*) How would you treat a case where there was pain in the abdomen?—Get a strong stimulating liniment and rub it well in, and then put hot fomentations on and bind round a bandage; and internally—I do not say all herbalists would, they have different ways,—give a lobelia emetic, which is a natural stomachic wash; it relieves the whole system better than any other method, according to our experience. We would work at it in that way; and then we would give injections to cleanse the whole intestines and follow with injections of warm oil.

2225. Do you ever resort to surgery; where there is severe abdominal pain do you do surgical operations to relieve it?—No.

2226. Do you know that acute abdominal pain is the earliest symptom of appendicitis?—Not always.

2227. You know it is one of the earliest symptoms?—Yes.

2228. Do you know that it is necessary to save life, that an operation should be done in many cases of appendicitis?—It may be, but as a rule we get it before it gets to that stage. We cure appendicitis. I have cured it myself, and know other herbalists who have cured cases.

2229. (*Chairman.*) Without an operation?—If I had known that these questions were to be asked, I would have brought chapter and verse. I am taken at a disadvantage in this respect.

2230. (*Dr. Willcox.*) I only want to know your course. Are you aware that some cases of appendicitis are fatal within two days of the onset?—Yes, I have heard so; but I think in these questions you are giving extreme cases. When we get our school and our sanatorium going, we will be able to cope with these cases, we believe, better than is done by the ordinary method of treatment; otherwise there is not much excuse for our existence.

2231. (*Sir Malcolm Morris.*) Suppose there is a large gathering of matter, an abscess, in the body. How would you get out of the difficulty? Would you send for a surgeon to open it?—Yes, in surgical cases we send for a surgeon; we say it is a surgical case; it is not for us.

2232. (*Chairman.*) You confine yourselves to cases that you can treat by internal remedies?—That is as far as we can go anyhow, except, of course, in cases that admit of external treatment such as skin diseases, ulcers, cancer, &c.

2233. Will you kindly now go to the next point: that the inquests to which you are objecting cause unnecessary pain and inconvenience to the relatives?—The League considers that so long as registrars are allowed to accept the statements of unregistered practitioners, as part of the information tendered by the informant of the death, and so long as there is no law prohibiting the employment of unregistered practitioners, it is a cruel injustice to use the machinery of the coroner's court for the purpose of punishing people who resort to such practitioners.

2234. On that, may I just ask you one question which occurs to me. You think that the herbalist ought to be called at the inquest if there is an inquest?—Yes.

2235. Ought he to receive the medical fee, or the ordinary witness fee?—I think that is a question of law.

2236. You have no opinion upon that?—I think he ought to be paid. I have been handed 1*s.*, and the other, the regular doctor, has been handed a sovereign. You know there is a great disparity. When I have notified fever I have had my 2*s.* 6*d.*, the same as the others.

2237. What is your next point, please?—The next point is one that the secretary of the People's League has drawn up, and I am sorry he is not here to deal with it, because he can represent the people, being a layman, better than I can being a herbalist.

2238. I do not think we are concerned with that; we are concerned with enquiries before coroners, and a man with your experience is much more useful to us as a witness than a layman would be?—But a layman represents the laymen's rights. That is the great point; it is the layman really we should legislate for.

2239. You say that practically there is proscription or prohibition of a person employing a herbalist, because of the fear of an inquest?—Yes, that is so; it has a very deterrent effect on a great many people's minds. They need a strong nerve to go through it; they do not like the publicity.

2240. We all understand that an inquest is always painful?—At a particular time when people's feelings should be soothed.

2241. (*Sir Malcolm Morris.*) That applies to everybody?—Yes, but I think it ought not to be done unnecessarily.

2242. (*Chairman.*) Even in the case of a medical practitioner, if he cannot certify the cause of death there has to be an inquest?—Yes.

2243. That, you agree is right?—Yes, but I do not agree that the mere having the cause of death entered in its right column should be pushed to an extent that would do away with people's rights. The people's right to employ those whom they have most confidence in should be held just as sacred, as regards the relief of bodily pain, as it is in the choice of their religion, in the salvation of their bodies, as in the salvation of their souls.

2244. I will tell you where my difficulty comes in. Assuming that certain herbalists may have great skill, there is nothing at present as the law stands to prevent anybody with a good character or bad character, with skill or without skill, calling himself a herbalist and treating cases; for instance, a convict on licence?—I admit that at once, and I throw the blame on the medical profession for opposing the application for a Herbalist's Charter. They petitioned against it, and said that we were a danger to the community. We do not think we are as big a danger as they are. We had a college founded in London some years ago under the auspices of the Board of Trade, but unfortunately the initials they gave on their diplomas were such that the medical profession, rightly perhaps, took exception to them, and there was a case at law. They gave the initials—M.D. Bc. The judge ruled that it was really an imitation of the allopathic degree, but he said that had the c been a large one he would have allowed it to stand, so we lost our college through a small c, though there was nothing, apparently, to prevent its being continued had a large C been used.

2245. You were drowned in a small sea and not a large one?—Yes, it was hard lines.

2246. As the law stands at present, while you are not recognised and registered surely the coroners must hold inquests, because they cannot tell whether a man belongs to a skilled association or an unskilled association?—But in our Association, speaking as a member, you can put them down as all right. We put them through an examination, and we go only so far as we can in a clinical direction; we do not go to surgical cases. I may say, though, there are skilled herbalists outside the Association as well as in it.

2247. (*Dr. Willcox.*) You have a proper course of study?—Yes.

2248. But I gather that your course of study does not include any dissecting?—It does not include

dissecting, nor does it include bacteriology, not at present.

2249. Nor does it include the examination of the effects of disease in the body after death?—No.

2250. It does not include pathology?—No, it does not include morbid pathology.

2251. Do your herbalists use the stethoscope?—Yes, we study the principle of life, as it were, rather than what you might call the morbid sciences.

2252. Do you use the instrument known as the stethoscope?—Yes, some do; some may not.

2253. Is it the custom?—Yes. You will find papers on all those subjects, and you will see the extent of their knowledge; and I hope you will have a representative of the National Association here.

2254. (*Chairman.*) Apart from using alcohol in medicine, is alcohol prohibited under your system?—As a poison, yes.

2255. It is considered as a poison?—Yes.

2256. You would not, for instance, in treating a case of typhoid fever give alcohol, brandy?—No; but in cases like that we do not draw a line and say you should give alcohol or you should not. For instance, one agent we use in these cases is the American elm bark. That is made into a kind of gruel, and some will stimulate it with a little capsicum; others may put a little brandy in. I do not want to misrepresent anything. I do not think there is any harm done by this.

2257. I was not talking of brandy being mixed up to dissolve a drug; I was meaning whether in fact teetotalism is part of your system of treatment?—No, I do not know that it is.

2258. (*Sir Malcolm Morris.*) Are you for or against meat as diet?—To give you my own individual opinion, I believe in a mixed diet of the most easily assimilable foods.

2259. I was speaking of meat?—I am speaking of such animal foods as mutton, fowl, and white fish. I regard those three as the most easily assimilable flesh foods, generally speaking, and most sustaining, especially when partaken of in combination with vegetables that have been cooked conservatively, so as to retain their natural salts.

2260. You are not a vegetarian?—No.

2261. (*Dr. Willcox.*) Speaking of typhoid fever, do you know that typhoid fever is due to a particular microbe?—I think if a microbe is there it is present as the result of the condition. I do not think the microbe is the cause of the disease.

2262. (*Chairman.*) It is a concomitant merely?—Yes, just the same as pediculus on the surface of the body—a result of uncleanness. That is my individual view.

2263. (*Dr. Willcox.*) Therefore you do not think bacteriological investigations are of any value in making a diagnosis?—No, not in our treatment, speaking generally; I do not say in difficult cases, say in phthisis for instance, where you want to examine the sputa.

2264. I am talking of typhoid fever. You said that you believed that bacteriological investigations were of no value in making diagnoses?—Yes; in typhoid fever, for practical purposes, we go to help the vital powers by opening the organs of excretion, especially the skin, in order to get the impurities eliminated and the fever down.

2265. The same remark applies to diphtheria, which is due to a microbe?—Yes. We treat a diphtheritic patient differently from a simple sore throat; we would give a stronger treatment, and so on.

2266. (*Chairman.*) Anti-toxin would be against your treatment?—Yes, if we want to inject anything—say, when our men come over from America who have been trained to use a syringe, they would inject what we call No. 3 or No. 6, or perhaps above all other agents oil of lobelia, which they have had much success with in America.

2267. You would not use any animal product like anti-toxin?—No.

2268. Do you object to vaccination; or do you think that is beneficial?—Nearly all herbalists are against vaccination; they say it is injecting disease. I think all herbalists are agreed in that. I have not met one yet who was in favour of vaccination.

2269. (*Dr. Willcox.*) Supposing a man came to you with heart disease, how should you know that he had heart disease?—By listening to the murmurs and noting other abnormal conditions.

2270. Would you examine the man?—Yes, I would call in another practitioner in all cases of doubt—difficult cases.

2271. What practitioner—a doctor?—Oh no, another herbalist practitioner. We have four herbalists in Southport for instance; in some towns there are 14, and so on.

2272. You yourself, you said, did not use the stethoscope?—As a rule I can hear better by putting my ear to the patient.

2273. (*Chairman.*) By long practice you can distinguish the different heart murmurs?—I can tell better by that method.

2274. Is there any further point that you wish to urge before us? I think I asked you whether, if you think the case is smallpox or scarlet fever or ordinary measles or diphtheria, you notify it to the sanitary authority?—Yes.

2275. Then they take their own measures?—Yes.

2276. But you consider it your duty to notify?—Yes; I am paid for it too.

2277. And you will receive the ordinary fee for notification?—Yes. I may say in cases which we do not know, we get on with our treatment right away as soon as we see them, and they may not develop to the infectious stage.

2278. But if you think they reach the infectious stage you notify them?—Yes.

2279. You have to use your own judgment about it?—Yes.

2280. And would you treat a case a day or two before you notified?—Yes, in a feverish case before it was developed.

2281. If you saw a child with a red rash, sore throat, and heard that the child had been sick?—Then we should know.

2282. Then you would notify?—Yes. In the People's League, which I come to represent, we have our own propaganda. We have our annual meetings, and committee meetings, and we notice any inroads which are likely to be prejudicial to the liberty of the people. I might add that I am pretty well a layman now for what practice I do. Of course I have assistants.

2283. Are your assistants all members of the Association?—No, I have both.

2284. Have they to go through any course before they become assistants?—I might have them sometimes as apprentices first. There is a very strong feeling in Lancashire against numerous operations and also against serum inoculations.

2285. I am afraid we are confined to inquests; we have asked for general information to know how we stood with regard to inquests.

2286. (*Sir Malcolm Morris.*) Your League is in favour of freedom in medical treatment. Does that go so far as the Peculiar People, who have no doctors of any sort or kind. That is perfect freedom?—Of course our League is composed of a number of individuals, and the readers of the League's organ are about 4,000 every month. We should consider that if the man's faith was so strong in prayer and so little in orthodox treatment, the law ought not to step in between him and his conscience.

2287. (*Dr. Willcox.*) Do you hold the same view with regard to a child. If a man believes that treatment is useless, do you think he is justified in having no treatment for his child?—When you say no treatment, that opens up a large subject.

2288. No treatment except the special treatment of the Peculiar People?—I should consider myself that the chances of that child getting better by doing nothing and allowing nature——

2289. I asked you whether you think he is justified?—He is justified in taking the course he thinks best.

2290. (*Sir Malcolm Morris.*) Do you believe that anybody, no matter how ignorant, has a perfect right

to do exactly as he likes?—I do not think it is a matter of ignorance in men. Take those Peculiar People in gaol now; they have brought up a family of 10 children. I think it is a cruel hardship that men and women can bring up their children in the way they have without medical men, by home treatment say, and then because they have a child die they are clapped in gaol. If all doctors were clapped in gaol because they had a case die under their hands, we should soon have the gaols full.

2291. That is not the point. Have you any limit as regards the ignorance and negligence of people as to what they may do; do you carry your principle right down to the bottom of society: that anybody has a perfect right to do exactly as he likes so far as treatment is concerned?—I am speaking about degrees of knowledge.

2292. So am I?—I think when it becomes what you might call degrees of ignorance, say in the case of people living in squalor and dirt, and who are right-down careless, I think that is culpable, and that the liberty of such people might well be restrained.

2293. (*Dr. Willcox.*) But you think people are justified in choosing absolutely their own line of treatment?—Yes, so long as they are intelligent people.

2294. (*Sir Horatio Shephard.*) We are here, you know, concerned with coroners, and not with the general question?—I did not bring in the general question.

2295. I suppose I may take it that this paper represents the opinion of the People's League?—Yes.

2296. This says nothing about herbalists?—No, I am not here representing herbalists at all. I am representing the People's League.

2297. According to this paper, what the People's League desire, so far as I can understand, is that coroners should accept the opinion of any person as to the cause of death. Is that seriously what you expect or would desire?—I believe in treating people——

2298. I do not ask about your particular opinion; your opinion may be valuable?—The League I am speaking for goes so far as to say that the people generally should be credited with enough common sense not to go to anyone but those they have belief in; and when you have conceded that——

2299. That is not quite the point. Do you mean to suggest as desirable that the coroner should accept the opinion of any person, say the husband or brother or whoever it may be, of the person who is dead, that the coroner should be expected to accept the opinion of that person (who may be a wholly ignorant person) as to the cause of death?—No; he should make inquiries as to whom the patient has had treatment from and inquire of him, and not merely from the relatives.

2300. Then this paper goes a little too far, surely?—In what way?

(*Chairman.*) It does not confine the power of certifying to the Associated Herbalists; it extends it to the whole world.

2301. (*Sir Horatio Shephard.*) What you would wish would be, that the Associated Herbalist, that is, the trained herbalists' opinion, should be treated on the footing of the registered doctors' opinion; is that what you want?—Yes.

2302. You do not go beyond that?—Yes, the League does. As a herbalist, that is what I am fighting for. But the League regards the public——

2303. But as I understand your position, you want the herbalist to be put on the same footing with regard to his opinion as a registered practitioner?—Yes.

2304. Now, do you agree with the League when they go further and say: Never mind whether he is a herbalist or not; never mind whether he is trained or not; accept his opinion. Do you mean to say you go as far as that?—You mean this: whether the coroner or the registrar would be expected to accept notification of death from any Jack, Tom, Dick, or Harry that brought it to him?

2305. Yes?—What I mean to say is this: We have to give people credit for common sense. They would not go to any Jack, Tom, Dick, or Harry; they would go to a place where according to their best judgment they could get relief, and we should recognise that common sense among the general community.

2306. The coroner has to satisfy himself as to the cause of a particular death?—Yes.

2307. Surely he must have some guarantee as to the capacity and training and learning of the person who gives the opinion?—Yes.

2308. You cannot expect him to be satisfied with the opinion of anybody?—No, exactly—I quite agree with that. But what I mean is that the coroner's officer could find it out by making inquiries.

2309. If that is so, you do not agree with the league?—Yes; I mean that he should make inquiries, and his officer could easily make inquiries as to who had been treating the deceased and whether there was cause for an inquest in that special case.

2310. But in the present state of things, assuming that was so, it would involve an inquiry into the standing and training, and all the rest of it, of the particular herbalist, supposing it was a herbalist, would it not, there being no certificate now?—You would merely require to see whether he was an impostor or not.

2311. That would be a very awkward thing for the coroner to go into?—He could make private inquiries as to whether he was a man of good repute carrying on a bonâ fide business, or whether there was ground for suspecting an imposition. What I would like to see, and what the People's League would like to see is, those persons smartly looked after that were advertising, and trying to impose on people, especially when big fees are demanded in advance. We are down on imposition as much as anyone; but where a man is well known and is carrying on a bonâ fide practice, whether he is a herbalist or practitioner of any other school, and the people have confidence in him, we do not want the law to step in between a man and his conscience as to whom he should employ.

2312. Or, even supposing he was a faith healer, would you take his opinion too?—I would take his opinion, and there should not be an inquest unless there was reason to suspect that there was something wrong. By observing this course the door of Faith is kept open for those who prefer to put their trust in Divine Healing, rather than rely on the more or less uncertain, and sometimes dangerous methods of medical treatment, whether orthodox or unorthodox.

2313. Have you had a very large practice in the past?—Yes.

2314. Have you lost any patients owing to their fear of an inquest?—I have already referred to one that I lost this week. A man came to me, his child had diphtheria, and he said that he would sooner have employed me, but for the fear of an inquest.

2315. Have you ever lost patients whom you have attended up to a certain point? Have they deserted you and gone to an allopath?—I do not mind telling the position when it comes to that. I say, "Now there "is danger here. I am quite willing to keep on the "treatment if you like, but if you prefer to call a "registered man it is quite agreeable to me, if you "wish to avoid the risk of an inquest."

2316. As a rule do they take your advice and go to a medical man?—I do not advise them; I lay these two courses open to them.

2317. Do they do it?—As a rule they call in a registered doctor; but very often they continue with my medicine to the end.

2318. And the other man's medicine too?—No, they simply pay him for the medicine, but they are not taking it, and poor men can ill afford to pay two doctors.

The witness withdrew.

NOTE.

Mr. Webb submitted the following Memorandum to supplement his evidence:—

MEMORANDUM by Mr. WEBB.

EXAMPLES of INQUESTS referred to in the evidence given by Mr. W. H. Webb on behalf of the People's League of Medical Freedom.

Mr. W. Culpan's Cases. (Luddenden Foot, Yorks.)

(1) On the 7th January 1901, an inquest was held at Sowerby Bridge on a child (aged 3) who had died from

diphtheria while being attended by Mr. Wm. Culpan, who had been called in by the parents. The mother stated that Mr. Culpan said it was a case of diphtheria. Mr. Culpan was examined at the inquiry and described his treatment. Reference was also made to the notification of the cause of death which Mr. Culpan had given. Mr. Culpan said that his notifications had been accepted by all the registrars for the last 20 years.

Dr. Crowther, L.S.A. London, was next sworn. He had inspected the body and had formed the conclusion that death was due to diphtheria in the first place, and that secondly it was a case of paralysis of the heart. The only thing, he said, that a medical man would have done, which was not done, would have been to administer anti-toxin. He did not think that death was accelerated in any way by Mr. Culpan's treatment.

The verdict of the jury was "Death from natural "causes," viz.: "paralysis of the heart following on "diphtheria."

(2) On the 24th November 1905, an inquest and a post-mortem were held on two children who had been attended by Mr. Culpan. The children belonged to highly respectable parents. One was a child of Mr. George Newton Meadowcroft, residing at Glen View, Sowerby, which Mr. Culpan had attended from November 15th to 22nd, 1905. The other was Mr. J. Uttley's child, of Sowerby Green, Sowerby, which Mr. Culpan had attended from November 12th to 22nd, 1905. In both cases Mr. Culpan had told the parents that the cases were hopeless and suggested calling in some one else, but they refused. The post-mortem and inquest revealed nothing more than what Mr. Culpan had previously told the parents.

(3) On the 20th June 1907 (Saturday) an inquest was held by Mr. E. H. Hill, at the Steep Lane Baptist Sunday School, Sowerby, in the case of the sudden death of Sarah Hannah Helliwell (36), spinner. A cousin of the deceased described how deceased had been taken ill on the previous Wednesday at dinner time, that Mr. Korah Culpan had been called in and that he had said there was a likelihood of heart failure. Mr. Culpan was not called at the inquiry. Dr. J. Adams, Sowerby Bridge, who had held a post-mortem, said he found that an old ulcer in the stomach had perforated that organ, otherwise she was healthy and her heart was quite strong. Death was due to septic peritonitis following the perforation of the stomach. He could not say definitely that she would have recovered had she been operated upon on Wednesday, but she would have had a chance. A verdict agreeing with the medical evidence was returned.

In a letter to the "Halifax Courier" of the 2nd July 1907, in which he protested against his not having been called at the inquiry, Mr. Culpan said that he had not described the case as one of heart disease. In his report to the police suggesting an inquest he stated that "on my arrival I found her suffering from severe "pain over the stomach and bowels, accompanied by "bilious vomiting and a disturbed action of the "heart."

[Note.—This is not quoted as a case of an unnecessary inquest, because it was Mr. Culpan himself who reported the case to the police. It is quoted as a case in which the coroner ought to have requested Mr. Culpan to attend the inquiry.]

(4) On the 29th January 1908, Mr. E. H. Hill held an inquiry at Mill Bank into the death of James Lumb (28), cotton twiner, Weather Hill, Soyland, who died suddenly on the 26th January. The mother of the deceased said he had had good health up to within four or five days of his death, and that Mr. Culpan had attended him.

Dr. W. B. Mercer, Ripponden, who had made a post-mortem examination, said the cause of death was fatty degeneration of one of the muscles of the heart. Death he thought might have been prevented by proper medical treatment.

The jury agreed on a verdict according to the medical evidence.

In this case also Mr. Culpan was not called. He subsequently wrote a letter of protest to the "Halifax Courier." Other letters were also written. (*See* "Herb Doctor" for March 1908.)

Mr. W. H. Webb's Case. (Southport.)

This was the case of an inquest held by Mr. T. Brighouse, the county coroner, at Southport, on the 21st February 1905, on the body of Ellen Evelyn Sellars, single woman, aged 40.

Full particulars are contained in "The Southport "Visitor" of the 23rd February 1905.

In this case the coroner said that "if Mr. Webb, or "any other person who was not a qualified practitioner "attempted to make a diagnosis of anyone's complaint, "and in the event of death gave a certificate, he "should hold an inquiry in every case."

[Note.—Much correspondence was inserted in the Southport papers in regard to the above case. *See* reprint of same published by Mr. Webb.]

Mr. P. Stretton's Cases. (41, James Street, Bath.)

Mr. Stretton states that inquests have been held in connection with three of his cases during his 28 years' experience as a medical herbalist at Bath. In one case (June 1905) he was summoned to the inquiry. This was a case of cancer which had been operated upon by registered doctors, and had been under their treatment without success for three years.

Mr. Mooney's Case. (Manchester.)

The Manchester coroner held an inquest on the 17th February 1909, in connection with the death of a man named William Henry Humby, aged 22. This man had been suffering from diabetes for which he had been treated by a regular doctor at his home at Nottingham. On coming to Manchester he placed himself under Mr. Mooney's treatment, and finally called in another regular doctor on February 6th, but death came a week later from "diabetic coma."

The latter doctor gave evidence, and described Mr. Mooney's treatment as dishonest.

Mr. Mooney was also called and answered several questions as to his training and experience as a herbalist. He refused to disclose the nature of the preparation he had given Humby, but said that it contained nothing of a dangerous character. He wished to call his son, a qualified medical man, to give evidence on his behalf, but the coroner refused to allow this.

The jury found that the life of the deceased was shortened by his taking the herbalist's mixture, and by his not continuing on the advice received from his Nottingham doctor.

The coroner warned Mooney that what he was doing might at any time bring him within the reach of the criminal law.

The People's League of Medical Freedom considers that in the foregoing cases the coroners exceeded their legal powers and acted in a tyrannical and inquisitorial spirit. In support of this opinion they would respectfully draw the attention of the Committee to the interpretation of the law as laid down by Mr. Justice Stephen in 1884. In summing up a case to a jury, the learned judge said:—

> "The coroner has not an absolute right to hold inquests in every case in which he chooses to do so. It would be intolerable if he had power to intrude without adequate cause upon the privacy of a family in distress, and to interfere with their arrangements for a funeral. Nothing can justify such interference except a reasonable suspicion that there may have been something peculiar in the death, that it may have been due to other causes than common illness."

Inspector Harry Shorthouse ("F" Division) examined.

2319. (*Chairman.*) You are an Inspector of the Metropolitan Police in the "F" Division, Paddington?—I am.

2320. Formerly, I think, when you held the rank of sergeant you were coroner's officer for Acton?—Yes.

2321. Can you tell us what the police instructions are when a case is reported to the coroner?—The coroner's officer at once proceeds to the place, views the body, and takes the evidence from all the people concerned.

2322. You are speaking now of the coroner's officer?—Yes.

2323. How does he get his information?—The police receive the information and at once acquaint the coroner's officer.

2324. They communicate with the coroner's officer?—Yes.

2325. Now tell us what happens?—Speaking as if I were coroner's officer, the police would report the case at once, and notify me, and I would go straight to the place, view the body, take all particulars, and get the names of everybody having anything to do with the case.

2326. And report to the coroner?—When I have got all my particulars, then I report to him.

2327. (*Sir Malcolm Morris.*) Do you make your report in writing?—Yes; all communications to the coroner are in writing.

2328. (*Chairman.*) Then when he has your report he directs you to make further inquiry?—Yes.

2329. Does the coroner's officer always view the body in the first instance?—Yes.

2330. So far as possible, where it lies?—Yes, as far as possible in its actual position.

2331. Then you report to the coroner, and he gives you further instructions?—Yes.

2332. Can he give instructions to anybody else to make inquiry besides his own officer?—I have no knowledge of it.

2333. Then the next thing is to fix the date of the inquest, if the coroner thinks that an inquest ought to be held?—Yes.

2334. Does he tell you to summon a jury, as coroner's officer?—Yes, he issues his warrant; that is the officer's authority to summon the jury.

2335. How do you proceed? What list did you go on in Acton?—I had the voters' list.

2336. Parliamentary or municipal?—The parliamentary voters' list.

2337. Then do you go in order to the nearest people, or how do you proceed?—In the usual routine it would be in order.

2338. Taking the names beginning with A first?—Yes, working right down in alphabetical order.

2339. (*Sir Malcolm Morris.*) No matter how far they lived from the place?—I used myself to regulate the selection so far as I could; I was guided in some cases by the consideration whether the case was a special one, where a certain amount of intelligence was required, so as to have an intelligent jury for an important case.

2340. (*Chairman.*) In certain cases you summoned what I may call a special jury?—Yes.

2341. Selected specially for the case?—Yes.

2342. (*Dr. Willcox.*) Did you leave notice at the houses, or deliver them personally?—I endeavoured to leave them personally, but it is a proper service to leave them at the house.

2343. (*Chairman.*) You leave the notice at the house with some person apparently over 16 years of age?—Yes.

2344. In your court when you were coroner's officer, how many jurymen were usually summoned to an inquest?—About 14 or 15—usually just one more than the minimum number. I always had 13 on the jury.

2345. Did you always have 13 sworn?—Yes.

2346. Had you not to summon more than 13 in order to get 13 sworn?—I do not recollect summoning more than 15. I did that on one occasion.

2347. Have you ever known a jury run short and have to go outside and collect a juror?—Yes, on one or two occasions.

2348. How do you do then?—The coroner has power to call the first man. I have usually found somebody in the vicinity.

2349. Who was willing to act?—Yes, I may say that in West Middlesex the jury are all paid a fixed sum of 1*s.*

2350. Is that for each inquest or for the whole attendance—it might be five inquests?—For the whole attendance. In the county of London they get 2*s.* if they can show that they have been put to some amount of expense.

2351. Is it part of the duty of the coroner's officer to take the jury to view the body?—Yes.

2352. Did you have many objections from jurymen to viewing the body?—Yes, on several occasions.

2353. What sort of objections were they?—Nausea.

2354. Dislike of seeing the body?—Yes. In fact on one occasion one juryman produced a doctor's certificate to the effect that owing to his nervous system it was a matter of impossibility for him to go and view the body.

2355. Then he was excused, I suppose?—Yes.

2356. (*Dr. Willcox.*) Did he serve on the jury?—No, he did not.

2357. (*Chairman.*) As a rule is there any objection to view the body?—Not as a general rule.

2358. You cannot tell us in what sort of proportion of cases you heard people object?—It is rather hard for me to say that. Complaints have arisen.

2359. From your experience as coroner's officer of viewing the body, do you think that much information is gained from the view?—Nothing whatever, with the exception of what I might term special cases.

2360. Where, for instance, there were wounds, or in the case of a child that had been starved?—Yes, in what I call special cases. One case I had was where a clergyman was found shot, and in that case the bullet wound was behind the ear. It turned out on inquiry that the revolver had been put up backwards. It was necessary for the jury to see exactly where the wound was, so as to understand the medical evidence showing that it was a case of suicide, as it eventually proved to be.

2361. Or if a man was stabbed, it is rather material to show that he did not stab himself?—Yes.

2362. (*Sir Malcolm Morris.*) Have you ever been offered a bribe by the friends of the deceased to avoid an inquest being held?—Never.

2363. (*Dr. Willcox.*) You have investigated cases of crime, violence, gunshot wounds, and that sort of thing?—Yes.

2364. Supposing you went into a room and found a dead body on the floor, you would examine it?—Yes.

2365. Should you put it into bed and dress it, or what should you do. Would you leave it lying on the floor of the room?—I should leave it where it was, close and seal the room, and notify the coroner, and as soon as I got his order the body would be removed to the mortuary.

2366. (*Chairman.*) Are you speaking now as a member of the police force, or as coroner's officer?—It would be my duty as coroner's officer.

2367. What is the duty of the policeman who is first called in?—To remain with the body and send for the divisional surgeon and the inspector, and they notify the coroner's officer.

2368. But it would be his duty to keep everything intact?—Yes, to keep everything intact and to disturb nothing.

2369. (*Dr. Willcox.*) The important point is that the coroner and the doctor who makes the post-mortem would first see the body in the mortuary?—Yes.

2370. Not in the room?—No.

2371. (*Sir Malcolm Morris.*) I thought you said just now that as police officer you would send for the divisional surgeon, who would see it in the room?—I did not quite grasp that question.

2372. (*Chairman.*) I think we have got into a little confusion between your two functions. Supposing you are called in as a policeman, and you hear that a man is dead in a room, your duty as a policeman is to see the body, lock up the room, and send for the divisional surgeon?—Yes.

2373. What is the duty of a policeman who is coroner's officer, and comes along after that is done—after the divisional surgeon has given his orders?—He removes the body to the mortuary.

2374. Does he do that on his own authority, or does he get the authority of the divisional surgeon?—He gets the authority of the coroner first. It is the coroner who authorises the removal of the body to the mortuary.

2375. Is there any communication between the coroner and the divisional surgeon about it?—None whatever—it passes through the coroner's officer in a direct report.

2376. Have you got with you the Order issued to the police by the Commissioner of Police of the Metropolis in respect of deaths reported to the police?—I have not got them with me.

2377–8. The police have instructions what to do in such cases, have they not?—Yes, very explicit instructions, that in all cases of death by violence, or by any means really, the police are to remain with the body, see that nothing whatever is disturbed, send at once for the divisional surgeon and the inspector, exclude the public, and refuse all information.

2379. Till the divisional surgeon and the inspector have arrived?—Yes. Then, of course, they note all the positions and make inquiries relating to it, and then after that the body is removed to the mortuary.

2380. Take a case, not of suspected crime, but supposing a man is killed in the street by accident, what happens?—Then the body is removed.

2381. Either to a hospital mortuary or to the coroner's mortuary?—As a matter of public decency.

2382. Have the police to decide whether life is absolutely extinct?—They always call a medical man, and he pronounces whether life is extinct.

2383. Does that determine whether the body is taken to a hospital mortuary or to the coroner's mortuary?—In the case of a hospital they would be taken there in all probability before death ensued and the hospital surgeon would certify death; in other cases in the street, a doctor would be called and would certify death in the street, and then the body would be removed to the coroner's mortuary.

2384. And would the same apply to a man dropping dead at a railway station?—Yes; but there are other instructions as to the police being called in at railway stations, because of the expenses and so forth; but in extreme cases the police must act.

2385. Have they any particular instructions as to how they should act in such a case?—Only to the effect whether the person might have received injuries first.

The witness withdrew.

Mr. CHARLES OWEN FOWLER, M.D., L.R.C.P., M.R.C.S., examined.

2386. (*Chairman.*) You are at present surgeon of the W Division of the Metropolitan Police?—Yes.

2387. And formerly you were one of the medical officers of the London Fever Hospital and the General Lying-in Hospital at Lambeth?—Yes.

2388. You have come to represent the views of the Metropolitan Police Surgeons' Association on the subject of this inquiry?—I have.

2389. Will you kindly tell us what the Metropolitan Police Surgeons' Association is?—The Metropolitan Police Surgeons' Association is an association comprising the great majority of, that is, 154 out of 172, divisional surgeons. It has been in existence for 21 years now, for the purpose of watching the interests of the divisional surgeons and of enabling them to do their work for the benefit of the police force in general.

2390. You communicate about professional matters and professional interests?—Yes. We meet once a month and communicate about all things of interest to the Metropolitan Police.

2391. On behalf of the Association you want to submit some evidence to us with reference to coroners and inquests?—Yes; the idea was that should this committee decide that it is well and right to have medical referees or investigators in different districts to assist and help the coroner, it would not be necessary to provide a fresh body of men for that purpose, seeing that already that work is being done by the divisional surgeons all over the metropolitan area.

2392. If it is being done already, what would be the object in making any change?—Because we understand that this Committee is questioning the possibility of such appointments, and that coroners have been asked whether in their opinion it would not be advantageous to appoint some special medical referees whom they could call in in those cases, where there is any difficulty or any necessity to have a second opinion besides the medical man in attendance or connected with the case, and if that is so, that we, and not any outside pathologist, should have that position.

2393. I am not quite sure how far your opinion extends. Do you mean that you would be regular officers of the coroner's court?—No, I do not think that is what the position would be. Taking, say, Croydon, which is in my division, if the coroner requires anybody to assist the medical man in attendance, or in cases where there has been no medical man in attendance at all, he calls in one of the police surgeons, depending upon the area in which the case occurs, to make the post-mortem, give evidence, and give him all the assistance he requires. That is the plan adopted by the coroners now nearly all over the metropolitan area.

2394. For instance, you yourself are resident in Croydon?—Yes.

2395. Have you any hospital in Croydon?—Yes.

2396. If the coroner requires a post-mortem made, would he get one of the hospital surgeons to do so, or would he get you?—The divisional surgeon would do it. There are three areas in the Croydon coroner's district, Croydon, Thornton Heath, and South Norwood; and according to which area the necessity arose in, one of the three divisional surgeons would make the post-mortem and give evidence.

2397. Is the Croydon Hospital a large hospital?—It is a good-sized hospital.

2398. Have you a pathological staff there?—No; the staff of surgeons and physicians are general practitioners in the town, and they have two residents.

2399. But there is no expert pathologist?—No.

2400. Therefore in your district, which you know, may I take it that there is no large general hospital with a pathological laboratory and a skilled pathologist?—That is so.

2401. Therefore, probably, the man who has made the most post-mortems in the district is the police surgeon?—Yes. I may say that I have been deputy-coroner for 20 years, and my partner has been coroner for rather longer; during the whole of that time, which comprises probably some 3,000 inquests, it has never been necessary in one single instance to call in a pathological expert or anybody else besides the divisional surgeon to give expert assistance.

2402. But when you are sitting as coroner?—Then I have an assistant acting for myself as divisional surgeon.

2403. Has he the requisite skill to make a post-mortem examination?—Yes. That does not, of course, very often occur. It is only when my partner is away during a short time of the year. But I might further say that there are, of course, cases in which an analysis has to be made of the stomach and intestines, and those things can be done by the Clinical Research Society now; so we send these analyses up to them and they send down their report.

2404. But in a case where there was any suspicion of crime, would you communicate with the Home Office?—That is a different thing altogether. If the Home Office think it necessary to send one of their representatives, that does not in any way touch the subject of our communication with you; that is beyond it altogether.

2405. (*Dr. Willcox.*) In cases of poisoning when an analysis is required, do not you think it better that the Government analyst should have the thing straight away?—We have found the Clinical Research Society can do it. It has only happened in one case in 20 years.

2406. I know that one case: it is the Brinkley case?—That case was sent to the Clinical Research Society, and their report was sent down.

2407. In the Brinkley case the viscera were sent to the Clinical Research Society, and they made the analysis?—Yes.

2408. But a fresh analysis was made by Sir Thomas Stevenson?—Yes.

2409. And owing to the viscera having been analysed by another analyst, Sir Thomas Stevenson only found about one quarter of the amount of prussic acid that the other analyst did, owing to exposure. Were you aware of that?—No. I was not aware of that. That would be the fact. But still, at the same time, the analysis that was made by the Clinical Research Society was sufficient for the purpose for which it was done.

2410. But the point is, that in criminal cases generally, a subsequent analysis will be made. Were you aware of that?—I did not know that.

2411. (*Sir Malcolm Morris.*) Could the Clinical Research Society give evidence if it is necessary?—They send their report down to the coroner, who, of course, could summon them if he desired; he could have whoever had done the investigation before him.

2412. Would it not be better to send the viscera to a well-known analyst rather than to an association?—I think that is a case rather for the coroner to deal with, and not a divisional surgeon. I am speaking as a divisional surgeon this afternoon, but that is a point which arose out of what I suggested, namely, that the Clinical Research Society could do the work. We have this Society now who can make these analyses, and therefore it is not necessary for every medical man to be capable of doing so.

2413. (*Dr. Willcox.*) But in undoubted criminal cases, do not you consider that it is better to send the thing straight to the Home Office?—I think it would be a very good thing indeed; I quite agree, because the Home Office sooner or later will take the matter up.

2414. There will be a loss of the volatile poisons otherwise?—Yes.

2415. (*Chairman.*) To return to your evidence as divisional surgeon, when a man is newly appointed do you think he is fit to perform post-mortems?—Certainly, the education at the present day is extremely careful all the way through, and the divisional surgeons are appointed by the Chief Surgeon of Police after careful investigation as to what their work has been, how much experience they have had, and, therefore, it is an important factor.

2416. You think that importance is attached to the pathological experience of a divisional surgeon in appointing him?—I think so. I think you may take it that all medical men are well grounded in pathology at the present day.

2417. Take the case of an ordinary general practitioner who perhaps does not make a post-mortem once in 10 years; do you think that a post-mortem made by him is valuable?—No, I cannot say that I do.

2418. Do you think, further, that a man who is attending midwifery cases and doing ordinary surgical work ought to make a post-mortem; or do you think there is any risk?—The answer to that question must be divided and put under two heads: first of all, the ideal; and, secondly, the practical. In regard to the ideal, I think we may take midwifery and surgery together. Just over two years ago I heard it argued in the High Court that a medical man, when he was called to a confinement, should not have attended anything else during that day at all if he knew that he was likely to be called, and that immediately on receipt of a message he should go and have a Turkish bath before attending the patient. That was argued by a K.C.

2419. That may be a counsel of perfection?—That is the ideal. And again, in the large hospitals in the present day operations are performed under the most elaborate precautions, long cotton coats are worn, gloves are used, boots are covered with goloshes, and it is even suggested that masks should be worn to prevent infection from the operator's breath; under such conditions we can hardly suggest that a surgeon could carry infection. But this is impracticable as far as the ordinary medical man is concerned and I take it we are speaking generally of the practitioner all over England and Wales, and not confining ourselves to London or big centres, for he in his daily round could not adopt such precautions every time he opened a bad abscess or dressed a poisoned wound. And I maintain that the organisms from a post-mortem are distinctly less virulent and less likely to infect the breath or the hands than those of an active purulent condition in a living body. So that if scrupulous cleanliness is used, the infection of a midwifery case is reduced to a minimum, and it would not be necessary to create a special branch of practitioners whose duty it would be to do post-mortems and who would be debarred from surgical and midwifery work. I quite agree, further, that it would be very much easier to insist that post-mortems should be made with gloves than to insist that all operations should be performed with gloves. I have not done a post-mortem myself without gloves since my London Fever Hospital days, and even then they were used, and I think it could be very easily laid down as advice that gloves should always be worn at a post-mortem.

2420. You think that practically there would be no risk in attending ordinary cases?—When you think of what is done and has been done all these years, and we do not find that the patients have suffered thereby, I do not think we can start on the assumption that they are going to be infected nowadays with all the extra care and cleanliness.

2421. You, I assume, are in favour of the coroner asking for the post-mortem to be made by the man who last saw the patient, rather than by the divisional surgeon?—We quite agree to the principle that the medical man in attendance or concerned in the case, should be, subject to the discretion of the coroner, the medical man called upon to make the post-mortem and give evidence in a case where an inquest is necessary, but that where further skilled evidence is necessary or desirable, the divisional surgeon should be called in to assist.

2422. I suppose you would agree that a post-mortem by itself, unaccompanied by what you may call clinical evidence of the case, would very often be negative or nugatory?—It may very often be so.

2423. You think, for instance, that when a police surgeon is called in suddenly, and has not seen the case during life, he ought to have the assistance of the medical man, if there was one, who had been in attendance on the deceased person?—It is most essential that he should, and we maintain that this would always be the case, because the divisional surgeon would only be called in in cases where there was some reason why the medical man should be assisted, or where for some reason it is undesirable or inexpedient for the medical man alone to conduct the post-mortem, or where the coroner or jury consider that the gravity of the case necessitates further opinion, or where the police compel the attendance of the divisional surgeon in addition to any other medical man engaged in the case, such as in cases of supposed homicide and many cases of suicide.

2424. Now I come to a little difficulty: Supposing there is a case of some complexity, and the divisional surgeon is directed by the coroner to perform a post-mortem, is notice sent to the general practitioner who had been with the patient to come and attend it?—By the coroner now, yes; not by the divisional surgeon. It would not be the divisional surgeon's duty to do so; it would be the coroner's duty, and the coroner would do it, as a matter of course.

2425. Now come to the next stage. The post-mortem having been conducted, evidence as to the result has to be given at the inquest?—Yes.

2426. In your opinion ought both the divisional surgeon who conducted the post-mortem, and the medical man in attendance, to be called to give that evidence, or only the man who conducted the post-mortem?—Both.

2427. That is entailing a certain amount of expense, is it not, on the public—double expense?—Not up to the present time a double expense, because the coroner cannot give extra fees except to a limited extent.

What we say is that when such a necessity occurs, the extra fee would be only a very slight extra expense.

2428. It is not large enough to be important?—No, the post-mortem has to be paid for.

2429. You think there should be one guinea paid for making the post-mortem, and one guinea for attending and giving evidence at the inquest?—Yes.

2430. Having had the assistance, say, of the general practitioner at the post-mortem, then at the coroner's court, you, having made the post-mortem, could give full particulars of the cause of death, could you not?—Yes; but there is a very important fact, and that is, that the evidence of what had occurred beforehand is very essential in many cases, and an extra guinea should be paid for that. There is no reason why there should not be that extra guinea paid to the medical practitioner for attending at the inquest, and coming, perhaps, long distances, to give evidence which may be extremely important.

2431. You would say that it is not fair to ask the general practitioner to come and help at the post-mortem, and then to come and give evidence, and not to give him a guinea?—Yes, that ought to be altered, certainly. It should be laid down that the coroner, not of generosity, but of right, ought to give him a guinea.

2432. What is the practice now?—It is of the coroner's generosity, but not of right.

2433. (*Dr. Willcox.*) You consider it necessary to have the evidence of the medical man who attended the patient during life?—Yes.

2434. (*Chairman.*) Do you agree that unless a man is making post-mortems pretty continually he is very apt to slip important symptoms?—No, not continually.

2435. You do not think that in order to have a really effective post-mortem you require what I may call a pathological expert?—No, I do not.

2436. (*Dr. Willcox.*) But there are certain rare cases which require bacteriological and histological investigation?—Yes, but they are extremely rare.

2437. In such cases you would consider it an advantage to have a pathological expert?—Yes, quite so.

2438. May I mention one case. In the case of glanders, for example, it would be advisable to have a pathological expert with bacteriological knowledge?—Certainly; but those cases do not often occur.

2439. Not often; they are rare?—We say in the last paragraph of our précis of evidence that we do consider there are cases where a special pathological expert should be called in to assist and supplement the work of the divisional surgeon.

2440. (*Chairman.*) That of course depends upon where the inquest is held; it may be sometimes possible, and sometimes impossible. For instance, in an extreme corner of Wales they have to do the best they can?—I take it that in such a case, the pathological expert of the nearest town would be applied to.

2441. But at present there is no power to pay him more than two guineas even if he comes 100 miles?—There should be.

2442. (*Dr. Willcox.*) You consider that there should be a larger fee for a special expert?—Yes, certainly.

2443. (*Chairman.*) But as to who should conduct the post-mortem; do you think that that is properly left to the discretion of the coroner?—Yes.

2444. Even in the case of a coroner who is not a medical man, you think he soon acquires the necessary knowledge to determine whether cases ought to be left to the general practitioner or sent to a special expert?—Yes, for he would soon know the class of cases which required special investigation, and he would have the report of the medical practitioner before him.

2445. In order to clear it up, will you tell us when sudden death occurs what is the duty of the police as regards the divisional surgeon?—In all cases of homicide and in most cases of suicide, the police have to at once inform the divisional surgeon, and the divisional surgeon has to go to the place and see the body.

2446. *In situ?*—Yes, and all the surroundings; and that is a point I wish particularly to bring to your notice because it is so essential that that evidence should come before the coroner.

2447. (*Sir Malcolm Morris.*) Who notes the condition of the surroundings?—The divisional surgeon, acting as expert for the Home Office.

2448. And instructions are given to the police that they are not to touch anything until the divisional surgeon has arrived?—Quite so.

2449. (*Chairman.*) Is there any difficulty between the divisional surgeon and the coroner. Has permission to be asked before the body is removed. Supposing the divisional surgeon, having been called in, says, "This is a case which is very difficult, and com-" plicated, and I should like a special expert to see " the body before it is removed," does he communicate with the coroner?—I do not think that a case like that could ever occur, because the divisional surgeon would be sufficiently an expert to take all those things into consideration and make notes of them, and be prepared to be cross-examined at any time on them. It is one of our duties.

2450. Take the case of a man dying suddenly at a railway station; *ex hypothesi* he may have taken poison, or he may have had a fit of apoplexy, or he might have died from heart disease. What are the police to do?—They cannot go on the premises at all, or go near him. You said a railway station?

2451. I said so, purposely?—The police cannot go near the case, because it is on the private ground of the railway company.

2452. But if a man dies suddenly in his own private house?—The police cannot enter unless they are sent for. The railway company can summon the police, but the police cannot go without the company's permission. I cannot go on to a railway station to see a case of supposed suicide, as sent for by the police; but I can as sent for by the station master.

2453. But he sends for you as a medical man, and not as divisional surgeon?—Yes, quite so.

2454. As divisional surgeon, it is only if a death occurs in what I may call a public place?—No, in any place where the police are called in of necesity; in a case of fighting or anything of the kind, or where a death is found in a house.

2455. I was particularly thinking of cases where a man may have taken poison?—The usual procedure there (and I cannot remember any exception) is, that somebody goes out and calls somebody in, and that somebody is very often the nearest policeman. In this way the fact gets to the coroner's notice, and the general opinion of everybody, more or less, is, "Oh, you must fetch a policeman"; and so it comes that the police are always called in.

2456. To take a case now where there was poison not by suicide, but poison by murder, there the people in the house would have every motive for concealing what had happened. How would the police act there?—Concealment goes on for some time, until very often something turns up, the house has not seen to be open for two or three days, or somebody has not been noticed to come out, or there is something suspicious about the house.

2457. Then some neighbour tells the police?—Yes.

2458. And then the police enter first, and then send for the divisional surgeon?—Yes.

7459. Practically, then, the coroner's really reliable source of information, on which he is put in motion, is the police report?—As a rule; and doctors to a great extent in private practice.

2460. And, of course, the doctor, when he feels a difficulty?—When he is called to a case, and finds the patient dead when he gets there, and he has not attended for some time.

2461. And he cannot certify?—Yes, in any case where we cannot certify.

2462. (*Dr. Willcox.*) Has it been your experience that the coroner has ordered the removal of a body before the divisional surgeon has had an opportunity of examining it?—Never, so far as my experience goes.

2463. You are a coroner?—No, I am only a deputy; I only act for two or three weeks in a year. Speaking as a divisional surgeon, it has never happened. An urgent police call of this kind would be attended to so

promptly that the divisional surgeon would be there very soon after the police were called in.

2464. But still, it is possible for the body to be removed before the divisional surgeon has an opportunity of seeing it?—Not in the metropolitan police district. I say that, because I think the instructions are so clear, and the police carry out the duty so well.

2465. (*Chairman.*) Their duty is to lock up the room?—Yes, until the divisional surgeon has been.

2466. (*Sir Horatio Shephard.*) What would happen supposing the coroner's officer came before the divisional surgeon appeared?—He would have to wait; but that would hardly be likely; he could hardly hear of it sooner than the divisional surgeon, unless he happened to be standing outside the house.

(*Sir Horatio Shephard.*) That might happen in the country.

2467. (*Chairman.*) May I ask you this: in the Croydon district, who is the coroner's officer?—An ex-sergeant of the Metropolitan police.

2468. In most of the London districts they are policemen on the strength of the force, as I daresay you know?—Yes.

2469. Naturally there they are under the discipline of the force, and the instructions to the police would be rigously carried out?—Yes.

2470. Have you anything further to suggest to us?—I should like to point out that as so many divisional surgeons are now doing the work all through the metropolitan area, it would be a distinct loss financially to them if outside men were appointed to act in place of the divisional surgeons. And unless there was some very serious reason why such an amount should be taken from us (and our posts are not too well paid) we should like to point out that we think we should be allowed to retain this work and the salary derived from it. And again, it is certainly a way of saving expense per inquest; because our fees, even if the extra guinea was paid in addition to the fee for the medical attendant, would not in any way come to the amount that the special expert's fees would come to, and so it would certainly be an advantage to the public purse. Again, I should like to point out that so far as medical practitioners themselves are concerned, they would, no doubt, in fact we know they do (I inquired at our Council meeting yesterday of the Police Surgeons Association) prefer the divisional surgeon of their district making a post-mortem, and assisting them, to some outside person who they may never have seen or heard of before.

2471. I suppose all divisional surgeons get a great deal of practice in port-mortems?—They must, and would get more if our suggestions were carried out.

2472. Can you tell us at all in your division how many post-mortems you are likely to make in a year?—It is rather hard to say; it comes in runs, half a dozen in the course of two or three months, and then two or three months without any.

2473. There would be perhaps a dozen a year?—Yes, quite that.

2474. Practically you are making post-mortems habitually?—Yes, sufficiently often to be conversant with everything we have to know and report on.

2475. When you make a post-mortem do you always make a full post-mortem?—Not always. Sometimes the coroner suggests that it is not necessary to open the head; as when one has to do it in private houses, and there is no suspicion of any foul play.

2476. When it is practically certain that it is a natural death?—Yes, and you wish to save the very unpleasant proceeding of taking the skull cap off in a private house; because you cannot help making a noise, and it is a very distressing proceeding in a private house.

2477. Are post-mortems made often in private houses?—We are obliged to do it.

2478. Is there no power to remove the body to a hospital or mortuary?—There is no power. It can be removed if the friends like, and we endeavour to get it removed if we can.

2479. For the purpose of the post-mortem?—Yes.

2480. Because it is a most painful thing in a private house?—It is, indeed, but it has to be done.

2481. But it is an exceedingly painful thing to witness?—It is a very unpleasant thing for a medical practitioner or any doctor to have to do in a private house.

2482. (*Sir Malcolm Morris.*) On account of the difficulty of the want of firmness in the table on which you do it?—Yes, and trying to remove all signs of the operation.

2483. (*Chairman.*) You have to remove nearly the whole of the viscera?—Yes.

2484. And can you possibly clear up the mess?—Yes, I am inclined to say that after I have made a post-mortem in a private house, they would not be aware of it.

2485. May I ask this, further: after, say, a thorough and proper post-mortem, can you restore the corpse to such an appearance that the friends' feelings do not suffer?—Yes.

2486. Do you find much objection made by people to post-mortems?—Yes, every objection they can possibly raise; but they are all done under the coroner's order, so they cannot get out of it.

2487. (*Sir Horatio Shephard.*) You are speaking only of a post-mortem when an inquest is pending?—Yes, entirely.

2488. (*Chairman.*) Have you any reason to believe that in order to escape a post-mortem and inquest, the coroner's officers get fees offered to them—tips?—I should say that they did, but I do not say that they take them. I have no doubt they are offered. The report is sent to the coroner in the first place and he instructs his officer to go and take particular inquiries.

2489. Then the matter is decided before there is an opportunity?—Yes, the coroner has already had information on which the officer is acting.

2490. (*Dr. Willcox.*) In a case where crime was suspected, should you make a complete post-mortem?—Oh, of course.

2491. (*Chairman.*) To explain that, supposing a death was not certified, but that from what you had heard you thought there was every reason to believe that death was due to the bursting of an aneurism, as soon as you found that an aneurism had burst, it would not be necessary, you think, to carry the post-mortem further?—I do not think it would; if you found that—that would be sufficient.

2492. If a natural cause of death is suggested by outside evidence, and the post-mortem confirms what you expected to find, it is then not necessary to carry the post-mortem examination the whole regular length?—I do not think it is.

2493. (*Dr. Willcox.*) Do you consider it necessary that a post-mortem should be made in all cases where there is an inquest held?—In the majority of cases.

2494. (*Chairman.*) I will just ask you this one further question. As you construe the Coroners' Act, do you think that in the case of death under anæsthetics there ought in all cases to be an inquest, or is it a matter of discretion?—That is rather a wide subject to begin on.

2495. It is a subject that has been brought before us?—The operating surgeon as the law now stands is responsible for the anæsthetic as well, which is a very serious point to be considered.

2496. Perhaps I may put it in this way. Do you think that every death under an anæsthetic, whether in a hospital or in a private house, ought to be reported to the coroner?—Yes.

2497. You go so far as that?—Yes.

2498. Then, I do not know whether you have had to consider it or not, but do you think it is the coroner's duty to hold an inquest; or can he satisfy himself that there is no need to hold an inquest?—I think that the coroner, if he has somebody to assist him as we suggest (a medical expert or investigator), should be able to investigate the case, and not hold an inquest, in many cases. I do not think it ought to be a fixed rule that in all cases an inquest should be held.

2499. Do you think it may be classed as, so to speak, a natural death in certain cases?—Yes

2500. (*Sir Malcolm Morris.*) You know that resident medical officers at certain infirmaries, hospitals, and so on, get no fees in cases, for example, of death by

accident, if they are called at the inquest. In your opinion, ought they not to have fees?—I consider that all of them should have a proper fee in every case. It is a very wrong thing indeed that those men who very often have to give evidence, and are practitioners in the town, have to give up their time and have no fee at all for it. I think all those things should be paid for; at present they are not.

2501. (*Chairman.*) As a rule, in these cases, the medical staff give their services gratuitously?—Yes.

2502. So that this is an extra burden on a man, because he has given his services gratuitously to a charity?—Yes.

2503. He is penalised by the Legislature because he has been charitable?—Yes, quite so.

2504. (*Dr. Willcox.*) In the case of the London General Hospitals, do you consider that the resident medical staff should be paid for making the post-mortem and attending the inquest?—The residents now are qualified medical men, and in the majority of hospitals they have no pay for it; in fact, they have to pay for their own food in some cases. Therefore, in all those cases they ought to have the fees which would naturally come to any other medical man doing the work.

2505. (*Chairman.*) You do not think that a man ought to be penalised because he gives up a certain amount of his time to works of charity?—He ought to have a double fee!

2506. (*Sir Horatio Shephard.*) You have told us about post-mortems conducted under the orders of the coroner. Have you considered the question whether it is desirable to give the coroner power to order a post-mortem before an inquest is determined on, with a view to deciding whether there should be an inquest?—That would be a very useful thing indeed. I think it would save a great many inquests.

2507. And you do not see any objection to it?—I see no objection. If the proper cause of death is found out, in putting it before 12 good men and true to say what is the result, I see no benefit. Very often it is objectionable.

2508. One of the witnesses we have had before us told us that pressure would be put upon the coroner and that it would make the position of the coroner more difficult than it is now. What is your view?—The coroner has a position which is absolutely defined by law. He is Supreme Judge of that court; he can decide absolutely for himself what has to be done, and surely his position is firm enough and his confidence in himself good enough to decide what shall be done and what shall not be done, and to stick to it.

2509. And you think that giving the coroner this power would tend to make things less disagreeable to the people concerned?—In many cases I am sure it would.

2510. And to save their feelings?—Yes, to save their feelings. Only the other day there was the case of an old gentleman dying who had heart disease: he died suddenly on one of those cold mornings, although a fine healthy man apparently; and yet 16 people had to be stuffed in his kitchen, closely packed, three days afterwards to decide why he died, although the post-mortem, which I made, left no doubt as to the exact cause of death; namely, very extensive fatty degeneration of the heart. That is one of those cases where there need not have been an inquest.

2511. (*Chairman.*) Why was his body not moved to a mortuary?—It was removed to the mortuary. When I said they were stuffed in his kitchen, that was for the inquest.

2512. Is not the inquest held in a regular court?—We have no coroner's court in Croydon.

2513. The inquest is held in the house of the deceased?—Yes, in cases where the relatives prefer it. The mortuary is at the union offices, and we generally hold as many inquests as possible at the union offices or the hospital. They preferred in this case to have the inquest held at the private house because there was less publicity; but the coroner got the body removed on account of the difficulty of making the post-mortem there.

2514. (*Sir Horatio Shephard.*) Inquests are not held in public-houses?—I am thankful to say that that has been stopped to a great extent. Sometimes it is the only place you can get.

2515. (*Dr. Willcox.*) In cases of sudden death by accident where an inquest is held, in view of the possibility of there being compensation claims, do you think it desirable that medical evidence should always be given. If a man falls out of window it may be an accident, or he may have an epileptic fit, or an aneurism might have burst?—Certainly in all these cases a medical opinion should be obtained and a post-mortem made.

2516. (*Chairman.*) There is only one further question I want to ask. If the coroner had power to order a post-mortem, not as part of an inquest but with a view to informing his mind as to the necessity of holding an inquest, can you tell us at all what proportion of inquests might be saved?—Taking it that he has that power not to hold an inquest if he has satisfied himself that the cause of death is natural, I should say one third.

2517. If I understand you aright, if there was power to the coroner to direct a post-mortem to be made preliminary to his deciding whether to hold an inquest or not, you think that the friends might be spared the pain and distress of an inquest in about one third of the existing cases?—Yes, I think so certainly.

2518. May I ask you, as regards Croydon, is the coroner a borough coroner?—Yes.

2519. He is paid by fees for each inquest, is he not?—Yes.

2520. *Il. 6s. 8d.*?—Yes.

2521. Have you any opinion to express on that system, whether the coroner ought to receive a salary, having regard, of course, to the number of inquests?—I think it would be infinitely better if the coroner received a salary.

2522. (*Sir Malcolm Morris.*) For inquiries and inquests?—Yes, the whole of the work entailed would have to be considered, and the salary fixed accordingly.

2523. Otherwise he would not be paid at all for inquiries?—That is so.

2524 (*Chairman.*) Have you anything further to add?—In the very cases where special help is needed, the divisional surgeons are experts by reason of their special medico-legal knowledge gained in the course of their daily duties; moreover, the local knowledge of places and people must always be of advantage, and the evidence they are able to gather from the surroundings and circumstances of the case is, and must be, indispensable correctly to appreciate the appearances observed at a subsequent autopsy. There have been many inquests held where the divisional surgeon has been altogether neglected and the evidence has been taken of the pathological expert who has made the post-mortem; the result being that the true cause of death has not been brought out. You no doubt remember the Daisy Lord case, and all the demonstrations about that woman being sentenced to death for the murder of her child at Guildford. In that case, if a post-mortem had been made only, it would not have shown a very important fact in the first examination of the body, one of the most important facts—rigor mortis. There were several other very material facts in this case which the post-mortem could not have revealed at all. Rigor mortis is very important as showing whether there had ever been life.

2525. You are speaking of a case of a newly-born child?—Yes. In that case the fingers were curled down into the palms of the hands, which were quite clean, showing that the child had been washed before it was strangled by the cord round its neck; that the child had lived, and was not still-born.

2526. That is only one illustration?—That is one case showing that rigor mortis and the other points of evidence as seen at the time are of the utmost importance in arriving at the true cause of the death in many cases.

2527. Take, for instance, the position of the corpse at the time it is found?—Yes, all those things are very important evidence; and they have in some instances been absolutely neglected.

2528. (*Sir Horatio Shephard.*) Do you suggest that coroners have even omitted to call the divisional surgeon?—Yes, they omitted to call the divisional surgeon entirely, and that evidence has been entirely left out at the inquest; and we take it that that evidence is most important.

2529. (*Chairman.*) Could you give us one or two illustrations. Take the case of over-laying, for instance?—I can give you a case of over-laying that occurred only the other day. The divisional surgeon saw the child very soon after death occurred and found the nose very flattened on one side, and looking as if the child had been squashed up in some way. The mother said that the child had been found dead up against her body, and had been in bed with her. The post-mortem, made three days afterwards, when the parts had rectified themselves, revealed bronchitis. No doubt in that case, if the post-mortem appearances had alone been taken as evidence, the death would have been found due to bronchitis and not suffocation.

2530. (*Sir Horatio Shephard.*) In that case the divisional surgeon was called?—Yes.

2531. (*Chairman.*) I suppose that it is only an occasional case in which he would not be called?—I can only say that in a certain district in the metropolitan area there is one divisional surgeon whose income has dropped by about 100*l.* through his not being called at inquests. I cannot give you any definite case.

The witness withdrew.

Adjourned to Tuesday next, at half-past 2 o'clock.

At the Home Office, Whitehall.

EIGHTH DAY.

Tuesday, 9th March 1909.

Present:

Sir MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin.
Sir Horatio Shephard, LL.D.
Mr. Arthur Thomas Bramsdon, M.P.
Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

The Reverend J. H. Anderson, M.A., examined.

2532. *Chairman.*) You are, I believe, Rector of Tooting and Chairman of the Public Health Committee of the Wandsworth Borough Council?—Yes.

2533. And you are Alderman of the Council and late Mayor?—Yes; I have been Chairman or Vice-Chairman of the Public Health Committee for about 11 years.

2534. The borough of Wandsworth is composed of five ancient parishes, which are now consolidated into one London borough?—Yes.

2535. Is it all situate in one county?—It is all in the Administrative County of London, but, dealing with coroners' franchises, I believe they extend out beyond the Metropolitan area.

2536. The area of the borough is 9,199 acres?—Yes.

2537. And its rateable value is 2,103,112*l.*?—Yes.

2538. You want to call our attention to a difficulty that has arisen with regard to coroners?—Yes.

2539. You say that the borough is situated in three coroners' districts?—Or three coroners' districts are situated within the borough.

2540. But they are not wholly contained in the borough?—No, three coroners have jurisdiction within one borough.

2541. Will you kindly tell us what they are?—There is the coroner of the Duchy of Lancaster, whose district is the ancient parish of Clapham.

2542. Who is coroner for that district?—Mr. Wyatt.

2543. Then you have the ancient parish of Streatham?—Yes, that is another coroner's district.

2544. Do you know who is coroner for that?—I think Mr. Wyatt is coroner for that, too.

2545. There are two coronerships to one coroner?—Yes, but they are quite independent.

2546. Then thirdly?—The ancient parishes of Tooting, Putney and Wandsworth; they are Mr. Troutbeck's area.

2547. He being coroner for the south-western district of London?—Yes.

2548. You are kindly going to tell us what the population of the consolidated parish is?—This is the population estimated by the medical officer of health: in Clapham we have 69,500; in Putney, 31,210; in Streatham, 106,330; in Tooting, 34,510; and in the ancient parish of Wandsworth (the parish as distinct from the borough), 102,190.

2549. I believe for some time you have been considering the question of providing better mortuary accommodation?—We have.

2550. Will you tell us what the present accommodation is?—There is a mortuary at Clapham, at Streatham, at Tooting, and at Wandsworth.

2551. Four mortuaries?—Yes.

2552. Are they each provided with a proper post-mortem room?—Yes. Mr. Troutbeck would not, perhaps, say yes to that with regard to the Tooting mortuary, because he has lately insisted on all bodies being taken to Wandsworth, which is really a worse mortuary though it is more central. The difficulty is not so much about mortuaries as about coroners' courts.

2553. Will you kindly tell us what the difficulty is?—The London County Council took the initiative in the matter and asked us, when we were thinking about greatly extending our mortuary accommodation, whether we would build a coroner's court, and they offered to recoup us for any expenditure in that respect by way of a percentage on the expenditure proved by them. The idea was that the coroner's court and the mortuary should be in one building.

2554. (*Sir Horatio Shephard.*) For the whole borough?—We wanted it for the whole borough, but some time ago, on their own initiative, they built a coroner's court in Clapham, in the Duchy of Lancaster part; but it is quite in the north corner of the borough.

2555. (*Chairman.*) It is not in a central position?—No, and it is not the incorporation of the mortuary but a coroner's court; it is a court built by themselves entirely for their own purposes on their own initiative, without consulting us at all.

2556. When was that done?—Twelve years ago. There is a mortuary within easy distance of it. In order that it might be made clear to you, I have had a map, one of the ordinary maps of the borough, marked out showing where this coroner's court and the mortuaries are. There are mortuaries at Clapham, Putney, Streatham, Tooting, and Wandsworth, marked 1 to 5 respectively, on that map.

2557. Then the mortuary at Wandsworth is marked 5?—Yes; that is now used for inquests from Putney, Tooting, and Wandsworth; that is to say, the bodies are taken there, and the inquest is held in a room, whatever room may be available, in the adjacent town hall. There is no coroner's court as such.

2558. The town hall may be required, of course, for other purposes?—It may be. That is sometimes a difficulty. The town hall is mostly required in the evening, and in that event we try to force the coroner's attendance in the morning, because it is the only time the room is available.

2559. The Clapham inquests are held at the coroner's court marked 6?—That is the court which has been built by the London County Council itself. I believe they desire to depart from that precedent. They like the mortuaries to be incorporated with the coroner's court; they paying, perhaps, a moiety of the cost of the erection of both; the obligation being on them to provide a coroner's court, and on us to provide a mortuary. But our difficulty is in getting one court that all three coroners, or at least two of the three, will use.

2560. At present it would be unlawful for them to do so?—Yes; and there is a very extraordinary thing upon that matter to which our attention has been called. The Tooting bodies are at present being removed to Wandsworth, but they cannot be removed to Wandsworth without going through another coroner's district.

2561. Who might catch them in transitu and hold the inquest?—So we are told. But I believe the police are kind to one another in that respect. At the same time, it is a matter of fact.

2562. You have kindly given us, which we can incorporate afterwards, the number of inquests held in the borough during the last five years?—Yes; this is the statistical statement. The number of inquests held in the borough during the last five years is as follows, viz.:—

Year.	Clapham.	Putney.	Streatham.	Tooting.	Wandsworth.	Total.
1904	47	24	47	18	85	221
1905	38	21	52	17	81	209
1906	29	31	35	31	86	212
1907	33	13	49	27	49	171
1908	51	29	38	30	56	204

We have a considerable number. We are a large riparian borough, and we find that augments the inquests; there are a good many suicides in the river.

2563. And drowning fatalities?—Yes; then we have a large number of public institutions, gaols, and imbecile establishments, at which inquests are often necessary, and which are held there.

2564. In the case of gaols and imbecile institutions, do any difficulties arise?—No, but I mention it because it tends to swell the number of our inquests.

2565. Then I think you say that your council is in possession of land which would be suitable for the erection of a mortuary and coroner's court?—Yes, we have land adjacent to Streatham Cemetery, and that cannot under the Burial Acts be used for ordinary building purposes, so that it is really a buffer between the cemetery proper and the adjacent houses.

2566. Would it be a convenient central station for the court?—Very convenient; it is not exactly in the geographical centre of the borough, but it is quite the best site in regard to the tramway system—the means of communication would be excellent—and the London County Council approved of the site, but then they took the advice of their legal advisers, and they found that if we built the coroner's court on that site they could not be sure that the coroners would use it.

2567. They could not use it, could they?—It is in the liberty of one coroner and not in that of the other two.

2568. And only the coroner in whose district it was could use it?—So we are told.

2569. (*Sir Horatio Shephard.*) Unless you arrange it so as to be on the frontiers of the two?—Yes; as a matter of fact it is so.

2570. And have one room for one, and one room for the other?—That is the property No. 9 on the map. That was the proposed site that was acceptable to the London County Council and ourselves, and the plans would have gone through if we only had any legal power to cause the coroners to use it.

2571. (*Chairman.*) I am afraid nothing but an Act of Parliament would do what you require?—So we were advised. At first we thought it could be done by an Order in Council, but we were otherwise instructed.

2572. Have you any suggestion to make as to what should be done?—Our wish is to use that piece of land which is acceptable to the London County Council and to ourselves, and if possible to get some modification of the law that can enable the coroners, if not to compel the coroners, to come to the central coroner's court.

2573. You have not thought of getting a clause in a private Bill?—In the General Powers Bill of the London County Council we have thought of that, but that thought has been deferred pending this Committee. The moment we saw this Committee was appointed, we thought this was our place of refuge.

2574. Have you thought of any general recommendation which this Committee could make which would meet your case and similar cases?—As a matter of fact I do not quite know the terms of reference to this Committee, so that I am not sure whether the matter that we have this difficulty about would be in your purview at all.

2575. We have to inquire into difficulties arising in the administration of coroners' law, and then to report; but it does not follow that our report would be adopted?—No, but it would have great weight and might facilitate the passing of a clause in the General Powers Bill of the London County Council.

2576. What do the coroners themselves say about the proposed scheme? Are they hostile or favourable?—I have never heard of any expression of hostility, but, if I may say so in the presence of a coroner here, I gather that they are to a great extent a law to themselves. As regards the coroners for whom the London County Council are responsible, the county council seem to have the power of appointment, but I do not gather that they have the power of control.

2577. (*Sir Horatio Shephard.*) So far as convenience goes, I understand that this would be probably equally convenient to all the coroners?—I should say so; certainly when you add in the court that already exists in Clapham on the northern fringe of the borough, there would be the most splendid accommodation if they could either agree to use it, or be compelled to use it. But I lay some stress upon the last word "compelled," because my council do not wish to go to the expense of building a mortuary and incorporating therewith a coroner's court unless we have some substantial security that the coroners will use it when it is there. And then one coroner cannot bind his successor.

2578. (*Chairman.*) Our difficulty is that we have to consider not only this local difficulty, but whether in making any recommendation we should be interfering with other places as well. We could only make a general recommendation?—But on that may I say that I am informed (and probably you will have means of ascertaining it) that the borough of Southwark is situated much in the same way as we are ourselves,

and that representations have been made by the borough of Southwark to the London County Council, and, I am informed, also to this Office, the Home Office, that their difficulty is exactly analogous to our own, and it might be a matter for further inquiry; so that you might have more than one specific instance on which to generalise. I am informed that the Southwark Borough Council has felt the difficulty and taken action on it.

2579. The point that your evidence tends to is that it might be convenient to provide by legislation that a coroner may hold his court outside the limits of his jurisdiction in certain cases?—Yes, that is in a borough where, for example, there are three coroners.

2580. Where the coroners collide?—Yes, or where they remain apart one coroner's court would be a sufficient provision, and it should be obligatory on those coroners to use it. It is no use our building a court if the gentlemen refuse to use it.

2581. Do the borough councils build the court?—The county council is departing from its former habit of building courts, and as the borough councils have to provide mortuary accommodation, they say, "Now let us work together and incorporate with the "coroner's court which we, the county council, are "bound to provide, the mortuary which you are bound "to provide."

2582. Do you think that it would be convenient, eventually, that each borough should have its own coroner and pay him?—Yes, we do; but I should go a little further than that. I should say that, as some London boroughs are small in area, one coroner might do for two or three boroughs. It would not do for us, because we are the largest borough in the metropolis, the largest in area, and the largest in population, and only, I think, the third in rateable value.

2583. At present you have three coroners appointed, curiously enough, by very different authorities: Mr. Troutbeck, the coroner for Westminster, is appointed by the Dean and Chapter?—Yes.

2584. Mr. Wyatt is appointed for Clapham by the Duchy of Lancaster?—Yes.

2585. And your third coroner would be appointed by the London County Council?—Yes.

2586. But they are all paid by the London County Council?—Yes.

2587. If the boroughs had coroners of their own, they would have to pay them?—I am not suggesting that we should pay the coroners. What is wanted, I think, is some administrative authority over these gentlemen.

2588. (*Sir Horatio Shephard.*) For the borough area?—Yes; they might be re-allotted in the metropolis with great advantage, and have a central coroner's court for a borough like Wandsworth, say. Battersea has a borough coroner's court, but Battersea might very well be served by the Clapham one. That gives you an example. Holborn and Finsbury do not require two coroners.

2589. (*Chairman.*) Have you ever considered whether the borough council boundaries are convenient coronatorial boundaries or not?—I should think they are, because they are either parishes in themselves or aggregates of parishes. The coroner's area would be defined by so many parishes out of the county.

2590. (*Mr. Bramsdon.*) Can you tell us the total population of Wandsworth altogether?—343,740.

2591. With reference to the coroners being a law unto themselves, I take it they are bound to obey the law of the land?—No doubt they are.

2592. And they can go no further?—No; but then there is not much law, so far as I gather,

2593. And they must administer the law as it exists?—Yes.

2594. I should like to follow you a little more as to your suggestion. Do I rightly gather that you would like to give power to authorities to build mortuaries and post-mortem rooms which may be used and appropriated by coroners in adjacent districts?—I do not say in adjacent districts outside the borough area.

2595. Within the borough area?—Yes, I think the three coroners in one borough might very well be served by one central court. The difficulty, of course, is that you cannot have this court in three areas; it must be in one.

2596. But I am only trying to meet your difficulty and help you rather than otherwise. Perhaps my suggestion is not capable of being carried out; but would it meet your case if a general power were given to use and appropriate mortuaries and post-mortem rooms in courts such as you suggest, and give power to the Privy Council to decide in which cases that authority may be put in force?—Yes, I think that would meet our case.

2597. That would get over the difficulty of making a general power applicable throughout the United Kingdom?—Yes, but I would rather have it obligatory upon the coroners, and not merely optional.

2598. In the case I mentioned, if power was given to the Privy Council, then the power of the authorities and the duties of the coroners might be extended and altered by an Order of the Privy Council?—So far as to meet this particular case.

2599. I do not know if you follow me in my idea as to whether you might give a general power and authority for these districts to be amalgamated or otherwise for the purposes of these particular powers, and then direct that they shall not be used unless an Order in Council is made accordingly?—Yes, I think that would meet the case, quite. The Privy Council would hear a representation.

2600. I should like to follow the chairman's question about accommodation, and so on. What is the area of your borough?—9,199 acres.

2601. That is a very big area?—It is a very large area, but it is not so largely covered with population; it is remarkable for the number of open spaces it contains, commons.

2602. But the Chairman's question was so important that I should like to carry it a little further. Do you think that it would put witnesses, and other persons perhaps, to serious inconvenience if they had to go from all parts of the borough to one particular place where the inquests would be held?—I do not think so now, and I think it would be still less so in future, because the tramway accommodation has extended and is extending so much that it would be very easy for any person to get to such a central site as that which the London County Council accepted and we promoted.

2603. At any rate, if my suggestion could be carried out, of a general power of an Order in Council, that would be a matter for the Privy Council to consider when they made the Order?—Yes; it should be on a representation or petition to them.

2604. (*Chairman.*) Is there anything else that you wish to add?—There is one other point that I want to suggest for the consideration of the Committee, that is, whether it is necessary for the whole 12 jurors to go and view the body. Supposing that the county council provide a coroner's court and we retain our mortuaries, why should it be necessary for the whole 12 men to go and view the body?

2605. You can hardly have part of the jury going and part not?—No, I am not suggesting that. I mean the whole 12. I think the coroner's officer, or the coroner, or the medical man who had conducted the autopsy, ought to be able to prove that the dead body was there as a matter of fact.

2606. (*Sir Malcolm Morris.*) What is the objection to the 12 jurymen visiting the body?—We have at present five mortuaries, and supposing we do not incorporate the coroner's court with the mortuaries, we provide our mortuaries parochially and the county council provides its coroner's courts, certainly it becomes a great difficulty for the jurors if they are sworn at a central coroner's court.

2607. Your point is the separation of the mortuary from the coroner's court?—Yes. The mortuaries exist; the coroner's court does not.

2608. Under present circumstances have jurors to go to the mortuary, and afterwards to the coroner's court?—I think it is the other way; the jurors are sworn first at the coroner's court, and then taken by the officer to a mortuary.

2609. And then back again?—Yes. It is a great waste of time, and I have never been able to see the necessity for it.

2610. (*Chairman.*) Would you not agree that in a case where it was a question of whether wounds were self-inflicted, or whether they had been inflicted by somebody else, a sight of the body is important to the jury?—To a coroner's jury!

2611. You know what coroners' juries in Wandsworth are, perhaps, better than we do?—Yes.

2612. Would not your argument go to this length, really: that the coroner's jury might conveniently be dispensed with in the majority of cases?—If all coroners were like Mr. Bramsdon, I daresay it might. I do not attach very much weight to a coroner's jury, as a matter of practice. Tell it not in Gath, perhaps.

2613. Have you been at inquests yourself?—Yes, from time to time.

2614. Have you ever known any objection on the part of jurymen to seeing the body?—I cannot call to mind any specific case at the present time, but I have always understood that they hurry through it in a most perfunctory way; they do not seem to take any interst in it.

2615. (*Mr. Bramsdon.*) I take it that you know that there is a Bill now in Parliament with the object of dispensing with the viewing of the body?—I was not aware of that.

2616. If that were passed it would meet your views?—I think so.

The witness withdrew.

Mr. LEONARD MATHESON, L.D.S. Eng., examined.

2617. (*Chairman.*) I think you are an ex-President of the British Dental Association?—I am.

2618. And you are President of the Odontological Section of the Royal Society of Medicine?—Yes.

2619. You are yourself a practising dentist?—Yes, and perhaps I may add that I qualified in the year 1877, receiving at the hands of the Royal College of Surgeons of England their diploma in Dental Surgery: that is to say, I am a qualified dentist but not a qualified medical man. I was on the staff of the Victoria Dental Hospital, Manchester, for some six years, and for some 16 years I was on the staff of the Royal Dental Hospital in London, and I lectured for some years at Owens' College on Dental Surgery. I just mention these facts to show that I have come in contact with a good many students and practitioners, and I feel able to represent their views on this matter, although I was not the person nominated for the purpose of giving this evidence, my friend Mr. Norman Bennett, the Hon. Secretary of the British Dental Association, having been first nominated. He is ill, and I am taking his place.

2620. Of what does the British Dental Association consist?—The British Dental Association was formed in the year 1881 to promote the administration of the Dentists Act, which was passed in 1878, and to do all that it could to further the interests of the profession and to promote professional feeling among dentists. Out of the 5,000 dentists at present on the Register in Great Britain and Ireland its membership consists of 35 per cent., and I may say that of the 5,000 registered dentists, those who are actually qualified, are now about 58 per cent.

2621. I am sorry to say that I do not know the difference between qualified and registered?—In the year 1878 the Dentists Act was passed, the purpose of which was to distinguish those dentists who were properly trained and fit to practise dentistry from those who were not; but at that moment anyone practising dentistry in any shape or form was placed on the register; it was felt that it was only fair; but thereafter whoever was admitted to the register had to obtain the qualification of Licentiate in Dental Surgery from one of the examining bodies, the College of Surgeons of England, or Ireland, or Edinburgh, or Glasgow. Therefore, after the year 1878 everybody who entered the profession and was put on the register had to take this qualification, which meant that he had been trained for at least four or five years and had been trained in Medicine and in Surgery up to a point, and in all things appertaining to his practice.

2622. (*Sir Malcolm Morris.*) As long as four or five years?—Yes; for three years he has to work at his mechanical work, and for two years he has to study at a hospital.

2623. (*Chairman.*) For two years he is attached to a general hospital?—For two years he is attached to a general hospital, and at the same time to a special hospital.

2624. Doing both contemporaneously?—Doing both contemporaneously—working at a general hospital alongside of students who afterwards become general practitioners, and working the rest of his time at a dental hospital or in the dental department of a general hospital.

2625. And taking the courses that the ordinary medical student takes?—He goes through the general courses of Anatomy and Physiology, and he takes a course in Medicine and a course in Surgery and Lectures, and he is afterwards examined by members of the Royal College of Surgeons in Medicine and Surgery so far as they appertain to his own particular work.

2626. Does he do clinical work in hospital?—He is not called upon to go round the wards; it is at his option, and he very often does.

2627. He takes Anatomy and Physiology as a compulsory part of his training plus examination in Medicine and Surgery?—And he has also to attend a course of lectures on Medicine and a course of lectures on Surgery.

2628. (*Dr. Willcox.*) Is dissecting compulsory?—Dissecting is compulsory.

2629. (*Chairman.*) You want to submit to us some observations on the proposed Bill* dealing with the administration of anæsthetics?—If you please. I desire to say on the part of the British Dental Association, and I believe in doing so I represent the enormously predominating feeling of the dental profession, that this Bill, which as it stands would exclude dentists from administering anæsthetics for dental purposes if it became law, would be unjust, and that it is not called for; principally or primarily on this ground: that the dental student as a dental student has all his training based on a foundation of general Medicine and Surgery, and further he has very particular opportunities of being trained in the administration of anæsthetics for dental purposes.

2630. May I ask you, in passing: Does the point that you make refer simply to existing dentists or to future dentists?—To both, if I may say so, but more particularly to future dentists; because every dentist whose name has been placed on the Register since 1878 (with certain exceptions in the years immediately succeeding 1878) has had, and still has to go through courses of medical and surgical training and examination, and when they are in the special hospitals the men are frequestly put through a training in the administration of anæsthetics for dental purposes.

2631. (*Sir Malcolm Morris.*) What kind of anæsthetics?—Almost entirely nitrous oxide gas, and it is that on which I would lay particular emphasis.

2632. Do you object to the Bill so far as it applies to chloroform and ether?—Personally I should not, though I am bound to say that a good many others would object to it.

2633. They would not be satisfied if it exempted nitrous oxide alone?—A great proportion of them would be satisfied if nitrous oxide were made the only anæsthetic permitted to them.

2634. (*Chairman.*) You have administered anæsthetics yourself, I suppose, very largely?—I did as House Surgeon at the Royal Dental Hospital years ago, and when I went to Manchester, where I first practised,

* *See* Appendix No. 3.

when trained anæsthetists were unheard of, I administered for my partner and he administered for me; when I was operating he administered for me, and when he was operating I administered for him. I administered also at the Victoria Dental Hospital, Manchester, which was then founded, and where at that time we had nobody to look to to give anæsthetics.

2635. And so far as nitrous oxide is concerned, have you ever seen any accidents?—I have never seen an accident. I have seen such things as stoppage of respiration, which has been dealt with, of course, at once.

2636. You have had to resort to artificial respiration?—Yes, I think I can remember two cases, one hospital case and one private case.

2637. Have you known any case in which you have had not only to resort to artificial respiration but also to tracheotomy?—I have never known such a case; I only know of one such case recorded.

2638. In your opinion is nitrous oxide a very much safer anæsthetic than either chloroform or ether?—In my opinion it is, and I think that is the prevailing opinion of men who have had much wider experience than I have in giving anæsthetics.

2639. In what class of cases of dental surgery would you use a longer enduring anæsthetic like chloroform or ether?—One would use ether either alone or in addition to nitrous oxide in those cases where from nervousness or from some other cause it becomes desirable to make one operation, where many teeth have to be extracted, instead of successive operations as you would have to do if you used nitrous oxide.

2640. How long as administered by you would nitrous oxide last?—Something under a minute, or thereabouts.

2641. So that you could not take out more than two teeth at one sitting?—From one to several. But recently what has been called prolonged anæsthesia under nitrous oxide has been practised; that is managed by means of anæsthesia kept up through the nose so that you can still operate on the mouth whilst the patient is receiving the gas, and in that way you can operate for 3, 4, 5, up to 6, 7, and 8 minutes; but it is not practised so much as one might expect, because it leaves the patient almost more uncomfortable and unhappy afterwards than the administration of ether or chloroform.

2642. Do you agree that both ether and chloroform are a good deal more dangerous than nitrous oxide?—I do; they fall into quite a different category from nitrous oxide.

2643. Would it not be a protection to dentists if in the case of the administration of ether or chloroform they had to have a qualified medical man present?—Personally, I think so, provided always that that qualified medical man was a man familiar with giving it, which every medical man is not.

2644. There are a great many more medical men in England than there are dentists, I take it?—I suppose so.

2645. So that in case of a serious operation which was likely to last for some time, it would always be possible to get a medical man to administer the nitrous oxide?—I suppose so; but a case like that would not be like that of a man with a raging toothache who comes to have his tooth out, and might have to wait half a day or a whole day in order to get a qualified practitioner to attend and give him gas.

2646. Before you administer the gas to a patient do you make any examination of the patient to see whether he is fit to have the gas administered to him?—No, nor does the trained anæsthetist.

2647. But before administering chloroform or ether, you would do so?—Certainly.

2648. Any man who was about to administer chloroform would make a thorough examination of the patient with regard to the state of his heart?—Yes, and respiration.

2649. To see that his respiration was clear?—Yes.

2650. And to some extent as to what were his habits and mode of life?—Yes.

2651. You yourself would be satisfied if this Bill, assuming it to pass, allowed the administration of nitrous oxide by dentists, but in the case of other anæsthetics required the presence of a qualified medical man?—Yes, I should.

2652. I suppose now there are an increasing number of medical practitioners who have had a special training in anæsthetics?—There are in large towns. In London there are a number of medical men who give themselves up entirely to that work and hold hospital appointments for it; and in Manchester and Liverpool, and in other large towns, the same thing has come about.

2653. But it is now a compulsory part of the ordinary training of every student in most of the London hospitals?—I was not aware of that. As a matter of fact they are given a very perfunctory training, a training which would not make me trust to their giving nitrous oxide at all. I should like to say in this connection that the one terror of a country dentist who has no ordinary access to a trained anæsthetist is, lest his patient should say to him when he is going to have gas, "If you do not mind, I should "very much prefer my own medical man to give the "anæsthetic." I have been in that position as a dentist, and I have throughout the administration quaked for the patient's sake; and that is the current feeling towards the medical men (it is no depreciation of them to say so) who have had little or no experience in giving particularly nitrous oxide, which, although it is a safe anæsthetic, is rather peculiar in its administration.

2654. It requires a certain amount of manual dexterity as well as knowledge of the anæsthetic?—Yes, and it is quite different, as any medical man here will know, from the administration of chloroform or ether, which is more or less an open, loose method. With gas you have to extirely exclude the air, and I have seen an ordinary medical man hold the apparatus a little way off the face. That is a very strong point; you may take it for what it is worth out of my lips; but the ordinary medical man who has not held a hospital appointment as anæsthetist, with exceptions, of course—and there may be many exceptions—is a man whom the dentist, if he had his own way, would not trust to give nitrous oxide.

2655. Can you give us any figures as to the number of administrations of nitrous oxide by dentists?—I have been guessing at that, if I may say so, and asking other practitioners. It is impossible to say, of course, but we may take it in this way, I think. There are 5,000 registered dentists, and if you reckon that each of those every day has one gas case—which probably will be below the mark—that is 5,000 cases a day. If you muitiply that by 365 days, you get something less than 2,000,000 cases in the year.

2656. (*Sir Malcolm Morris.*) Sundays?—We will not count Sundays; let us say 300 days. But it is such an enormous number that you can afford an enormous margin—say 200 days if you like; that would give a million cases a year, and in the course of 20 years that gives twenty millions.

2657. (*Chairman.*) What proportion of accidents have happened, so far as you know?—I do not know of any except those that have come before you, I believe, at the instance of Dr. Hewitt; and I should be prepared to multiply those by cases that have not been heard of, and say that, in proportion to the cases in which nitrous oxide was given, they were negligible.

2658. (*Sir Malcolm Morris.*) Is the proportion of qualified medical men who become dentists increasing?—If you mean of those who hold a medical qualification, I am afraid I am not in a position to say. There is always a fairly large number, but whether it is increasing in proportion to those who only take the L.D.S., I am not prepared to say. Perhaps this scarcely bears on your inquiry, but I may say that necessarily the proportion of those holding the L.D.S. is steadily increasing as compared with those who hold no qualification at all.

2659. Have you any idea as to the proportion of non-qualified men who were put on the register, still remaining?—Yes, I can give you that almost exactly. The qualified dentists now are now 58 per cent. of the total register.

2660. That number is gradually increasing every year?—Yes.

2661. (*Chairman.*) It is 30 years since the Dentists' Act came into operation?—Yes.

2662. (*Sir Malcolm Morris.*) Is there any difference in the number of accidents from nitrous oxide during the earlier period when there was a larger percentage of non-qualified men, and the numbers at the present time?—I am not aware that that is so; it has not presented itself to my knowledge at all. And that, of course, would strengthen the position that, even in the hands of an unqualified man who is experienced in giving it, there is no danger.

2663. Is there any material difference as to the method of administering it now as compared with when it was first introduced?—Yes; when it was first introduced there was a great deal besides the actual anæsthesia caused by the nitrous oxide—pure asphyxia. It was given alone then. Now, one might say that it is almost universally given either with the admixture of a certain proportion of air, or, preferably, oxygen; so that that does away to a great extent with the danger.

2664. In your own practice do you use it with an admixture of oxygen?—I leave it entirely in the hands of the anæsthetist. Practising in London, and having trained specialists here, for the sake of having everything as perfect as I can for my patient's sake and for my own sake, I ask the anæsthetist to come in; but if I were in the country, I should certainly administer it in preference to asking my next door neighbour, a medical man, to do it, unless I had taught him, as many dentists do teach their medical colleagues.

2665. I want to ask you this other point: Supposing you were in the country, in that sort of way, would you think it right to administer gas yourself and operate at the same time?—I should deprecate it, and I should always have somebody else.

2666. Have you any reason to believe that that practice is being followed among dentists?—I think it is.

2667. You say that you deprecate it?—I deprecate it, but I do not think, as a matter of fact, there is a great deal of harm arising from it.

2668. In a small country village where it is very difficult to get in medical men who know anything at all about it, how would it be done?—Then I should not hesitate, if I were the dentist, to give it myself and to operate myself, having anybody that I could trust, a nurse or an unregistered assistant there to hand me anything I wanted, being prepared myself to deal with any emergency that arose under those circumstances

2669. It would not be right for it to be done by the dentist alone?—I think not, because you ought to have somebody in the room to fetch or carry or go if necessary for anything you want I do not myself make so much as some would of the argument that the man operating cannot watch the anæsthesia of the patient. I myself, when I have gas cases (though I have not given gas for something like 20 years), find that I have my eye quite as much on the patient's condition as a whole as on the piece of the work I am doing.

2670. Then your point is, that dentists should not be prevented from giving gas when they are properly qualified, and have had a training in it, but that they should not give other anæsthetics unless they are qualified medical men?—I am not sure that I should go quite as far as that. What I should insist upon is that they should be allowed to give nitrous oxide. You may say that that comes to the same thing; but I should not emphasise the other point, particularly as I am not appearing only for myself, but for those who I know would not insist upon it. For instance, at the Edinburgh Dental School the administration of anæsthetics is made a great deal of. There, before a man can qualify as a dentist, he has to bring a certificate to show that he has administered anæsthetics 50 times at least.

2671. (*Chairman.*) But anæsthetics may mean either nitrous oxide gas or some other anæsthetic?—That is why I instanced it. I believe that there they do, in suitable cases, make a student who is going to be a dentist administer chloroform, and I believe they do that because they think he is thereby qualified to deal with it.

2672. (*Dr. Willcox.*) May I ask whom you employ in your own practice for giving anæsthetics?—A trained anæsthetist, a man like Dr. Buxton or Dr. Hewitt, or Mr. Carter Braine. But when I make that reply some might naturally say, "Does not that go counter to your feeling that dentists should give gas"? I say, "By no means." The expert who makes the administration of anæsthetics a speciality is a man we welcome: the general practictioner can never be expected to stand on the same level.

2673. Do you agree that a clinical examination of the patient is advisable before an anæsthetic is given?—No, I do not, from my experience, certainly with regard to nitrous oxide, and also from my knowledge of what the trained anæsthetist does. You may say that he can tell a great deal from the face and appearance of the patient, as doubtless he can; but unless the patient has requested it I have never known a trained anæsthetist in my room ask the patient to submit himself to examination.

2674. Before administering gas?—Yes.

2675. But before administering ether or chloroform?—Then I should say that a man who did his work properly would naturally make an examination.

2676. You are aware that certain cases of heart disease run a great deal of risk, even in taking gas—cases of aortic disease, an aneurism?—Yes, quite.

2677. In such cases it would be advisable for an examination to be made beforehand?—Yes, and supposing one were told by the patient or by the patient's medical man that the condition was such, I take it that a trained anæsthetist would make an examination; and if the dentist was informed of the condition, then I think he would only be doing right to call in a specialist, and I think that he would do so.

2678. So that, on the whole, it would be safer for an examination always to be made, in order to be absolutely certain?—Yes, as a counsel of perfection, which the anæsthetist himself never practises.

2679. In cases of death under an anæsthetic, where a dentist gives the anæsthetic has it been your experience that there has been a difficulty with regard to the death certificate?—I have known personally of no such case.

2680. But a dentist is unable to give a certificate of death?—Yes.

2681. With regard to ethyl-chloride, do dentists give it much?—Yes, I believe they do, although I believe they are beginning to fight shy of it, because of the accidents that have occurred.

2682. Would you place ethyl-chloride in the same category as ether and chloroform?—I should.

2683. I think you said that compulsory clinical work is not necessary to a dentist?—Do you mean in hospitals with regard to giving anæsthetics?

2684. Yes, examination of the heart, and so on?—That is not so.

2685. (*Mr. Bramsdon.*) I take it that under your suggestion one dentist would administer nitrous oxide for another?—Yes.

2686. Would there be any difficulty in the matter of cost in cases such as we were speaking of, in calling in a medical man or calling in another dentist to assist in the administration of the anæsthetic?—I think that is a most important point, and if you had not asked me the question I should have proposed to raise it. It would certainly add to the cost; you could not expect a medical man to come in and administer an anæsthetic without doubling the fee; he must have a fee as much as the dentist has at least. That is one reason, I think it is a subsidiary reason, against the Bill. A rich person can get a trained anæsthetist, and think nothing of the extra fee; a very poor person can go to a hospital, but the large middle class to whom 2*s.* 6*d.* or 5*s.*, and still more, half a guinea or a guinea means a great deal, will go on with toothache and suffer rather than pay a double fee. I think, seeing that the number of fatalities in comparison with the number of administrations is so ridiculously small, that to compel a patient to have a medical man called in to give gas would be a real hardship to the public.

2687. When gas is given in the case of a dental operation, do you charge extra for the gas?—If the dentist gives it?

2688. Yes?—I think always.

2689. Then even if another dentist were called in it would add to the expense?—Yes, it would. On the other hand, it would scarcely be quite so much; they might arrange very likely for a lesser figure than a medical man would charge, because it must be remembered that a medical man would have to carry about his apparatus, which is rather heavy and cumbersome, and would have always to keep it supplied; whereas if two dentists who were neighbours gave gas for each other they would each have their apparatus in place, and it would be a simpler and less costly thing for them.

2690. What would happen in case of the poor in villages, say, where there are no hospitals handy?—Then you find the dentist charges a very low fee for the operation without gas, and even when that fee is doubled as it may be when gas is given it would still be extremely small.

2691. You think that dentists in these poorer districts adapt themselves to circumstances as regards charges?—Yes, I do.

2692. As regards the nitrous oxide gas itself, is that a cheap or expensive gas?—Taking the gas and apparatus together, I really cannot tell you what the percentage of cost would be; but I imagine—this is quite a rough guess—that for each administration the actual cost of material would amount perhaps to 1*s.* or 2*s*; it might be 6*d.* for all I know.

2693. What I mean is, the apparatus having been found, what would be the out-of-pocket expense to the dentist of a single administration?—I am sorry to say that I cannot tell you.

2694. Would it come to 1*s.* or 2*s.*?—No, perhaps not, because one knows that country dentists in some places will give gas and do the operation for 2*s.* 6*d.*

2695. (*Sir Malcolm Morris.*) And 2*s.*?—And 2*s.*; so that makes the cost of the gas nothing; but any medical man would know that one does not charge for the gas; one charges for the skill in giving it.

2696. (*Mr. Bramsdon.*) Can you tell us how the poor get on now when gas is required; do they dispense with it altogether?—The poor would go if they could to the nearest town, and if they went there they would manage to get the money to do it. If the dentist was a decent sort of man, I suppose he would do as many medical men do—do it at his own loss. But there is another point too, and that is, that recently local anæsthetics have come very much into vogue.

2697. That is another point which I understand you are coming to presently. Do I correctly understand that those dentists who were in practice before the Act of 1878 administer nitrous oxide now?—They have done all along.

2698. Therefore, you would not except them from the administration of it if this Act were passed?—I do not think anybody would dream of doing so. If I might say so, the Legislature would not legislate retrospectively, I take it.

2699. (*Chairman.*) I want to ask you this question, which arises out of a point which was raised incidentally. You think it objectionable that a dentist, if it is possible to avoid it, should give the anæsthetic and operate himself?—Yes.

2700. Is there any body corresponding to the General Medical Council which has any sort of control over dentists?—The General Medical Council is the only body, except that the colleges which give the diploma have a certain amount of control.

2701. Is there any body that can make rules for dentists and say, except in cases of urgency, it should not be lawful for the dentist himself to operate and to administer the anæsthetic?—I should think the General Medical Council would have power to do that.

2702. There is no dental authority with that power?—No.

2703. I suppose you agree that from every point of view it is objectionable that a dentist unaccompanied by anyone else should administer, say, chloroform to a woman?—Yes, unquestionably.

2704. Cases have appeared in the "Times," you may remember, where false charges were made?—Yes.

2705. And, curiously enough, those false charges were made in perfectly good faith?—Yes. I have had to give evidence in Manchester myself in a case where a brother practitioner was charged with a charge like that, under nitrous oxide; he had been foolish enough to give gas alone. For his own sake the dentist should not give even gas alone.

2706. I did not know that cases had even arisen with nitrous oxide?—That is so.

2707. They have arisen more frequently under chloroform?—Yes.

2708. And there are special reasons, are there not, with chloroform?—Yes.

2709. I will just ask you one further question on this. Do you agree that when a fatality occurs under an anæsthetic (I am not speaking merely of dentists, but of anybody) there ought to be an inquest, or that the coroner should at any rate hold an inquiry?—I am not sure that I am prepared to answer that question further than to this extent, that in my mind it would depend altogether upon whose hands the case occurred in.

2710. For scientific purposes, is a scientific inquiry desirable into the cause of death under anæsthetics, so as to avoid future accidents. Do you think we should get valuable information?—I should not have thought so.

2711. Supposing this legislation were to take place, what would you say about persons who are unregistered dentists administering anæsthetics?—I should say that they are entirely out of the question; they should not be allowed to do so.

2712. Will you give us your reasons for that view?—With pleasure. The fact of a man being on the register shows that he has been educated and trained and examined in those things that he sets out to perform for the benefit of the public. An unregistered man gives you absolutely no guarantee of that kind, and therefore he is entirely unfit to deal with any surgical matter whatever.

2713. He may be skilled or unskilled, but there is absolutely no test?—There is no guarantee.

2714. If a highly skilled foreign dentist, say an American, comes over here, are there any means by which he can get on to the register?—If it can be shown that the qualification which he possesses is equivalent to that given here and calls for an equivalent curriculum, then he is allowed to practise. If he cannot show that, then he has to submit himself to an examination and to a shortened curriculum.

2715. But he can get on to the register?—Yes, if that is shown.

2716. And it is his own fault if he does not if he is a highly qualified man?—Yes.

2717. (*Mr. Bramsdon.*) I should like to ask you upon that, what is the position of companies of unregistered dentists?—At the present time I may say that in Ireland it has been shown that a company which is run by unregistered men is illegal. Here in England we have had much more difficulty. But it is considered a very great wrong and a very improper thing that, though you can get at an unregistered man for assuming title, you find much more difficulty in getting at unregistered men when they are members of a company.

2718. But whatever the position of a dentist *quâ* dentist may be, yet *quâ* anæsthetist who administers nitrous oxide gas, I take it that you would be clear that only those who are registered ought to administer nitrous oxide?—Yes.

2719. Whatever their other qualifications may be with regard to extractions?—Yes.

2720. (*Chairman.*) Would you have any objection to this, supposing a dental company is registered, as long as it acts through employees who are registered dentists?—So long as its work is entirely done by them there would be no objection, except the feeling, which may or may not appeal to people outside the profession, that it is unprofessional to run things by companies like that.

2721. You do not like the idea of professional men being owned by a company?—No, I very much object to it. There are very serious objections to it, I think.

2722. (*Mr. Bramsdon.*) I think dentists throughout the country are very keen about this; they are very hostile to companies containing unqualified men who practise dentistry?—Undoubtedly; for the reason that whilst you can prosecute an unregistered man if he assumes any title, which is the gist of the Act of 1878, you find it very much more difficult to get at an unregistered man if he is in the employ of a company.

2723. (*Sir Malcolm Morris.*) What is the gist of the Act of 1878?—To prevent anybody who is not registered from calling himself dentist, or dental surgeon, or assuming any title which would lead the public to suppose that he was specially qualified to practice dentistry. It is on those words "specially qualified" that all the cases have been fought; and there has been a recent case, which may be known to the Committee, in which a man has been indicted for simply having the words "teeth" or "painless extractions" set out on his premises; the simple use of such words has been held by a judge to be transgressing the Act of 1878.

2724. (*Dr. Willcox.*) Is compulsory training in the administration of anæsthetics the rule with regard to the dental curriculum?—No, it is not at present.

2725. Do you consider it desirable that it should be compulsory?—Yes, I do.

2726. (*Mr. Bramsdon.*) Supposing a dentist were left alone and tracheotomy were required, would he be able to perform the operation?—He should be able if he is a qualified dentist, if the case demanded it.

2727. It is included in his training?—It is included in his training; he is asked questions about it, and he is shown how to do it; it is not compulsory, but he is shown.

2728. (*Chairman.*) He is very unlikely to have performed tracheotomy?— As unlikely as a general practitioner who is called in.

2729. (*Dr. Willcox.*) I do not think so?—As unlikely as a general practitioner who has not been a house surgeon.

2730. They have to do operative surgery?—Then perhaps to that extent they would be more likely.

2731. Is operative surgery a part of the curriculum of dentistry?—No.

2732. (*Chairman.*) Now I want to come to another point which is raised by your evidence. You suggest that it would be well that this proposed anæsthetics Bill should apply to local anæsthetics. There we get into a difficulty, but I should like to know your idea?—I do not know how such a provision would be framed, but the point of the British Dental Association is that if you prevent a qualified dentist from administering nitrous oxide, then you compel the dentist practically to use a local anæsthetic, which has been shown to be a very dangerous thing.

2733. There I quite agree. I see that difficulty, but I want to know whether you are prepared to go further, and to say that there ought to be a legislative prohibition of the use of local anæsthetics?—Yes, I think it is desirable. I think it is more desirable than that a qualified dentist should be prohibited from giving nitrous oxide gas, because I think there is more danger in that direction.

2734. But it is rather difficult to define local anæsthetics, is it not?—There are substances of varying power and strength which act as local anæsthetics.

2735. Let us take this case. Supposing that unqualified people are forbidden to use local anæsthetics, carbolic acid is a strong local anæsthetics, is it not?—Yes, you may call it so.

2736. Supposing a man had bad toothache, a decayed tooth, you would not make it a penal offence, would you, for anyone to touch that tooth with a tiny drop of strong carbolic acid?—I would not; but by the use of local anæsthetics I meant practically the injection of a potent drug for the inducement of local anæsthesia.

2737. You would confine it to a hypodermic injection?—Yes.

2738. (*Sir Horatio Shephard.*) You do not include cocaine?—Yes, I mean cocaine.

2739. (*Sir Malcolm Morris.*) As a matter of fact, you do not mean a hypodermic injection?—I mean a hypodermic injection as applied to the gums.

2740. That is not derma?—What would you call it? Injection of a drug, thereby introducing it into the circulation.

2741. (*Chairman.*) I was thinking of the difficulties of legislation. Can you draw any distinction between dropping a drop of strong carbolic acid into a decayed tooth or on a gum, and using a local anæsthetic for the purpose of an operation?—I should have thought so by the result; that in injecting a drug like cocaine, for instance, you at once introduce it into the general system; whereas although if you apply carbolic acid over a large enough surface you can undoubtedly do serious harm, yet used in such a way as you have suggested it is not like introducing a drug into the system.

2742. Take another case, then. Supposing a man with bad toothache goes to a chemist and gets a small bottle of camphorated chloroform; that is the administration of a local anæsthetic which to some extent is taken into the system?—Yes.

2743. Do not you get into difficulties in that way?—So far as I can see, if you confine it to injection that would meet the difficulty.

2744. Injection meaning actual perforation of the skin and injection of the drug?—Yes.

2745. That would practically confine it to cocaine?—And such like congeners.

2746. But, on the other hand, you would not, for instance, interfere with a man who does this: he gets a small cinder into his eye and goes into a chemist's shop and asks the chemist to drop a drop of cocaine into it, that would not be injection within your meaning?—No. May I point out, with reference to injecting, that there is not only injecting the drug but a certain danger of septic infection. You cannot harmlessly introduce a needle under the skin or under the gum unless it is surgically clean; you may be introducing all sorts of things besides your cocaine. Presumably, if a qualified man is worth anything, he is worth more than an unqualified man, inasmuch as he knows that and will take pains to avoid it.

2747. You would be satisfied and you think it is desirable that the use of local anæsthetics analogous to cocaine should be prohibited for operative purposes?—Yes, something of that kind would, I should think, serve the purpose.

2748. Have you known of any deaths through the administration of cocaine. There was one reported the other day in the case of an unqualified foreign dentist?—Yes, and there have been others.

2749. Was that by paralysis of the respiratory organs?—Its effect on the action of the heart rather than on the respiratory organs.

2750. Those cases are few and far between?—I should say they were more than the cases which would be alarming under nitrous oxide, certainly in proportion to the number of cases in which the two drugs are respectively used.

2751. Do you think that qualified dentists should be allowed to use cocaine injections?—Yes.

2752. Without the presence of a medical man?—Yes.

2753. You would confine it to them and to doctors?—Yes, I should.

2754. (*Dr. Willcox.*) You regard cocaine and the allied drugs as powerful poisons?—I do.

2755. In your experience are the symptoms from the administration of cocaine common without death actually resulting?—Might I ask you what you mean by "common"?

2756. Fainting, tremour, collapse?—In my experience they have been common enough to make me give up cocaine. When it was first introduced I used it; and I had one or two cases which were no worse than the patient having to lie on the sofa for an hour or so and having stimulants administered, but which were so alarming to me, personally—and other persons expressed themselves as so alarmed—that I felt I had better go back to nitrous oxide.

2757. They alarmed you?—Yes.

2758. Is stovain used?—Not in dentistry, I think.

2759. Do dentists in the course of their training have instruction in therapeutics and the dosage of drugs such as cocaine?—Yes.

2760. (*Sir Horatio Shephard.*) Would it not be exceedingly inconvenient to prevent one private person from administering a thing like morphia to another?—I should think, on the whole, it would be a very good thing indeed.

2761. I happen to have known an instance in which a man had to have morphia constantly injected?—You would, I take it, in any Bill that was brought before the Legislature, have some guarding clause such as "under the supervision of a medical men," or "in emergencies," or something of that kind.

2762. (*Chairman.*) I suppose you would call morphia more of a general anæsthetic than a local anæsthetic?—Yes.

2763. It is a narcotic going into an anæsthetic?—Yes, it would scarcely be used in dentistry.

2764. I was not thinking of operative purposes?—If the Bill were so drawn that it should be improper to use it for operative purposes, except by a qualified man, then it would not touch such cases as you suggest.

2765. I will ask you a general question. May I take it that, in your opinion, with all your experience, you think on the whole local anæsthetics are more dangerous than nitrous oxide for dental operations?—Yes, I do; the result is that I rarely use them. There are some few cases in which people have such an ungovernable objection to any form of general anæsthesia that one feels called upon to use a local anæsthetic; but I do not use it once a year—if I do, I inject it myself. There are dentists of good position who do use it a good deal.

2766. If the danger of local anæsthetics could be overcome, local anæsthetics would be infinitely preferable to general anæsthetics?—It would be a perfect anæsthetic.

2767. (*Dr. Willcox.*) Have you seen these new forms of apparatus for giving local anæsthetics where water is given under high pressure?—I only know of them.

2768. They have not come into general use?—No.

2769. (*Chairman.*) Would you call freezing a local anæsthetic?—Not in the same way. There again I draw a distinction between that and injecting. I think local anæsthetics are often extremely objectionable, because they lead to trouble like necrosis afterwards, and I myself have avoided them for that reason, and many others do because there have been numerous cases of local trouble of that kind.

2770. (*Mr. Bramsdon.*) For all dental purposes would nitrous oxide be sufficient?—Yes, if you were tied down to it; that is to say, in a case where one would ask the anæsthetist to give ether or chloroform, as the case may be, you could, by a succession of administrations of gas, do what you wanted. You would have sometimes to use a more prolonged method in a case, for instance, of the extraction of an impacted wisdom tooth, which might take you as long as a quarter of an hour. Then gas would not do. In such cases as that one is very glad to get a general anæsthetic.

2771. Then dentists in such cases, if they wanted other than nitrous oxide, would have to get a medical practitioner to administer it?—Yes.

2772. (*Chairman.*) Have you anything further to add?—I do not think I have.

The witness withdrew.

Inspector HARRY SHORTHOUSE (F Division) re-called and examined.

2773. (*Chairman.*) Last time you were here you were good enough to say that you would produce a copy of the General Orders of the Commissioner of Police dealing with the duties of the Police in regard to Coroners, &c.?—Yes, that is a copy (*handing in the same*).

2774–5. I suppose you do not know whether there are similar orders in other police forces besides the Metropolitan Police?—I could not say.

2776. I want to ask you one or two questions about the view. The coroner's officer, as you said, views the body?—Yes.

2777. But that is after communication with the police and after the police have done their duty?—Yes.

2778. What is the use of the coroner's officer having the view?—It does good in some ways, because he frequently sees the coroner and says to him personally more than he can put in his report.

2779. The coroner has a view himself as well, has he not?—Not in every case.

2780. You mean a thorough examination? He has to have an actual view, has he not, just as the jury have?—He does not always view the body.

2781. He ought to do so, ought he not?—In an important murder case, or anything like that, he would do so, of course.

2782. When you were coroner's officer have you known cases where the coroner has not viewed the body?—Yes.

2783. I should like to ask you your opinion on this. You are an inspector of police and have been coroner's officer; have you any opinion as to what rank of police officer it is convenient to employ as coroner's officer?—I think a constable exercises sufficient authority. There are many cases where sergeants are employed.

2784. You think you can pick out a constable who is efficient?—Yes.

2785. Who picks him out?—He is recommended by his sub-divisional inspector, and then approved by the superintendent.

2786. He is picked out of the ordinary police?—Yes.

2787. Not the detective force?—No.

2788. The whole of the detective force is non-uniform?—Yes, the detectives are always in plain clothes.

2789. When a police officer is told off as coroner's officer, does the work take up the whole of his time?—Not always.

2790. Has he other duties to perform?—It is according to the strength of the district. In some districts, of course, he is wholly on that duty the whole time he is coroner's officer; but in other districts he acts as coroner's officer as occasion arises.

2791. Is he always available?—Yes, he is always available.

2792. How are his expenses paid in these cases?—In accordance with the Secretary of State's scale. The proper scale of fees is: 7*s.* 6*d.* for any single inquest, and 2*s.* 6*d.* for an adjournment, for the same inquest; or 2*s.* 6*d.* for any subsequent inquest; so that if there were three inquests on the same day he gets 2*s.* 6*d.* for every inquest after the first.

2793. What is done with those fees?—They are paid in to the Receiver monthly, and go to the Police Fund.

2794. Do you know into what branch of the Police Fund they go?—Into the general fund.

2795. They are paid to the Receiver of the Metropolitan Police?—Yes.

2796. Have you any opinion as to whether it is better to have as coroner's officer a pensioner or a man on the active force?—My own opinion is that a man on the active force should be always employed as coroner's officer.

2797. Have you any reasons for that?—Yes.

2798. Will you give us your reasons, please?—In the first place, he is subject to discipline, and his authority as constable gives him a greater authority as coroner's officer.

2799. You mean that he has his ordinary authority as constable?—Yes, it is well known. Everybody knows the calling in of a policeman.

2800. A constable has certain powers of arrest, for instance, without a warrant?—Yes.

2801. (*Sir Horatio Shephard.*) In uniform, you mean?—Yes, in uniform. He affords greater security and protection to the coroner in case of any opposition.

2802. (*Chairman.*) I suppose you mean that obstructing a man in the execution of his duty is an

offence with regard to a police officer, but is not an offence with regard to a pensioned officer?—That is so, and in the case of pensioned officers we would have to rely on the police in any circumstances. Then in regard to inquests, it is immaterial to a policeman what the inquests are.

2803. What you mean is that in many cases an inquiry is made which does not result in an inquest?—Yes.

2804. In the case of the policeman, inasmuch as he pays the fees into the fund it does not matter to him whether there is an inquest or not?—It is quite immaterial.

2805. He has no personal profit by reason of the inquiry resulting in an inquest?—Nothing whatever. On the other hand, the private officers are paid according to their work.

2806. He gets no fee unless there is an inquest?—Nothing whatever, and he might be put to some amount of expense, and get nothing for it, in the inquiry.

2807. He goes from pillar to post making inquiries, and if there is no inquest he gets no fee?—He gets nothing for it. That, to my mind, is the point.

2808. The important point is that the man should be on the strength of the force?—Yes.

2809. How long ago is it since you were coroner's officer?—Just three and a half years ago.

2810. Do you know what proportion of inquiries did not result in inquests?—Yes, I have been back to my old district; I have been also to Hammersmith, and my present district where I am now. Roughly speaking, they work out at one in seven. Where there are seven reports there is one certified without any inquest

2811. And six result in inquests?—Yes.

2812. That is in the three districts that you are acquainted with?—Yes. I do not not know whether it would be of service to you, but I have also got a return of the expenses for three years in my own district, showing how much the average cost is (*handing in the same*).*

2813. I do not quite understand what this shows?—It shows the amount of money received by the police for coroner's inquests, and paid into the Police Fund.

2814. For each month?—Yes.

2815. For instance, in January, 1906, you paid in 4*l.* 15*s.*?—Yes.

2816. February, which is a slack month for inquests, you only paid in 2*l.* 15*s.*?—Yes.

2817. In March the inquests were up, and you paid in 5*l.* 2*s.* 6*d.*?—Yes.

2818. April is slack again; and in May there were a good number of inquests, 4*l.* 7*s.* 6*d.* you paid in?—Yes.

2819. The best month for inquests seems to be August, 6*l.* 2*s.* 6*d.*?—Yes.

2820. Is there any reason why inquests should be flourishing in August?—I do not think there is any stiff rule to be applied to that. In the district to which the return refers, a constable is employed as coroner's officer and the work takes up his whole time. You see the average amount received by the constable as coroner's officer.

2821. Who pays the fee to the coroner's officer?—The coroner.

2822. He pays the fee to the police officer, and the police officer has to account for all the money he receives to the Receiver of the Police?—It is sent in monthly to the Receiver.

2823. Is there anything in the nature of an audit, or does he make out a list and hand it to the Receiver?—There would be a list, because it is all paid in accurately as fees for that particular work. The point which is intended to be brought out by the return is the difference between the amount received by the constable in fees and the constable's pay as a police officer.

2824. The annual average of the fees comes out, I see, at 47*l.* 5*s.*?—Yes.

2825. What would the constable's pay be?—87*l.* 8*s.* a year.

2826. Then the Metropolitan Police Fund loses 50*l.* a year, so to speak, over allowing the man to go as coroner's officer?—Yes.

2827. So it is much to the advantage of the public that he should do so?—Yes.

2828. Have you any opinion on this point? When inquiries are made, do you think the coroner's officer ought to go in uniform or in plain clothes?—In uniform, in the majority of cases; but there are some cases where, I think, the man should go in plain clothes.

2829. Ought he to exercise his discretion, or must the coroner give him instructions?—He can exercise his discretion now; the commissioner gives him that latitude; but whether it is generally laid down or not I could not say.

2830. If he is going into a rough neighbourhood it is far better for him to go in uniform?—Yes.

2831. But if he is going to a house occupied by decent people, they do not always care for a policeman in uniform to be calling there?—Yes, it might hurt their feelings.

2832. The coroner's officer is under the coroner, of course?—Yes.

2833. He gets his orders from him?—Yes.

2834. Does any friction arise between the orders given by the divisional inspector or superintendent and the coroner, the man being under two authorities?—I have never known it. Sometimes there is a little friction between the police and the coroner's officer when he is a private person; he says he takes his orders from the coroner, and so forth. But I have never known any friction between the police and the coroner himself.

2835. Have you ever come across in any part of London that you have had to do with, any irregularities in the way in which deaths were certified?—On that point I have turned up the records of my old district; there is one case I thought possibly might be information to the committee. In this case the doctor certified death, and an inquest had to be held afterwards.

2836. Did you see what the nature of that case was?—It was a case in which a woman was concerned who had had three months for her dealings with children previously, but on this occasion she managed to escape. This woman used to receive women into her house for confinement.

2837. A sort of midwife?—She was a certificated midwife. She used to receive the women into her house for confinement, and then if they wished to find foster parents for the children, she would, for a consideration, find parents. But she was well versed in the Infant Life Protection Act. She always took care that her fee should exceed the 20*l.*, generally 26*l.* Then very often these children died after the money was paid. In some cases, of course, she did find parents for them, and in other cases the children died. This woman was under observation by the police for a number of weeks, and the doctor was really cautioned by the police about this woman, but, in spite of that, he gave a death certificate for a child whose mother had been confined in the woman's house.

2838. What did he certify as the cause of death?—Natural causes. The police, from their point of observation, saw the body removed from the house by the undertaker, and followed it till it got to Acton. I might say the death occurred in Isleworth, so that the body had gone a considerable distance on the way to Kensal Green, to be buried as that of an unbaptised child. The police sent for me, and I seized the body and had it removed to the mortuary; but, owing to the amount of inquiries that were afoot by the detective department, I would have frustrated all their work if I had insisted as coroner's officer in going and making my independent inquiries, so I had to remain in abeyance for practically two days before I could submit my report to the coroner. But, of course, I went directly to him, and so he was in touch with all the facts, although I could not make my report for two days.

2839. You simply told him that the police were making inquiries?—I think the case is one which shows that a police officer is better than a private officer.

* *See* Appendix No. 9.

2840. You could not have done that if you had been a private coroner's officer?—No.

2841. What really was the cause of death?—The Commissioner of Police applied to the Home Office for the services of Professor Pepper, and Professor Pepper went down there and made a post-mortem. I was present when he made it, and he reported that the child died from starvation. But in giving evidence at the inquest he put three propositions to the jury.

2842. We need not go into that; it is just the fact we want. It was really a case of manslaughter of the child?—Yes.

2843. (*Sir Malcolm Morris.*) Was the woman convicted?—No, she escaped because of the three propositions which Professor Pepper put to the jury; that was that the child did die of starvation, but it might have died from natural causes—inability to assimilate its food; or it might have been from improper feeding; or from the deliberate act of this woman. He gave those three alternatives, and the jury, after sitting the whole day, could not make up their minds, so the verdict was starvation; but the doctor and this woman were very severely censured.

Sir Horatio Shephard at this point took the chair.

2844. (*Sir Horatio Shephard.*) Have you, as coroner's officer, experienced any difficulty with undertakers?—No, not myself. There were only two undertakers in my district, and they were both highly respectable people, so that I never had any difficulty with either of them.

2845. Have you anything to say about undertakers from what you know from other sources besides your own experience?—I have nothing definite that I can say. Of course, there are jealousies in trade that have arisen in different places, but they have not come under my own personal knowledge.

2846. Is there anything else that you wish to say?—I almost think that, in some cases, undertakers should hold a contract with the council. It would stop a lot of friction, I think, if one man had the work to do for the coroner.

2847. Instead of their competing with one another?—Yes, I think that if one held a contract that would be beneficial.

2848. One or more?—Yes.

2849. Not necessarily one only?—No. I always gave the removal order to the undertaker who the family told me was going to carry out the burial of the body after the inquest.

2850. I suppose, in many cases, there would be no undertaker. Was it left to you to select the undertaker in those cases?—Sometimes the people had not made any arrangement whatever. Then I had to find some undertaker.

2851. You would have to select one?—Yes.

2852. You do not think that desirable?—I do not think so; I think, if there were a contract, it would take that responsibility off the coroner's officer's shoulders.

2853. In the case of a body which is not claimed, or where the people are exceedingly poor, who does the undertaker's work?—They are referred to the relieving officer; that is paid out of the parish.

2854. The work is done by whom?—It is done by the parish undertaker.

2855. There is a parish undertaker?—Yes, they always have an undertaker who holds a contract for the workhouse, and he takes up those cases.

2856. You suggest that there should be another undertaker?—Yes, for all coroner's work; so that the coroner's officer would simply give his removal order in those cases where there was no undertaker to the man holding the contract.

2857. (*Mr. Bramsdon.*) I take it that you were coroner's officer for one of the London districts?—No, West Middlesex, Acton, just out of London.

2858. Is that a country district?—No, Acton is very thickly populated.

2859. How many inquests did the coroner hold in a year?—The average in my parish was about 40 inquests.

2860. That is a very small number?—It is.

2861. Is your experience confined to 40 inquests a year?—Yes, so far as actually being coroner's officer is concerned.

2862. What did you do when you were not engaged on an inquest?—I performed my ordinary duty as sergeant.

2863. Your work as coroner's officer was special work?—Yes.

2864. You said you had known cases in which the coroner had not viewed the body. Are you quite sure of that?—Yes.

2865. In many cases?—In the majority of ordinary cases. Of course in any difficult or technical case he would certainly view the body.

2866. It was not a case of special reason for not viewing the body, but it was the general practice not to view?—Yes.

2867. Have you any experience of coroners' inquests in other parts except Acton?—I have had cases in other districts, but not as coroner's officer.

2868. Do you know what the practice is in other parts of the country as to coroner's work, from a police or coroner's officer's point of view?—Only from the police point of view.

2869. I mean from the police point of view?—Yes.

2870. Do you know that in some districts there are no coroner's officers?—I do not know any district where there is not a coroner's officer.

2871. You have had no experience of a really country district?—No.

2872. You do not know that there the policeman of the district does the work according as a person dies in a particular district?—I do not know that.

2873. From the experience you have had, you think that it is an excellent thing to have a coroner's officer to look after this particular work?—Yes.

2874. There is a special training wanted for it?—Yes.

2875. The coroner's officer picks it up and it takes some time to get him used to the office?—Yes, that is so.

2876. Is it not also a fact that a coroner's officer wants to be very courteous and careful and tactful in the discharge of his duties?—Very.

2877. It is, therefore, an excellent training for a young policeman?—Yes.

2878. I do not know whether your experience is the same as mine, that coroner's officers generally commence as constables and obtain a very good position in the force afterwards?—In several cases. I have been through it myself, and I know others who have.

2879. That is due probably to the excellent training that it gives them?—Yes.

2880. I note that you favour a police officer being coroner's officer?—Yes, that is so. I consider the coroner's officer is generally picked out for general intelligence.

2881. I heard you give your reasons with very great pleasure, and I quite agree with you?—I can quote one instance of a coroner's officer who is now over 72.

2882. How long were you coroner's officer?—Nearly three years.

2883. I do not know whether you have enough experience in this, but what was done by your coroner when he dispensed with an inquest? Did he use any of the Registrar's forms?—He used to send me a form to say "No inquest in this case."

2884. Was it a printed form?—Sometimes he got printed forms, but sometimes it was a letter written to me.

2885. Do you know what is called the pink form?—No.

2886. You have not seen it?—No.

2887. Was there any asylum in your district?—No.

2888. Nor any infirmary?—There is now, but there was not then.

2889. Therefore you do not know the practice that was adopted by the coroner in cases of deaths in asylums and in infirmaries, where no inquests were held?—No.

2890. (*Dr. Willcox.*) Where the coroner's officer is not a police officer, do you think it is most desirable that he should have a fixed salary?—Yes, I do.

2891. Is the coroner's officer allowed anything for travelling expenses?—A penny a mile for the private ones, but nothing for the police. There is only one fee to the police, that is the 7*s.* 6*d.* Sometimes if the coroner's officer has to go to a distance from any places in London, his expenses exceed what he is paid in the fee. But with the private coroner's officers, they get allowed, I think, a penny a mile.

2892. Are you familiar with the practice of undertakers as regards still-born children?—They regard them as unbaptised. That is the only thing I know in connection with undertakers.

2893. Do you know how they bury still-born children?—I could not say.

2894. Are you aware that sometimes they are put into other coffins?—I believe they have some arrangement like that, because in this case that I quoted the child was going to be buried as an unbaptised child when I seized the body.

2895. Do you think it is possible that if undertakers are careless, crimes may be committed without their being known?—Yes, I do.

2896. (*Mr. Bramsdon.*) Do you know that in many, if not in most, districts of the country, there is no fee at all allowed to coroners' officers, but they are simply members of the force and paid as members of the force?—I do not know that; I only speak from Metropolitan Police knowledge.

The witness withdrew.

Adjourned to Tuesday next at half-past 11 o'clock.

At the Home Office, Whitehall, S.W.

NINTH DAY.

Tuesday, 16th March 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Mr. THOMAS ARTHUR BRAMSDON, M.P. | Mr. WILLIAM H. WILLCOX, M.D.

Mr. J. F. MOYLAN (*Secretary*).

Mr. FREDERICK BUTTERFIELD examined.

2897. (*Chairman.*) You are, I believe, the secretary of the Incorporated Society of Extractors and Adaptors of Teeth, Limited, of Clarence Buildings, Piccadilly, Manchester?—Yes.

2898. Your Society, I think, was formed in 1894?—Yes.

2899. And it was incorporated in 1896?—Yes.

2900. It was incorporated, I take it, under the Companies Acts, 1862?—Under the Board of Trade, not for the purpose of making a profit.

2901. Still under the Companies Acts?—We applied under the 1862 Act, that is, to dispense with the word "limited," as a charitable institution; but, unfortunately, they did not see their way to grant us that permission.

2902. Therefore it is incorporated as an ordinary company?—It is incorporated as an ordinary company, but we make no returns beyond this: if there should be a change in the election of the council. And it is not a trading society, and makes no return for income tax purposes.

2903. It has no income except subscriptions?—Its income is by subscriptions. The entrance fee for each member is two guineas, and the annual subscription one guinea per annum.

2904. And you have about 1,000 members?—Yes, we have nearly 1,000 members. The Society has 12 branches; each branch has a president, treasurer, secretary, and council, and has power to send its secretary as an *ex-officio* member of the head council; and when the membership of a branch reaches 50 it has a further representative on the head council, and when it is over 100 strong it is allowed two representatives.

2905. But as a matter of form all members are shareholders or members of this body?—There are really no shares, but each member's liability is limited to 5*l.* The investments of the Society are all in gilt-edged securities. The articles provide that in the event of of our Society becoming extinct, the fund of the Society shall be handed over to some body having similar objects.

2906. You mean under application to the Charity Commission?—Possibly so.

2907. But you see no prospect of your extinction at present, I take it?—I hope not, thank you. All officers in this society of ours are honorary.

2908. Unpaid?—They are all unpaid except myself. I receive an annual salary of 10 guineas per annum, which I hand over to the clerks; but that is only so as to be amenable to the law.

2909. Will you kindly tell us what are the qualifications for membership of your Society?—The qualifications may be enumerated in this manner: an applicant must be over 21 years of age, and he must have served an apprenticeship of not less a period than three years to either a member of this Society or to a person whose name is upon the Dental Register.

2910. Three years apprenticeship or pupilage?—As a minimum.

2911. And it must be with either a member of your society or a registered dentist?—Yes. Byelaws have been passed since the memorandum was filed compelling a man before he can be admitted into the Society to have been in bonâ fide practice for himself for a period of not less than one year. When an applicant makes an application, he immediately forwards that to the head office, and the secretary then transmits that application to the local branch where the applicant may be residing, and the local secretary then brings it before his council, who appoint either one or more representatives to visit the applicant, and his operating room is inspected, likewise his surgery, and several questions are asked him, and any other information that the representatives of the Society may desire he is bound to supply. After that is concluded, the representatives report to their branch, who then forward the communication to the head council, and the question is then discussed; and, finally, if he is admitted a member, he signs a declaration that he will observe all the byelaws, rules, and regulations.

2912. Have you a form of application with you?—I have. He is also requested to obtain the signatures

of three individuals, usually professional men (*handing in a form*).*

2913. There is one point that I do not quite understand on the form. The applicant has to state his name in full, and his residence?—Yes.

2914. Then he has to state the addresses of all the establishments where his practices are carried on?—Yes.

2915. Then the form says: "If insufficient room "for all, kindly send separate list attached to this "form"?—Yes.

2916. I do not quite understand how one person can carry on practice at such numerous addresses?—He can easily carry it on by having one head establishment, and on one or two days per week visit the various country villages, say, for two or three hours per day. That is the point.

2917. It only refers to his own practice?—Yes.

2918. Not to assistants?—Not to assistants.

2919. It is his circuit, so to speak?—Yes, and it is intended further as a guide for council's consideration. If they find out that he is carrying on another practice, they not only visit the head place but due inquiry is made in the respective branches as to the reputation of this individual. Something must be done as a guide, for the benefit of the council, because the council discovered a few years back that one of our members had been carrying on another practice under another name in another district, by the aid, I suppose, of a manager or an assistant. When this came to the society's knowledge, all the old application forms were at once destroyed and new ones printed, so as to obviate any similar case occurring.

2920. Have you any rules or regulations about the employment of assistants?—In what respect?

2921. Could a member of your Society have two rooms going at once, in one of which he would be operating, and in another in which an assistant of his could be operating?—If the assistant, in the estimation of our member, was a capable man; but the Society does not take the responsibility of that. If it came to the Society's knowledge that a man was employing an assistant who was not a competent assistant, he would be dealt with under section 13, clause 2. It would be a question of expulsion. But as you know, there are good and bad assistants, and many assistants are extremely clever men.

2922. Certainly?—I have a letter in my possession here, which is dated October 12th, 1908; it was a letter that came to me whilst I was in London on that day. Would you mind reading it (*handing in a letter*).

2923. This is from a man who wishes to become a member?—Yes, that gives you an idea of the class of man we have making application for membership. He was employed as assistant by one of the greatest men, I believe, on the Dental Register to-day, and you see it is as operating assistant; he distinctly specifies that.

2924. He is an assistant helping a qualified dentist?—He is not supposed to do so, under the General Medical Council's code of ethics.

2925. Except that a man may always employ an assistant for doing manual work on teeth?—That was a case where this man was employed on even attending children's teeth, in London districts, and other places.

2926. I mean, making false teeth?—But this was operating. So you see that even qualified men, no matter what their degree may be, employ unqualified assistants. And then, again, so far as assistants are concerned, to give you an idea, there is an old saying that a thousand diplomas do not make a man a dentist; but we must admit that the majority of all dentistry is more or less of a mechanical nature. There must be mechanical ingenuity and skill in nearly every department of dentistry, more so than theoretical knowledge.

2927. Manual skill at any rate?—Yes. We have been taking an analysis of the Dental Register; it is not yet completed, although we have got over 700 returns. This form I have here was sent on to me whilst in London. You will notice in the register this man William Priestnall, 25, Waterloo Road, Widnes; he was registered in 1878, on December 20th, and he holds the Licentiate of Dental Surgery of the Royal College of Surgeons, Ireland, 1882; and I have a letter here which says that he has ever since in Widnes followed the occupation, and does to-day, of a barber; but his diploma hangs in his parlour, where I have seen it myself.

2928. Is he registered or qualified under the Act?—He is registered under the Act of 1878, and has obtained the diploma of the Royal College of Surgeons, Ireland, 1882. His name appears on the Dental Register for 1908, so he is an L.D.S., *sine curriculo*. In this register it is very difficult to find who are *sine curriculo* men or not. As I understand you are holding an inquiry as to the number of deaths which occur in the hands of dentists, it is well to take into consideration, in the past records of fatalities in connection with anæsthesia, that the majority of deaths in connection with dental matters have been in the hands of those persons whose names appear on the Dental Register. He has his name on the Dental Register for verification.

2929. I see that he is one of those who was in practice before July 1878?—Yes.

2930. And then he was licensed by the Royal College of Surgeons, Ireland, in 1882?—But the examination there is evidently not a thorough or practical examination.

2931. (*Dr. Willcox.*) He would be allowed to go in for examination without the proper course?—I should take it that a man of this description of education could not pass any course, not even a preliminary examination. There are many on the register who are similarly situated.

2932. (*Chairman.*) But of course as time progresses they are dying out fast?—There are 2,008 on the register to-day of these men, and there are 130 who are residing abroad, and then there are 33 who have died and have been dead for, in some cases, two or three years, consequently their names should not have appeared on the Dental Register. There are others who are retired, and there is a very large percentage of men who at the passing of this Act were following the occupation of blacksmiths, barbers, shipowners, brewers, and so on. I have with me to-day an analysis up to the present of 437. This is only the analysis so far as we have reached, but I am prepared to supply this Committee with a complete analysis of the whole of the Register within one month. It gives you an idea of what was the composition of the Dental Register in 1878, and is to-day.

2933. We are concerned with 1909?—Yes, but we have a large number of these men, and these are the men whose description I have got, and their occupations, who were admitted in 1878.

2934. And are still on the register?—And are still on the register; and what is more, the occupation they are following to-day.

2935. Will you give us two or three specimens?—Two are herbalists, that is out of a total of 437; there are 89 chemists, 55 retired, 33 dead, 31 cannot be traced, having left their addresses as shown by the register; one is an optician, one a chiropodist, two are herbalists, two dispensers, one in the wholesale smallware trade, one a carpenter, one is a weaver, two are ironmongers, one is a brewer, one a shipowner, and there are a barber, a sculptor, a travelling showman, &c., &c.

2936. I do not think we need trouble more about that. Those people may still keep their names on the register of dentists, but they may have abandoned the occupation of dentist?—Their names are registered, and this is the way in which our analysis is taken (*handing in a document*).

2937. Here I see is a man whose name is on the register, but he is not practising dentistry, though he has not taken his name off the register?—You see the inquiries which have been made, and this is the manner that the analysis of the register is made.

2938. It does not really affect our inquiry?—It is very interesting information if it is only to realise what is the composition of many men's capabilities who are on the register. The point, I understand, is that it is a question of public safety and of public benefit, hence my analysis.

* *See* Appendix No. 10.

2939. Now we will get quite away from the question of dentistry, and come to the question of anæsthetics. Do the members of your Society administer anæsthetics to their patients?—They administer nitrous oxide gas and local analgesics.

2940. To clear the ground, do they administer chloroform and ether, or the more permanent anæsthetics?—Choloroform is absolutely forbidden by the council of the Society.

2941. On account of its danger?—On account of its danger; and any other alcoholic mixture.

2942. The a. c. e. mixture?—Yes, the a. c. e. mixture is forbidden, and ether as well; because we look upon those as requiring the necessary training of a qualified medical practitioner, and they might be extremely dangerous in the hands of a person who had not been specially trained.

2943. Let me see if I understand you. You think before chloroform or ether or one of those analogous anæsthetics is administered to a person, he requires careful examination?—I do.

2944. As to the condition of his heart, his habits of life, and as to respiration?—Yes.

2945. And the members of your Society are forbidden, as I understand, by the byelaws of your Society, to administer what I may call the general respirable anæsthetics other than nitrous oxide gas?—They are forbidden to use anything but nitrous oxide or nitrous oxide and oxygen.

2946. That is a necessary part of the administration, of course?—Yes. I may say that there have been ethyl chloride administrations in the past by some members, but owing to its unsatisfactory return, the Society have discouraged its use.

2947. Was it administered as a general anæsthetic?—It was in the past few years, but owing to its record not being so clean, the Society have discouraged its use.

2948. (*Dr. Willcox.*) Have they forbidden its use?—They have not absolutely forbidden it, but they discourage it, and where the administrations formerly ran into some thousands per annum, it is not so to-day. I believe there are a few using now what is called "narcotile" and "kelene."

2949. (*Chairman.*) Is that a local or a general anæsthetic?—It is a general anæsthetic on the lines of ethyl chloride, but with a guarantee from the makers that it is absolutely pure, and these are trade mark names which are used.

2950. It is only another name for ethyl chloride?—It is; only it is pure ethyl chloride.

2951. But in your judgment is not that somewhat dangerous?—In the opinion of my council it is very unwise to administer it.

2952. Supposing a member of your Society uses one of these anæsthetics and it comes to the notice of your council, what is your procedure?—Our procedure is to write him a letter and call his attention to the fact and ask him for an explanation. When that explanation is sent, it is passed to a special board to deal with the subject, what we call the "parliamentary committee," composed of three officers. The parliamentary committee then go into the subject fully, and the member is notified that he must appear before the council on a certain date at a certain time, to show cause why he has refused to carry out the council's order; and the council have power to expel him or suspend him from membership. I have the rule to that effect here.

2953. Supposing he is expelled, he can still go on practising just the same?—He can still go on practising.

2954. His legal status is not altered in any way?—No; but membership of this Society has come to be very highly valued and esteemed amongst unregistered practitioners; partly because of so many having in the past made application and been rejected. We have endeavoured to keep our register as clean as it is possible, and we have controlled members of our Society who, had it not have been for the Society, would have been able to run loose.

2955. Before you go into the figures, I want to put one or two difficulties to you that occur to me. If unqualified persons, were prohibited from administering anæsthetics, how do you suggest that, as a matter of law, you could distinguish between a member of your Society and any member of the public?—You want me to give you an idea of how the public should distinguish.

2956. No, how as a matter of law. You do not wish that any prohibition of administering anæsthetics should apply to members of your Society?—We do not.

2957. How do you suggest, as a matter of law, that could be made clear on the face of an Act of Parliament; how is the law to distinguish between a member of your society and any other person who chooses to call himself an extractor of teeth?—The only thing I could say is that clause 2 of the proposed Anæsthetics Bill,* which reads as follows: "This Act shall not apply "to any person who having been registered under the "Dentists Act, 1878, before the passing of the present "Act, shall administer any drug or substance with the "object of producing a state of unconsciousness during "any dental operation act or procedure," should read, "This Act shall not apply to any person who shall "administer nitrous oxide gas with the object of producing a state of unconsciousness during any dental "operation act or procedure."

2958. Any person?—Yes.

2959. To take an extreme case, one of the unemployed who wants something to do, and calls himself a teeth extractor?—Yes, and I do not suppose it would be the first time some of them have tried, because there are many men who have offered to teach any one for 10*l.*, within, I suppose, a week, to carry on a successful practice. But one of the unemployed could not act in that capacity because he would not have the necessary capital.

2960. Unless someone supplied it?—I will give you an idea of the cost. The cost of a gas-stand would be 3*l.*, the cylinders would be 2*l.*, that would be 5*l.*, the bag, tubing, and two face pieces, with waste stop-cock, would be another 2*l.* 10*s.*; that would make the cost 7*l.* 10*s.* Then gags and forceps another 2*l.* 10*s.*

2961. A man cannot start without a capital of 10*l.*?—He cannot start without a capital of 10*l.* to administer nitrous oxide gas. Then each 100-gallons cylinder of gas would cost him 5*s.*, while each administration to his patient of the necessary gas for the anæsthetic would be 5*d.*

2962. Now, coming to the question of nitrous oxide gas, which is rather a different question from the other, you have got some figures, I think, as to the number of administrations by members of your society?—Yes (*handing in statistics† as to the administration of anæsthetics by members of the Society of Extractors and Adaptors of Teeth*),

2963. Can you give us just the totals?—Which country would you take first?

2964. England, as we are in England?—Do you want me to go through the counties or the gross?

2965. The gross for England, Ireland, Scotland, and Wales?—Taking England for a commencement, the members of the Society have places of business to the extent of 1,291, that is including branches, of which we spoke before. The total number of administrations of local analgesics was 919,399 for 1908.

2966. Not nitrous oxide gas?—No, local analgesics, sub-mucous injections with the aid of novocaine, eucaine, and cocaine. The cases in the various counties I have tabulated for you.

2967. Will you give us your total figures of the administration of nitrous oxide?—Nitrous oxide for England, 142,872 administrations for the year 1908.

2968. How do you get those figures. Are your members bound to make a return to you?—The council decided to take statistics of the anæsthetics last year, and an order was issued to the members that should keep a record of their anæsthetic cases, and on the 1st January forms were sent out, of which I have several specimens here (*handing in the same*).‡ These returns were taken from the books of each individual member. The members are bound to supply them according to the declaration. Since members first joined the Society (some members have joined a shorter period and others from the commencement) there have

* *See* Appendix No. 3. † *See* Appendix No. 11.
‡ *See* Appendix No. 12.

been 6,106,329 administrations of local analgesics; the gas administrations were 1,249,167, and there was one fatality in England, which happened under a practitioner in Nottingham on the 4th March 1907, under ethyl chloride, and at the coroner's inquest which was held (of which I have a report from a newspaper) it was then fully proved that the man had administered it in no less than 2,500 cases before—also to the same person—without having had any fatality, and the coroner said that no blame could possibly be attached to the operator.

2969. That 1,249,167 includes ethyl chloride as well as nitrous oxide?—Yes.

2970. There has been no accident, as I understand, with nitrous oxide?—There has never been a single accident with gas amongst the members of our Society, nor yet with local analgesics.

2971. Are those the figures for England?—Those are the figures for England alone.

2972. Now come to Scotland, please?—In Scotland there are 75 places, and among the counties where our members have their business you notice there is one in the Shetland Islands.

2973. All we want is the number of administrations?—85,324 of local analgesics for the year 1908; and of nitrous oxide gas it was 16,281 for the year 1908.

2974. Then in Scotland chloroform and ethyl chloride are not used?—Not for dental purposes. Do you want the gross totals for Scotland.

2975. Yes, the gross total since members first joined the Society?—The gross total for Scotland is 652,391 local analgesic cases; and the gross total of nitrous oxide administrations is 77,995.

2976. And have there been any accidents?—No deaths. In Ireland there are 65 places, and 32,095 administrations of local analgesics for the year 1908, and 1,941 gas cases for 1908. The gross number of local analgesic cases since members joined the Society is 122,043; the administrations of nitrous oxide 10,458, and no deaths. In Wales there are 36 places, and for the year 1908, local analgesic administrations 37,542; nitrous oxide gas, 1,407. The number of local analgesic administrations since members joined the Society was 204,741; the gross gas administrations 7,078, and no deaths.

2977. I want to get a few more particulars about nitrous oxide. Your members undergo no medical training whatever?—No, excepting that some of them have had medical training.

2978. It is not a necessary part in their course?—It is not a *sine qua non*.

2979. In your opinion a man who has had no medical training at all can safely administer nitrous oxide?—I am quite certain of it.

2980. Do you think that no preliminary examination of the patient is necessary in cases of nitrous oxide?—Yes, there is a preliminary examination. If I was to meet a patient, or a patient came to see me with a view to having nitrous oxide gas, this is the course I follow, and it is the way our members are taught in our demonstrations: the first thing is to obtain the patient's name, address, and age, and one or two questions as to any disease of the heart or kidneys.

2981. The patient does not always know when he has disease of the heart or kidneys?—Certainly not, but still one takes the precaution of asking patients, and if they have the knowledge they may reveal it to you. The next thing after that is to examine the mouth and to find out if there is any obstruction in the throat or nostrils. Then the mouth is examined for artificial dentures, and also for crowns of a loose character, which may under pressure of the contraction of the muscles of the jaws break down under the gag. These are all removed, and the patient is then prepared by having the articles of dress made very loose before the administration of the anæsthetic.

2982. What guarantee have you that the whole of the members of your Society go through this examination?—The guarantee is this. The members of our Society have had their training under their various masters in the preliminary stages. The Society do, and have done ever since its formation, held practical demonstrations with the subject in the chair, on both nitrous oxide and local analgesics, very frequently throughout the country.

2983. Is any instruction given about local anæsthetics?—Instruction is given very frequently about local analgesics, and I have here one of the Society's journals which records the facts for even 12 months and two years ago.

2984. I suppose even with nitrous oxide you may have failure of respiration, and it may be necessary to resort to artificial respiration. Have your people any training in that?—There is training in artificial respiration, and classes are even now being held by the Society. In London here we have demonstration and tuition classes every month.

2985. I understand that many of your members may have great competency; but I cannot see what guarantee there is that the whole of your members are competent?—No member of our Society or any other man, unless he was insane, would attempt to give nitrous oxide unless he had had some tuition.

2986. Is there any rule of your Society that a member should not give nitrous oxide unless he is assisted by some third person?—Yes, that is a fact; there is a rule to that effect, owing to the claim of a lady on a dentist in Burnley for, I suppose, some indecent assault that she alleged was committed upon her.

2987. Was he a member of your Society?—No, he was on the register. Afterwards she tried to lay a claim that he was the father of a child as the result of an illegal offence that had happened to her during the time of the administration of this gas. That had been a warning throughout the north of England, and the Society from the very beginning distinctly ordered that no member should administer any anæsthetic without a third person being present.

2988. Not only that a third person shall be present, but do you require that the person who administers the anæsthetic and the person who does the operation shall be different persons?—We do.

2989. So that one can watch the respiration?—One has to focus the light and assist the operator with the light on the mouth while the operator is operating. He focuses the light with his left hand and watches the patient for any failure of the respiratory organs.

2990. You have a great many highly trained men in your Society?—Yes, I am very pleased to say so.

2991. What is their objection to register under the Dentists' Act?—It would be utterly impossible for them to register under the Dentists' Act at the present time. For instance, one of our men here has been right through an American University, he has passed the whole of the degrees and taken the D.D.S. He is practising in the west end of London.

2992. He could get on the register, could he not?—He cannot. He has made application, and they tell him distinctly that he will have to sit for the preliminary examination, and go through the whole curriculum; he would have to do his two years of mechanics and three years hospital training over again; and the hardship would be this, that during the whole time he was walking the hospital or taking the curriculum, for five years he would be prevented from obtaining his livelihood, and have to close his practice down, and lose the whole of his clientele.

2993. We were told the other day that there were special provisions by which an American dentist with degrees equivalent to ours can get on the register?—That is not the case so far as my knowledge goes. The only method by which they admitted them to the register in the past was by a modified or *sine* curriculo examination. That has been entirely done away with, and to give you an instance in point, here is the Society journal for September 1907, which deals specially with the case of a man here in London. He passed as a student through Michigan University, and qualified there; he was a British born subject having a colonial degree. He was entitled, he thought, to be put on the British register. He applied to the General Medical Council, and he was informed after inquiry that having, when a student in Michigan University, given his address as Toronto, where his parents resided, he was a

British subject, and his colonial degree did not avail, and consequently he could not be admitted.

2994. On the ground that, being a British subject, he must have a British degree, and not a foreign degree?—He was a British subject, and had taken his degree through Michigan University, but they would not acknowledge the registration in England.

2995. On the ground that he was a British subject and had a foreign degree?—On the ground that he was a British subject and had a foreign degree.

2996. But if he had been an American they would have admitted him?—No, they do not admit Americans; the Dental Register says so distinctly. They will only admit, I do not know whether it is Harvard or Michigan.

2997. There are certain recognised Universities?—In the past, but not in the present. This gentleman I was telling you about came over to England with his friend, and he made application to be examined in what they call the modified curriculum or examination, and he was coached by Mr. Dolamore, late Secretary to the British Dental Association. His friend made application to the Royal College of Surgeons, Ireland, and they admitted him, and consequently he was passed through; but when this other gentlemen made an application, the Royal College of Surgeons of Dublin wired: "Regret you cannot sit for examination; writing and will explain." They refused him the modified examination on those grounds I have stated.

2998. Now, is it not worth while your younger men to go through the course?—No. The ordinary curriculum to-day would be in this way. We will presume, for argument's sake, that I desire to put my son into the dental profession. If I want to teach him his mechanical dentistry, none of the hospitals will recognise the three years or two years training he has done with me; consequently, I should be compelled to pay another man 100 guineas premium to teach my son that which I was already able to teach him. Further than that, the cost is considerable, of course, and, as you must admit in the present chaotic state of dental affairs, the man who qualifies to-day and gets through and has to put his brass plate up, is very often a long time before he gets a patient. I have taught no less than two individuals myself who have had their indentures signed by men whose names appear on the register for a payment of 20*l*. These men are both qualified to-day, and they never saw the inside of their master's workshop.

2999. In your opinion, then, it is not necessary that a man before he practices dentistry should have any what I may call medical physiological training, that he should go through a course of anatomy and physiology, which the L.D.S. people have to do?—It is necessary that he should have a knowledge of physiology and anatomy, and most of our members have.

3000. Is there any prohibition against your members advertising?—There is this prohibition; no member is allowed to issue any circular or advertisement, or exhibit a sign plate, without first submitting proofs to the council for approval. They will not allow any advertisement to go out beyond the member's name and address, and the word "Teeth," "Extractions" and "Fillings," nothing further than that—no testimonials.

3001. No puff?—No, no claim of any superiority, or any equality with any other man.

3002. How about those advertisements that we see sometimes?—They are not members of the Incorporated Society.

3003. Have the Society any control. I suppose you cannot sue for fees?—No, but we can sue for goods supplied.

3004. But not for services rendered?—Not for services rendered.

3005. If, for instance, you have a very troublesome filling of a tooth to do, what do you do?—I have had that many times.

3006. But what would your remedy be there—to sue for the filling?—That is the only thing we could do; but I have never sued anybody; I work my practice on a cash basis.

3007. Does your Society exercise any control over the prices charged by members?—They do to a certain extent. They will not allow members to issue price lists, which in their estimation would be derogatory to the ethical standard. You are allowed in your own room to have a price list, so that if a client asks you the price of anything you are to hand over that price list, and that is the schedule price you work under; that is to prevent statements which have been made. It has been said "that they get you inside and find out how much money you are worth, and bleed you for all they can." It is customary, and I believe universal, that our members have their own standard price list, and adhere rigidly to it.

3008. Have you ever taken any disciplinary measures against members of your Society for contravening your rules?—Yes, we have had one under supervision now for 12 months, and two expelled last year.

3009. (*Dr. Willcox.*) In the form which has to be filled up in applying for admission to your Society, one of the conditions is that a certificate should be signed by persons of repute saying that the individual is competent? Are those persons of repute persons of expert knowledge in dentistry?—They are invariably L.D.S. and medical men.

3010. (*Chairman.*) Not a grateful patient?—No.

3011. Would you take the certificate of a layman?—Not altogether.

3012. Would you at all?—We should take it if it was one in connection with two others.

3013. For instance, would you take the certificate of a justice of the peace?—Yes.

3014. Would you take certificates from three justices of the peace?—No, we would not.

3015. How many expert certificates would you want?—We demand one—one out of three, and the other two must be men of repute.

3016. Do members of your Society have to undergo any compulsory curriculum in anatomy?—No.

3017. Or physiology?—No.

3018. Or medicine or surgery?—No. I may say we have members who are in the West End of London in practice holding American degrees.

3019. With regard to the administration of gas, do you countenance the same man giving the gas as does the operation?—If I understand you to say, are we in favour of the man who administers the gas also performing the operation, no, we are entirely against that.

3020. How do you get over that difficulty. Would you have two members of your Society for every teeth extraction operation?—I do not know any member of our Society who has not got an assistant, and that assistant usually is a well-trained man.

3021. He need not be a member of your Society?—No, an assistant could not be a member of our Society, but the Society hold his master responsible to a certain extent.

3022. I should like to know the details of the operation. A man comes to have a tooth out and has gas, and there is a member of your Society with an assistant. Who would give the gas?—As a rule the member would give the anæsthetic and watch his patient, while the assistant takes out the tooth.

3023. But if there were a difficult extraction?—If it were a difficult extraction I am afraid our member would give what they term continuous gas, if he had knowledge of that.

3024. And he would take out the tooth himself?—No; he would be there just supervising the operation. If he is giving gas it would take him all his time to concentrate his mind upon his patient; he has no time for operating.

3025. I am considering a very difficult extraction which the assistant was unable to do?—Under nitrous oxide, do you mean?

3026. Yes?—As a rule, if it is a very difficult extraction there is not sufficient time under nitrous oxide, unless continuous gas was given. If continuous gas was given it is quite an easy matter to keep the patient for two minutes under continuous gas, but if the extraction were very difficult, as you suggest, I should refuse gas, and give a local analgesic and operate myself.

3027. I want to know, in the case of a difficult extraction, whether the member of your Society would assist in the extraction?—I think it would all depend upon the circumstances. It is one of those cases of emergency that I could not tell you. I suppose you are aware that there are some extractions that not even the cleverest man in the world can succeed in at the first attempt?

3028. Do you find in difficult cases that registered dentists will meet members of your Society in consultation?—Yes, it is so; they will meet them if it is necessary. But, as you know, of course, they are a little afraid of the General Medical Council.

3029. There is some difficulty about it?—There is difficulty.

3030. With regard to local anæsthetics, they usually are given by submucous administration?—With a hypodermic syringe.

3031. Do you agree that these local anæsthetics are poisons?—I agree that they are poisons; but I can also explain why they are given. Local analgesics some years ago were considered to be of a very dangerous character; years ago, when the local analgesic was first introduced to the profession, the danger lay in concentrated solutions being used——

3032. I think all who have gone into that are agreed?—It is the most remarkable thing. I have a medical work here by Dr. Hale White which says that a 15 per cent. solution has been injected in the gums for tooth extraction, but it is not strongly recommended. I do not know any man who would inject more than 1 per cent. solution.

3033. But you agree that they are poisons?—Yes.

3034. And you agree that great care should be required in their use?—Yes, but I contend that they are not dangerous but beneficial to the patient if used in a proper manner.

3035. Certain people are very susceptible to cocaine?—They are, indeed.

3036. A very small dose might produce dangerous symptoms?—Undoubtedly, syncope.

3037. Are you aware that the symptoms produced by an overdose of cocaine may come on some few hours after the dose is given?—Not altogether for some few hours. I was under the impression that a small dose of cocaine was entirely taken away from the system in the course of five hours.

3038. What I mean is that the symptoms might come on, say, after the period of an hour?—I understand you.

3039. You agree with it?—Occasionally they may, in the case of an overdose.

3040. So that in cases where a patient has had an overdose during a dental operation the symptoms might come on afterwards, and a medical man would take charge of the case?—A doctor may be called in, you mean?

3041. A doctor may be called in?—Yes, a doctor would, I presume, if there were danger.

3042. So that it is possible that you may not know every case where there have been symptoms of overdose from local anæsthetics?—Of course, you are here in London, I am up in Lancashire, and I can only assure you that if you had a bad case you would not only hear from the patients, but you would hear from their friends in very quick time. It is quite a common occurrence in the trams to hear people discussing the various things they have done, and only last Friday I saw two actually take out their dentures and compare them one with the other. Lancashire is different from London, and at once, if anything happens, they are instructed, in the event of hemorrhage or anything like that, to immediately come back or send a message so that they may receive immediate attention. I am not an authority, of course, on local analgesics; most of my practice was confined to general dentistry and giving nitrous oxide gas.

3043. Do the members of your Society have any compulsory training in therapeutics?—Not compulsory. A few take the training. I may say, perhaps, that Mr. Bowen, who is with me, was practically the first man to popularise local analgesics throughout Lancashire, and he has been over 20 years administering them.

3044. (*Mr. Bramsdon.*) I take it from your statements that you regard your members as being in every way competent and qualified to carry on the profession of extractors and adapters of teeth?—I do so absolutely.

3045. Equally as qualified as registered dentists?—Yes, exactly.

3046. Do you consider that it is advisable in some form to restrict the administration of anæsthetics?—Of the alcohols, so far as chloroform and a mixture of the alcohols is concerned, I do.

3047. Would power to administer nitrous oxide gas be sufficient for extractions?—It would not be quite sufficient.

3048. That would mean doing away with local anæsthetics entirely?—I do not think that local analgesics should be entirely wiped out.

3049. Which do you think should not be wiped out?—The administration of novocain, eucain, and cocaine.

3050. But let us put it a little closer, would it not be altogether sufficient for dental purposes to reserve nitrous oxide gas only?—Not quite sufficient.

3051. You do not think it would be?—It would not, because, for instance, a small injection of cocaine, novocain or eucain can be made very often when you are going to cut off a diseased crown from the root with the intention of extracting the nerve for the purpose of crowning that root. The shock otherwise would be very great to the patient, and with a little submucous injection of a local analgesic after the period of one minute, you can at once take your excising forceps and take off the portion of crown that is necessary, and extract the nerve at the same time, without giving the patient any pain whatever, and thus obviate shock to the system.

3052. I should like you to reconsider, if you would, in what manner other than the total abandonment of any proposal to prohibit the administration of anæsthetics except by a legally qualified medical practitioner or a person on the Dental Register, the views of your Society could be met?—The only way I could suggest, if that is the case, is that a special register would have to be compiled.

3053. A special register of all persons at the present time practising dentistry?—I would not say practising dentistry, but of those persons who could prove that they have been administering nitrous oxide or local analgesics for a given period and a given number of years.

3054. You would repeat in a new form the Act of 1878 upon the question of anæsthetics?—If you like to do so. It is not for me to suggest it to you.

3055. That is the only way you can suggest?—Can you suggest anything yourself.

3056. I am examining you?—The way I look upon it is this: We have many members who have a long queue outside, like they stand outside a theatre, from morning to night, with patients waiting at the door; therefore a medical man would have to be in attendance from morning till night, if this Bill, as it is now drafted, became law.

3057. Are there any other societies like yours in existence?—None whatever. There is a Society which has been formed, which is termed the Dental Mechanics' Assistants, by a man named Callender of Derby or Buxton, but I think his Society consists of himself and a few of his assistants. I do not know any of the members who are connected with it.

3058. I do not mean exactly like yours on all lines, but teeth extractors?—None whatever.

3059. There would be the registered dentists, and your Society, and this Mr. Callender; they are the only three you know of?—Mr. Callender and his assistants.

3060. Those are the only three you know?—I believe there is a Scottish Assistants Society.

3061. Do you know the name?—They are called the Scottish Assistants Society.

3062. Are the members of your Society mostly British members?—No man can be a member of our Society unless he is a British-born subject or a naturalised Britisher.

3063. Then practically he is?—Yes.

3064. Do many of them hold foreign qualifications?—A good many.

3065. Can you give me any idea of the number?—I could not without going through the books.

3066. Are there any Americans?—Americans, Frenchmen, New Zealanders, Australians; in fact we have a Frenchman who passed through the Schools of Medicine in Bordeaux.

3067. Referring to those mild doses that you spoke of just now, are you sure that in all cases complete anæsthesia is brought about by cocaine, and so on?—If the tissues are healthy.

3068. You have reason to believe that complete anæsthesia is brought about?—Yes.

3069. Are your fees lower or higher than the general run of dentists?—The fee for extraction in Lancashire is 6*d.*; with local analgesia, 1*s.*; and with nitrous oxide, 2*s.* 6*d.*

3070. But is that less, or about the same, or more than dentists' fees?—It is less.

3071. May I take it, then, that you meet with a lot of cases of poor people?—Yes.

3072. And you, as it were, cater for the poor?—And the middle class as well, the working community, the industrial classes. May I say that this year I have injected local analgesics for medical men twice, and taken out two teeth with gas for another.

3073. You were referring a little while ago to all those persons who were on the Dental Register, but who now are pursuing apparently other than dental occupation?—A percentage.

3074. Have you any reason to suppose that they practise dentistry?—Yes, I know many men who practise dentistry.

3075. Taking as a whole those men whose names were on the register but are following other occupations?—At the time of registration, do you mean?

3076. I am speaking of now?—Yes, many of them are following dentistry to-day. Many are not.

3077. Do you know if any of those people administer anæsthetics now?—Yes, I could give you an instance in point, of a man in Manchester. He has been on the register ever since the Act of 1878, though following other occupations, and he only commenced dentistry this year.

3078. You regard the administration of nitrous oxide, at least, as extremely safe?—Yes, absolutely safe. I go further than that; I say I am positive it is safe.

3079. Are the members of your Society empowered to engage in any other business?—No.

3080. Nor practise anything?—No, they must be absolutely engaged in the practice of dentistry.

3081. Have you any registered dentists in your Society as well?—No, we have not; but we have sons of both registered dentists and of L.D.S.'s.

3082. (*Chairman.*) May I take it for granted that if a man is struck off the Register of Dentists, you would not admit him to your Society?—We refuse to admit men who are struck off for malpractices.

3083. Take the case of a man who has failed to pass his examinations; would you admit him?—If he could fulfil the other conditions.

3084. If he failed to pass his examination for the ordinary L.D.S.?—We have plenty of those. But they have satisfied us of their practical capabilities. I suppose it is not every practical man who has a good memory.

The witness withdrew.

Professor HENRY HARVEY LITTLEJOHN, M.A., M.B., C.M., B.Sc., F.R.C.S. (Edin.), F.R.S. (Edin.), examined.

3085. (*Chairman.*) I think you are Professor of Forensic Medicine in the University of Edinburgh?—I am.

3086. And formerly, I think you had some English experience as medical officer of health for Sheffield?—Yes.

3087. So that you have a double experience in England and in Scotland?—Yes, to some extent.

3088. During the last 20 years, I think you have been engaged in the teaching and practical work of medical jurisprudence?—Yes.

3089. And I think you are on the council of the Medico-Legal Society?—I believe I am.

3090. At any rate, you have read some interesting papers before them?—Yes, I am a member of the Society.

3091. I believe that personally you have made several thousand post-mortem examinations?—I have.

3092. And also, on behalf of the Crown in Scotland, you carry out other medico-legal investigations?—I do.

3093. What is your appointment in connection with the Edinburgh police?—I am police surgeon, not to attend the police, but merely for criminal work in connection with it; that is, I am their adviser, I may say, in criminal matters.

3094. They have of course other police surgeons?—They have surgeons to attend the police.

3095. And are you as police surgeon called in to police cases?—No, I have to do with nothing but the criminal work.

3096. You would not do this kind of thing, for instance. There are police surgeons in England who can be summoned to a man who is taken up for being drunk and brought to the police station at night; he can require that a police surgeon shall be called to say whether he is drunk or not?—I do not think I would have to do that, because there are four police surgeons who attend the police and would attend to anything like that in any local police station; but any case of crime or assault I have to attend to. I attend at the police court in the morning, so that if there are any cases of assault, &c., I have to see them and give an opinion if necessary.

3097. In connection with the procurator fiscal, is it only you that he calls in, or can he call in anyone he pleases?—I have no special standing, and no medical man in Scotland has any official standing with the procurator fiscal; he can call in any medical man he likes. Perhaps I may just explain the system, as it is general throughout Scotland, and then the special conditions which exist in Edinburgh.

3098. If you please?—In cases of sudden death or death from an accident, or from violence, they are reported to the procurator fiscal.

3099. By whom?—It may be by the police, and it probably is; it may be by the registrar, or it may be by anybody.

3100. By the medical practitioner?—By the medical practitioner; anybody may give information to the procurator fiscal, or if they inform the police, that is the same thing, because it comes to the procurator fiscal.

3101. Is there a procurator fiscal for every county?—There is a procurator fiscal for every county.

3102. Take Aberdeen and Aberdeenshire; is there one procurator fiscal for Aberdeen and another for the county of Aberdeenshire?—Not now. In some counties there is more than one.

3103. Is the procurator fiscal always a writer to the Signet?—No; he has always a legal qualification, but he does not need to be a writer to the Signet.

3104. He may be an advocate?—He might be; he is generally a solicitor.

3105. (*Mr. Bramsdon.*) What exactly is a writer to the Signet?—A writer to the Signet is a member of a legal society.

3106. (*Chairman.*) When a case of death is reported to the procurator fiscal, on whom rests the responsibility for inquiry?—On the Procurator Fiscal. He is responsible for inquiring into the case and reporting it to the Crown.

3107. Does he report a case in which he thinks that criminal proceedings should be taken?—He reports all cases, and the reports are revised by the Advocates Depute who act for the Lord Advocate.

3108. I think there are about seven Advocates Depute?—There are four, and there are assistants.

3109. Are they all in Edinburgh?—They are all in Edinburgh, practising barristers.

3110. They are practising advocates, specially appointed to act under the Lord Advocate?—Yes, they

are appointed by him. The procurator fiscal makes inquiry, which he must do personally, and he precognoses the witnesses in the case.

3111. As we should call it, he takes their depositions?—Yes.

3112. Are their precognitions taken on oath?—No, they are not taken on oath, but at the end they must be signed, and the witnesses say, "All of which is truth," when they sign them.

3113. They sign them and verify them?—Yes.

3114. Is the procurator fiscal bound to see the body?—No, I should think it is very seldom that he sees the body himself. Taking the case of deaths just now, he receives information, which may be the police report, and in the great majority of cases is the police report, which brings the case under his notice. This police report states all the particulars about the case, who it is, and the age and address as far as possible, and gives the statements of witnesses with regard to the case.

3115. May I take a single illustration: when the late Lord Lauderdale was killed by lightning out on the hill side, grouse shooting, what would happen in such a case as that?—That case would be reported to the procurator fiscal by the police, but probably he would have other information in addition; he would then precognose the witnesses, persons who had been about with him, keepers, and so on; he would then order a medical man to inspect the body, and, if he thought it necessary, to make a post-mortem on the body.

3116. He has power to do that?—Yes, the whole responsibility of the inquiry lies upon him.

3117. He makes as much or as little inquiry as he thinks the nature of the case requires?—Yes, from the evidence before him. The medical man must send him a written report, and according to circumstances it may be merely a written report upon his inspection of the body or upon his post-mortem examination of the body and it is "on soul and conscience."

3118. That is the form of verification?—Yes.

3119. (*Dr. Willcox.*) Who would decide whether a post-mortem was to be made?—The procurator fiscal.

3120. Not the medical man?—No; I will come to that; but in the first instance the procurator fiscal decides.

3121. (*Chairman.*) He is the person who gives the order at any rate?—The sheriff gives the warrant at his request. When the procurator fiscal has the evidence of the witnesses and the medical certificate or report, as the case may be, before him, he then knows whether it is or is not a serious case; but in any event he sends the papers, a report of his own with the medical certificate, and so on, to the Crown Office; and there again it is considered whether it is a case which requires no further proceedings, or whether, on the other hand, it may be a more serious case, in which event further proceedings are instituted.

3122. I want two explanations there. Take the case of Lord Lauderdale, again, who was killed by lightning; it was a perfectly clear case; would a medical examination be required there?—I should not think so.

3123. That would be in the discretion of the procurator fiscal?—Purely in his discretion.

3124. He is not necessarily bound in every case to get a medical report?—Not at all. I can give you an extract from the Crown Office Regulations as to when a post-mortem is required, but in such a case where he has obtained the evidence of witnesses that the deceased died from lightning, that would be held by him probably as perfectly sufficient.

3125. I want to go one step further. There may be a hypothetical case where there is some doubt or difficulty, but a post-mortem examination clears it up altogether; will the procurator fiscal then hold his hand?—Absolutely.

3126. He simply reports it to the Crown Office?—Yes.

3127. But until he has reported to the Crown Office can the body be buried?—Certainly.

3128. Who gives the order for burial?—The procurator fiscal, just as the coroner does here.

3129. But as soon as he gets seisin of the case, as soon as the case is reported to him, the body can be buried or cremated or otherwise disposed of by his order?—No, he will not give his order until he has the medical report or certificate, as the case may be, and all the evidence collated.

3130. Then come to the next stage. When the procurator fiscal thinks that some further proceedings, corresponding to our inquest, are required, and he has given his order for burial, supposing an analysis is required, what is done, say, in a case of suspected poisoning?—An analysis is only ordered by the Crown. What would happen is this: The procurator fiscal makes his inquiries; he orders a medical man to make a post-mortem; the medical man makes the post-mortem and reports, but cannot give a definite opinion whether it was poisoning or not; he thinks it is a case of poisoning, but there are no suspicious circumstances in the case, and yet there is a doubt that it may be poisoning. What the procurator fiscal does then is to report the circumstances to the Crown Office, and the Crown Office consider the evidence, the medical report, and so on, and then they may or may not order an analysis to be made.

3131. The man who made the post-mortem having in the meantime carefully preserved the viscera?—Having carefully preserved them and sealed them and given them into the custody of the procurator fiscal.

3132. They are in his legal custody?—Yes. We are very strict in Scotland about that; the doctor must keep them in his custody until he hands them over to some other responsible person.

3133. Sealed?—Yes, sealed and labelled. All formalities are conformed to; he hands them over to some one who will give a receipt for them; he gets the receipt from the procurator fiscal for those articles which he has handed over, and when the procurator fiscal is ordered, as he may be, by the Crown to send those articles over to me, for example, for analysis, I receive them from the police officer and give a receipt for them; they are in my keeping until I finish the analysis, and then I hand over the remains to the Crown or keep them in my possession.

3134. Is it a matter of course for the Crown to resort to you?—No, I hold no appointment, except that they frequently send me articles for analysis.

3135. And you may make the analysis as well as the post-mortem?—Yes.

3136. Is such analysis for the purpose of discovering poison, or whenever an analysis is necessary, always conducted by a person appointed by the Crown itself?—Yes.

3137. Not by the procurator fiscal?—No, not by the procurator fiscal, by no one except the Crown.

3138. They employ the most suitable man they can get?—Yes.

3139. (*Dr. Willcox.*) What delay is involved in a poisoning case?—No delay is usually involved, because I may receive the articles within three days of the death, that is to say, the post-mortem; the procurator fiscal's enquiry being finished, and the papers sent to the Crown, the Crown consider them and at once send the order for an analysis.

3140. (*Chairman.*) Are there any regulations in Scotland governing the conduct of the police and others in the case of a suspicious death as to leaving the body *in situ* until it has been examined on behalf of the procurator fiscal?—I believe you may take it that it is a general instruction throughout Scotland by the procurators fiscal, that in cases where there is any suspicion, or any circumstances which in their opinion require it, the body is to be left until it is inspected. In Edinburgh that is the rule. I see all bodies where there is any suspicion at any time of the day or night *in situ*; they do not touch anything until I come and give directions.

3141. The room is locked up by the policeman?—Yes, a policeman is in possession.

3142. You agree that it is of the utmost importance that you should see the actual position of the body?—It is absolutely necessary that one should see everything; and then, after I have seen it, the body is at my disposal to direct what ought to be done with it,

whether it is to be left or whether it is to be taken to the mortuary.

3143. Has the procurator fiscal power to move a body about anywhere in his jurisdiction?—Yes.

3144. When he requires a post-mortem to be held on a body that is in a private house, can he remove it?—Yes.

3145. Have you a post-mortem room attached to the mortuary?—Yes, we have got a mortuary with a post-mortem room attached.

3146. And with proper fittings?—With everything one requires.

3147. You do not use the hospital pathological laboratory?—No; but in, say, an assault case, where the patient is still living, the police naturally take the patient to a hospital; they would not wait for me to come and see the case; then if the patient dies in hospital the body is taken to the hospital mortuary, and then it is usual to go and make the post-mortem at the hospital mortuary.

3148. Would you then employ for that purpose the hospital authorities?—If it was a serious case. I ought perhaps to have said before that in all serious cases we do not rely on one man's uncorroborated evidence; there are always two medical men associated in the post-mortem examination.

3149. For instance, you would have one of the hospital authorities with you?—In this case that I have mentioned, if the patient dies in hospital, the procurator fiscal would order the pathologist, or it may be the surgeon who had first treated the patient, to make the examination, but he would associate an independent medical man with him.

3150. Take the case of a man dropping down dead in the street; he may have died from apoplexy; he may have died from poison, or anything?—He would be taken to the mortuary.

3151. Would you try to find out whether he had had any medical man attending him previously, and, if so, call him in?—What would happen in that case, and what happens every day, is that the body is moved to the mortuary; the police remove it; the police at once make inquiries, and in the course of 12 hours furnish a written report to the procurator fiscal stating whether there is anything known about the man, the circumstances he was found in; and if he has any relations they are traced and inquiry is made as to the man having been healthy, or of having complained of a cough or a pain over his heart—any evidence like that is before the procurator fiscal.

3152. Then the procurator fiscal asks you to make a post-mortem?—He sends down to me to do one of two things: either to inspect the body and see if I can say, from what I know of the history and appearance of the body, whether it is in all probability a death from natural causes, or whether if there is anything suspicious—bruises or injuries of any kind, I consider it a case for a post-mortem. Then I report to the procurator fiscal and then the procurator fiscal would order a post-mortem.

3153. What I want to know is when the procurator fiscal sends to you to do this, does he give you copies of the precognitions?—He sends me the police report (he has not taken his precognitions yet), because he wants to have a medical man on the spot as soon as possible.

3154. So that in conducting a post-mortem, you have not only the post-mortem appearances of the body, but you have the police report?—I have the police report with all they have found out about the case, and I may have interviewed the relatives myself. If it is a case where there is not any suspicion, in the first instance, I probably see the relatives and ask all about the case, and I form my own opinion from my examination of the body, as to whether it is a case into which there is any need to go further and whether I can give a certificate.

3155. But take this case of a man dropping down dead from no very obvious cause, but you find he had been attended by a medical man, what conference or communication would you have with that medical man?—The police have already been to him.

3156. Would you want to see him yourself?—I might.

3157. Supposing you thought that the clinical history might throw great light on the post-mortem?—I do not do that; the procurator fiscal does that; he must take a precognition from that medical practitioner.

3158. Would that ever result in a conference between you and the medical man?—Yes, very likely; it might or it might not. But let me mention two cases which I saw yesterday, for example. One was the case of an old woman who was found dead in a house; she lived alone; the house was a respectable house; she looked a respectable woman; I found a doctor had been attending her for a considerable time for double aortic disease. With this evidence before me I inspected the body; it was stripped, I looked it all over, and I saw nothing suspicious; so I gave a certificate, "Probably aortic disease."

3159. Then you have the report?—Yes, I have the police report. Then the procurator fiscal may have asked me to give him a certificate, which I do, saying that on inspection of the body I found no external marks of violence, nothing to indicate death from unnatural causes, and in my opinion it was apparently due to heart disease, probably aortic.

3160. Then the procurator fiscal exercises his discretion as to whether you should make a post-mortem? When he gets such a report he is satisfied, and does not require a post-mortem unless there are circumstances of a suspicious nature.

3161. Is the other case of the same nature?—The other case was the case of a man who had been complaining of his chest and had called in a doctor, who told him that he had phthisis, and he saw him two or three days before. He was suddenly seized with hemorrhage from the mouth; he was living in lodgings and the body was removed to the mortuary, and I saw the body. If I do not see it in the mortuary I have to go to the house. I found blood about the mouth and clothing, and appearances consistent with this history of phthisis; and, therefore, in that case I had no hesitation in reporting to the procurator fiscal that death was apparently due to hemoptysis."

3162. When a written precognition is taken from the medical man in attendance, is he paid for it?—A guinea.

3163. And when you make a post-mortem examination?—I am paid two guineas. If I only inspect the body and give a report, I get one guinea—one guinea for what I call a medical certificate, which means a short written report such as I have indicated to you in these cases where there is no suspicion; but if I have to make a post-mortem the fee for that is two guineas.

3164. Supposing that you are assisted by a hospital pathologist in making the post-mortem, does he get a fee?—If he is ordered by the procurator fiscal to be associated with me, he gets the same fee as I do.

3165. I may take it that for an ordinary inquiry the fee is one guinea and two guineas for a post-mortem, and that the procurator fiscal has discretion to employ such persons as he thinks fit?—Yes.

3166. He is not bound down to any individual?—Not at all; he may employ any man he likes. If the case warrants it; if there is any fact that is not made plain, and there has been a medical man in attendance, or one who has had something to do with the case, he sends for him to come to his office and asks him questions, and the doctor signs his statement. That is his precognition, and for that he gets a guinea.

3167. Then supposing further proceedings are taken corresponding to our inquest, can fresh fees be paid?—The procurator fiscal's inquiry corresponds in all particulars with your inquest.

3168. I was thinking of where a charge is made against an individual?—We will suppose this is a case, say of assault, that the patient has died, and some person will be accused of the crime. In that case the procurator fiscal has taken his precognitions from all the witnesses; he has had the post-mortem examination made by two medical men; they have sent him in a written report.

3169. And each of them has been paid two guineas?—Each of them will be paid two guineas, but the medical report only contains the facts and the opinion as to the cause of death; it does not contain the doctor's opinion as to the severity of the blows which must have been inflicted, or how long the patient might have survived, and so on. The medical report is merely a record of the post-mortem facts.

3170. Would it distinguish between wounds that were self-inflicted and wounds that were otherwise inflicted?—No, not in that report; we simply give a statement of the facts with the final opinion as to the cause of death. It is on this medical report that proceedings are founded against any person. Then the procurator fiscal precognoses us in addition; he sends for us after we have sent him our medical report and asks us our opinion about various circumstances connected with the injuries.

3171. He, so to speak, cross-examines you?—He cross-examines us, and we sign the precognitions. Two guineas are allowed for the post-mortem and one guinea for the precognition.

3172. Supposing a person is under suspicion, and in fact there are reasonable suspicions of his having caused the death of another, has he any right to be present in the procurator fiscal's office when the precognitions are taken?—No. I would like to say first of all that the post-mortem report, the medical report we will call it, is a production in the case.

3173. What we call an exhibit?—Yes; it is as open to the defence as it is to the prosecution.

3174. That is when the case comes for trial?—Yes, after service of the indictment.

3175. But not at a previous stage?—No.

3176. But that document merely states the cause of death?—It merely states the facts and the cause of death. The precognitions are private.

3177. They are confidential documents in the hands of the procurator fiscal?—Yes, of the prosecution.

3178. What part does the procurator fiscal take in the prosecution?—He is the prosecutor; in minor cases he is the actual prosecutor in the sheriff's court.

3179. He is similar to the procureur de la République in France?—Yes, but in high court cases, in murder and serious cases, it is the Lord Advocate who prosecutes. In minor cases the procurator fiscal is to all intents and purposes the prosecutor; and in the higher courts in cases of murder, and so on, the Lord Advocate or the advocates depute conduct the prosecution, the Crown Agent acting as law agent.

3180. To translate the procurator fiscal into English, in effect he is what we call the Director of Public Prosecutions holding an inquiry?—No, the Director of Public Prosecutions is the Lord Advocate.

3181. Here he is not; here is an officer who acts under the Attorney-General?—The procurator fiscal is merely an agent of the sheriff.

3182. He is not the Public Prosecutor?—No; he prepares the preliminary case for the Crown authorities, and if the Crown authorities in their wisdom decide that the case is one which cannot be decided in the sheriff's court, but must go to a higher court, then they take over the conduct of the case.

3183. He is exactly the same as the procureur de la République?—Exactly the same; I may say further that the defence have the right to precognose the witnesses.

3184. Before the procurator fiscal?—Not before; afterwards at a later stage, after the Crown have finished with them, and they have been precognosed by the procurator fiscal, and after the indictment has been served.

3185. What is the first intimation that the accused has that he is going to be proceeded against by the procurator fiscal?—He is brought up before the sheriff, and asked to plead. He is represented by an agent, and he is asked to plead or to make a declaration before the sheriff.

3186. Does the procurator fiscal issue process?—No, the Crown Office in serious cases.

3187. Take the case of a man killed by murder or negligence alleged on the part of his wife, what would happen then?—The procurator fiscal would go through his ordinary form of inquiry, have the medical and other evidence before him, and report the case to the Crown, and the Crown would decide whether it was a minor case which would be tried in the sheriff's court, or whether, on the other hand, they regarded it as murder, when it would be tried in the High Court.

3188. (*Mr. Bramsdon.*) You are speaking in these matters from the medico-legal point of view?—Yes.

3189. Not from the purely legal point of view?—No, I am not qualified to do that.

3190. In what respect generally do the proceedings that you have spoken of differ from the coroner's proceedings in England, so far as you have gone?—Our system is one of very direct co-operation between the police and the procurator fiscal.

3191. Is there not the same co-operation in England?—I am not prepared to speak very definitely on the point, and I must be corrected, but I take it there is a great deal of delay, and sometimes the two, the police and the coroner, act at cross purposes.

3192. Are you speaking from experience again, or from information?—From what I have read in the papers—as, I say, subject to correction; and I suggest seeing that the coroner's inquiry has to be made, and it may be made three days after the event has happened—the police, I take it, until the coroner has carried out his inquiry are in a little doubt as to what proceedings are to be taken.

3193. But the police in England and the coroner are in direct communication with each other, the same as the police and the procurator fiscal are in Scotland, are they not?—Not quite. I take it that the police are not under the direct orders of the coroner in England.

3194. That is information to me?—I take it that they are not under his direct orders.

3195. Is it not a fact that the police are bound to obey the orders of the coroner in England?—I daresay that may be so.

3196. Therefore, as soon as a death occurs, if it is brought to the notice of the police, inquiry is instantly made, and a report also is presented to the coroner, is it not?—I should think so.

3197. You spoke of a delay of 12 hours; but in ordinary cases does not the same thing occur in England as in Scotland, that the case is reported instantly?—If the police have knowledge of it.

3198. Are they not the first people to have knowledge of it?—As a rule they are.

3199. But you said that knowledge of it may come through other people, such as the registrar?—Yes.

3200. It is the same in Scotland as it is in England?—Yes.

3201. I do not see from your statement yet, that you have shown any difference between the proceedings in Scotland and the proceedings in England, except that they are secret in certain instances?—I think there is a difference. If I may say so, I think the coroner cannot possibly know very much about it until he has got the evidence of his officer before him.

3202. If you do not mind my saying so, I am speaking from experience?—Yes, I am open to correction, but one cannot help reading in the papers of many things that occur at coroners' inquests. I take it that the coroner's inquest may not occur, and very often does not, for three or four days after the death.

3203. There may be a reason for that: it may be purposely delayed so that further inquiries may be made?—Yes.

3204. If a public inquiry had to be held in Scotland, would it be held sooner than the time you speak of?—No.

3205. And you do not know what private inquiries are going on before the public inquiry which is exposed in print?—I know from some experience I have had, unfortunately, in one or two cases of death in England where the coroner has had to make his inquiries, and that has been done by the coroner's officer (which seems to me a very lax method), and the witnesses the coroner's officer chose to call, and the statements he chose to take down from those witnesses were produced to the coroner, and on that evidence we were cross-examined—the evidence taken by the coroner's officer,

3206. What districts are you speaking of?—One in London and also one in Yorkshire.

3207. But when a death occurs in England under the circumstances that you have detailed, either the police or the coroner's officer get information of it at once?—Yes.

3208. And inquiries are made at once?—Yes.

3209. And a report is made to the coroner at once?—Yes.

3210. Who decides whether an inquest is necessary or not?—Yes.

3211. And communicates with the medical man who has attended the patient?—Yes.

3212. And if he thinks an inquest is necessary, it is ordered as soon as possible?—Yes.

3213. You spoke of two cases in which you were concerned, in one of which the patient died from an aortic disease, and the other from phthisis?—Yes.

3214. Are not those cases in which a coroner in England would dispense with an inquest?—No, I do not think so.

3215. Is that your experience?—Again, I speak from what I read in the papers. Perhaps it is not very good evidence you may say, but still it is evidence. One cannot help reading in the papers of inquests in most extraordinary cases, where the cause of the death is obvious. I think I can say positively that a great many inquests are held in such cases.

3216. You are touching on a new point there; I am only taking you on your own evidence that you have given. Do you know that it is a fact that if the coroner is satisfied from medical or other reasonable evidence as to the cause of death of a person, he is bound not to hold an inquest?—I believe the law is to that effect, that it is left to his discretion.

2317. And he is only supposed to hold an inquest in a case of death from violence or sudden death from a cause unknown, or where there are probably suspicious circumstances?—Yes.

3218. So that if the cause of death is known the coroner ought not to hold an inquest?—Yes, I think that is what is intended by the law, but I do not think that is the practice.

3219. But you are speaking only from what you read in the newspapers?—No, you must not take me up too strictly. I have read a great deal besides newspapers. I know a great many coroners, and I know a great many medical men in England and in other places, and I have heard coroners themselves say that a great many unnecessary inquests are held for certain reasons which I can give later, and also that there is a tremendous variation in the practice of coroners throughout England—it is not a uniform practice—that some will do one thing and other men consider it unnecessary—there is a great want of uniformity.

3220. That is open to different views, is it not? You said just now that doctors in Scotland could be employed by the procurator fiscal and paid a guinea in one instance, and two guineas if there is a post-mortem?—Yes.

3221. I take it that you are aware that in England that cannot be done unless an inquest is held?—Yes.

3222. If coroners in England were empowered to pay similar fees to those, do not you think a great deal of evidence which is unobtainable for them now might be readily obtained, and so an inquest dispensed with?—Yes, and no. I think that in many cases if the medical man who had been in attendance on the deceased, as in those cases which I mentioned, was asked to report, the coroner would probably under those circumstances not hold an inquest at all.

3223. You and I are aiming at the same thing; do not think I am wanting to catch you in any way; but at present you cannot get evidence from a medical man without an inquiry, because you cannot pay him a fee, and it would be unreasonable to expect medical men to be put to the trouble without being paid for it?—Certainly.

3224. If, therefore, the coroner were empowered to pay fees to medical witnesses in return for the trouble given to them, he would be put in much the same position as the procurator fiscal is to obtain evidence, and thus be able to dispense with an inquest?—I quite agree.

3225. How do you proceed in Scotland in cases where there are deaths in which in the public interest inquiries seem advisable, but where evidently no crime has been committed?—I do not quite follow.

3226. Let me take the case of a death in a factory or in a dock, where the responsibility of some persons may arise, not by way of crime; what do you do then?—I should like to say that in the great majority of cases the procurator fiscal's inquiry is satisfactory; it fulfils all that is required; but there is an Act which was passed in 1906, called "An Act to amend "the Fatal Accidents Inquiry (Scotland) Act, 1895, "and to make further provision for inquiry, in cases "of sudden and suspicious death in Scotland."

3227. (*Chairman.*) By whom was the Bill for the Act backed?—It was a Government Bill.

3228. Was the Lord Advocate's name on the back?—Yes. Section 3 of the Act provides: "In any case "of sudden or suspicious death in Scotland the Lord "Advocate may, whenever it appears to him to be "expedient in the public interest, direct that a public "inquiry into such death and the circumstances thereof "shall be held and the public inquiry so directed to "be held shall take place according to the forms of "procedure prescribed by the Fatal Accidents Inquiry "(Scotland) Act, 1895, as altered by this Act." So that in any case which causes great public excitement which probably would not be allayed by the private inquiry that we have in Scotland by the procurator fiscal, it is in the power of the Lord Advocate to make that inquiry public. That is a very useful thing.

3229. Who holds that inquiry?—The sheriff.

3230. (*Mr. Bramsdon.*) What that means is that a great many cases arise in which in the public interest it is desirable to hold a public inquiry?—No, I think it is a very rare thing. I know of only one or two cases where that Act has been utilised.

3231. Is it not the fact that the great complaint which is made against the Scottish system is its want of publicity?—That is a complaint that is made.

3232. Is it not extensively made?—By whom?

3233. In various directions in Scotland?—No, not in Scotland. I would like to say something further about the advantages of a private inquiry later.

3234. Take what we call a running down case, you know what that means; is it not often in the public interest that an inquiry into the circumstances should be made without a charge of manslaughter being brought against any person, and so the coroner's inquiry prevents the matter from being brought up before a criminal court?—In Scotland the procurator fiscal would inquire into all the facts, and if no blame attached to anyone the case would not be proceeded with.

3235. Would the procurator fiscal sit in a room and hear evidence upon both sides before he came to a conclusion?—No.

3236. Then I submit to you that if he did not do so he could not arrive at a conclusion short of bringing a charge against a person of manslaughter?—He would take the evidence on both sides and the statements.

3237 Then he would make a private inquiry?—Yes, and then he reports to the Crown, and the Crown with the evidence before them would decide whether it was a case where a charge for manslaughter would lie.

3238. Do not you think that that would be better done in public than in private?—No; but fatal accident inquiries are held in public.

3239. But you have to get the consent of the Lord Advocate?—No, not under the Fatal Accidents Inquiry (Scotland) Act, 1895; I am not now talking about fatal accident inquiries under that Act—that is a separate thing of course and is always public.

3240. I am speaking of deaths from accidents or injuries?—That comes under the Fatal Accidents Inquiry (Scotland) Act, 1895, and has nothing to do with what I have been saying. I have only been treating of ordinary accidental deaths.

3241. I understand that; but where we left off I think was your saying that in certain cases such as I have tried to enumerate, the procurator fiscal practically holds the same inquiries in private without a jury

as the coroner would in public with a jury, and decides whether any charge shall be made against a person?—Yes. In regard to sudden deaths and ordinary accidental deaths.

3242. (*Chairman.*) The procedure in cases of accident that come under the Act is a special procedure?—Yes.

3243. (*Mr. Bramsdon.*) Supposing a person dies from a fatal accident, is an inquiry held?—Certainly.

3244. A public inquiry?—Certainly, if it comes under the Act.

3245. In all cases of deaths from injuries?—I have not got all the details of the Act before me, but there must be a public inquiry in all cases of fatal accidents received in course of employment.

3246. In all cases of death directly or indirectly from injury?—Yes, there is great difficulty in proving, when an accident has occurred, say, two years before, any direct connection between the accident and the death; you have to be very careful in certifying those cases.

3247. Do you mean to say that in all cases where persons have died directly or indirectly as the result of injury there is a public inquiry?—No, not necessarily.

3248. By injury or fatal accident?—They are not the same thing.

3249. Are they not?—Let us take the case of a poor woman who falls downstairs and fractures her skull; that is an accident and is enquired into by the procurator fiscal in his ordinary capacity; but if you take the case of a person who is employed cleaning windows and falls, that is a fatal accident and comes under the Fatal Accident Inquiry Act, and there would be a public inquiry.

3250. But if a woman falls downstairs and fractures her skull, is it not a fatal accident?—Yes; but you have to distinguish between fatal accidents which are included in the Act, and others. There are certain fatal accidents where you must have a public inquiry.

After a short adjournment, Mr. Bramsdon being absent on resumption,

3251. (*Chairman.*) I think the public inquiry referred to in the Act of 1906 amending the Fatal Accidents Enquiry Act, 1895, is quite a new departure in Scotland?—Yes.

3252. Previously to that Act was there any power in the sheriff to hold a public inquiry?—No, not in the case of an ordinary death. In the case of a fatal accident there was.

3253. I think on the whole you prefer the Scottish system to the English system?—Yes.

3254. You think on the whole that an inquiry conducted by a Government official— —?—I would like to put it a trained legal official.

3255. That an inquiry conducted by a trained legal official is superior always to a public inquiry before a jury?—Before a coroner and a jury.

3256. I suppose, on the other hand, you agree that it is a question of balance of conveniences, and that sometimes the publicity of a coroner's inquest in England leads to evidence being brought forward which would not otherwise be obtained?—Yes, I admit that, if on the other hand you will admit that the public inquiry often tends to defeat the ends of justice by warning people to get rid of incriminating evidence.

3257. Or to disappear?—Yes. I may say, for example, that in a well-known case you had this anomaly: the coroner's inquest necessarily being postponed from day to day, the coroner's inquest went on at the same time as the magisterial inquiry.

3258. You have a duplicated inquiry?—You have a duplicated inquiry, and the witnesses have to run from one court to another on the same day and repeat the same evidence. That went on for two or three weeks, and you had a double inquiry going at the same time and the same evidence being repeated at both.

3259. And double expense?—And double expense.

3260. And double trouble to the witnesses?—Yes, and the same evidence being led in both courts at the same time; and I cannot help thinking, notwithstanding what Mr. Bramsdon said, that that leads to delay in the efficient investigation of a crime.

3261. And mastery of the facts?—Yes, this is obviated by the inquiry of the procurator fiscal.

3262. (*Dr. Willcox.*) Are the resident medical men in hospitals in Scotland paid a fee for giving evidence before the procurator fiscal?—Certainly if they are summoned by him. I may mention that it is a very common thing for resident medical men in a hospital to be asked by the procurator fiscal to come to him and be precognosced in regard to a death which has taken place in the hospital, and they get paid a guinea for that, and such precognitions of the house surgeons may end the case, so far as any further proceedings are concerned, perfectly satisfactorily.

3263. (*Chairman.*) You know that in England the theory is that if a man gives his services to a hospital as a matter of charity, he is also bound to give evidence before the coroner without being paid for it?—Yes.

3264. In your opinion is that justifiable?—In my opinion it is not justifiable.

3265. (*Dr. Willcox.*) You mentioned the scale of fees which applies to yourself in Edinburgh?—I do not say that they are special to myself. These are the legal fees, which I get paid the same as others.

3266. I take it that if you are called in as an expert outside of Edinburgh, a different scale would obtain?—No, not in all cases.

3267. If you went to Aberdeen, say, as an expert witness?—Yes, if I went to Aberdeen as an expert to make a post-mortem.

3268. And to make a report?—That goes without saying, there must be a written report.

3269. (*Chairman.*) Would that be in the discretion of the procurator fiscal, or in the discretion of the Crown office?—In the discretion of the procurator fiscal, subject to the Crown office, who revise all fees outside the statutory fees.

3270. Speaking broadly, the inquiry in Scotland is a Crown inquiry from beginning to end; whereas in England we have first an independent inquiry by the coroner, and then if further proceedings are taken we have another officer taking it up on behalf of the prosecution and a duplication of the inquiry?—Yes.

3271. The coroner's inquest of course has this advantage: there being no accused person, information can be obtained which would not be evidence against an accused person, but which may be very material in throwing light on the cause of death. Is not that so—contrasting the two systems—contrasting the coroner's inquiry with the magisterial process?—I take it that the object of the coroner is simply to find out the cause of death.

3272. But he can also accuse a person and commit him for trial?—Yes.

3273. As a matter of law a man could be tried on the coroner's inquisition without a magisterial inquiry, though as a matter of fact a magisterial inquiry is always resorted to in England in addition?—Yes.

3274. Mr. Bramsdon asked you whether the Scotch system is generally regarded with satisfaction in Scotland?—I say yes; and, of course, the only way in which I can form an opinion is that there are very few complaints, if any.

3275. There is no organised agitation to change the system?—I have never heard of it; secondly, there are apparently very few mistakes, because we do not hear of re-enquiries. I think the Crown have very rarely to order a re-opening of a case; and then, thirdly, exhumations, which are a test to some extent in regard to criminal cases, are very rare indeed in Scotland. I believe that exhumations are not uncommon in England, and I can only attribute that to the preliminary inquiry not having been satisfactory.

3276. Exhumations commonly occur in England in cases where a body has been buried without an inquest and suspicious circumstances subsequently come to light. In England there is a coroner's inquiry or inquest (taking both inquiries and inquests together) in about 10 per cent. of deaths?—Yes, 10 per cent. of registered deaths. That seems to me a very large number.

3277. Can you give us any proportion in Scotland?—I could not tell you.

3278–9. Can you give me any Scotch figures?—About 4,500 sudden, accidental, or violent deaths on an average pass through the Crown Office?

3280. When a person dies under an anæsthetic in Scotland, I do not say from the anæsthetic but under the anæsthetic, is that death invariably reported to the procurator fiscal?—Invariably; there is an order that such deaths should be, and it is understood that they shall be.

3281. The procurator fiscal then makes inquiries?—The procurator fiscal then goes through the ordinary procedure of obtaining evidence; the order is that an independent medical man shall report on the case, and if he is satisfied from his inquiries from the surgeon, the anæsthetist and so on, and from an inspection of the body, then he reports accordingly. If, however, he is of opinion that a post-mortem is necessary to elucidate the cause of death, then he has got power to make a post-mortem.

3282. You have made very many post-mortem examinations. In the case of death under an anæsthetic does the post-mortem show you much apart from what I call the clinical evidence, the collateral evidence?—A post-mortem will not enable you to come to any definite conclusion that death was due to the anæsthetic.

3283. I believe in Scotland you use chloroform much more than we do in England?—Yes.

3284. Is that from tradition?—I think it is partly from tradition and partly because there is a belief that chloroform is the best anæsthetic.

3285. When you say the best, do you mean the safest or on the whole the most satisfactory?—The most satisfactory, and I presume that the safest is included in that.

3286. Have you had to inquire into any deaths under chloroform?—Yes, many.

3287. Do you think that chloroform is as safe as ether?—That is a matter for a practical surgeon. I would not like to give an opinion.

3288. In your precognitions you do not deal with that point?—In my evidence when I inquire into a case, I have to judge whether the case was one in which chloroform would have been the best anæsthetic or whether a local anæsthetic might not have been used with advantage.

3289. Have you had any deaths under local anæsthetic, cocaine or stovaine, in your personal experience, having made so many examinations?—No.

3290. (*Dr. Willcox.*) Have most of the deaths under anæsthetics that you have investigated, been deaths from chloroform?—I cannot give you exact statistics, but in very few cases could I say that chloroform was the direct cause of death.

3291. Have there been many deaths which have occurred under ether?—I could not give you information as to that.

3292. Most of the deaths under anæsthetics which you have investigated have been deaths where chloroform was the anæsthetic administered?—Yes.

3223. (*Chairman.*) I suppose you cannot give us any figures as to the number of deaths from chloroform in Scotland?—I could not give you that just now, and even if I could, they would only be those in Edinburgh.

3294. There is one other matter we are asked to inquire into, and that is the case of deaths from flannelette. Have you had any such cases in Edinburgh?—Yes, we always have a considerable number of cases of little children whose clothes catch fire.

3295. You have not specially investigated the case of flannelette, as to how far that is responsible?—No.

3296. Would you now tell us something about the procedure in some foreign countries that you have investigated?—I can only speak generally. I am not prepared to go into it in detail; but I find that in other countries such an inquiry as a coroner's inquest did not exist, and would not be allowed now, because the question of the decision as to the cause of death is looked upon as a scientific question, a question for scientific investigation by a trained man, and not one for a jury. In Germany they have two classes of investigation: there are first of all the ordinary cases of sudden death, where there are no special circumstances, these are called Sanitats Polizeiliche post-mortems. There are certain experts appointed; in Berlin, for example, there are four, I think. The bodies are taken to the mortuary, and are opened and reported upon by these trained medical investigators, who report to a legal official.

3297. In fact, similar to the Scotch system except that there is an official medico-legal investigation?—Yes. Then, secondly, there are the criminal post-mortems, and these are carried out again by other specially appointed medico-legal experts acting directly under the legal authorities. Then in France I do not know very much about the system, but it is somewhat similar. An ordinary case of sudden death is investigated by experienced medical men, who report to a legal functionary and there the matter ends. The public are not cognisant of the inquiry or the details of it.

3298. There is a private official inquiry, so to speak?—Yes, a private inquiry by trained examiners.

3299. Is there not rather more than that in big towns in France? In Paris, for instance, has not everybody before burial to be seen by a public medical officer, the Médécin des Morts?—I am not quite sure that that is so. Then in Austria they have the same system practically as in Germany.

3300. In fact, wherever you have the civil law prevailing you have this procedure?—Yes. Then I would only like, lastly, to instance the fact that of course America adopted our own law to a very large extent, but they are gradually discarding coroner's inquests.

3301. That would depend upon the practice in each State, of course?—Yes, but Massachusetts, Connecticut, and some other States have during the last 10 years discarded coroner's inquests because they are so cumbrous, because they lead to delay, because they, as I think rightly, regard an ignorant jury, a jury taken of ordinary lay people, as incompetent to decide the question of the cause of death, which is a question for science; and therefore in many of the States they have given up the coroner's jury, and instead they have a medical assessor who reports to certain legal functionaries.

3302. Does that medical assessor sit with a coroner?—No, that medical assessor makes inquiries and reports to a legal official.

3303. In your opinion in what I may call a complicated cause of death case, would there be any advantage if the coroner had associated with him a medical assessor?—I think it would be a very great advantage in dealing with the ordinary general run of cases; it would save an inquest.

3304. You mean at an inquiry prior to an inquest?—Yes.

3305. I am rather taking the case where an inquest has to be held. Do you think that it would be an advantage if the coroner was assisted by a skilled assessor sitting with him?—I do not think so. I think that the evidence given, if it is given in the proper way by proper persons, is as good as an assessor.

3306. For the purpose of the coroner making up his own mind, an assessor you think would not help him?—I do not think he would.

3307. If the coroner is a competent man used to weighing evidence?—Yes, and if the evidence which is led before him is good evidence.

3308. (*Dr. Willcox.*) With regard to deaths under anæsthetics, do you think it is desirable that the coroner should be advised by a medical assessor apart from the witnesses? Let me put it in this way. Do you think that if the coroner accompanied by a medical assessor were to investigate the cause of death, that would be superior to the present system where the coroner and a jury decide the question?—Undoubtedly.

3309. (*Chairman.*) I think we have gone over your evidence now, except the last point, namely, who should perform the post-mortem for medico-legal purposes. I do not think we have discussed that with you?—Before you go on to that, may I be allowed to say a word about medical evidence at coroners' inquests and certain disadvantages which I think there are in it.

3310. If you please?—The choice of the medical man is or was held to be restricted to a person who had been called in or was near the case. I believe that now is recognised to be wrong, that the coroner is not bound to do that, though he often does. If he does I

think that is a very wrong thing, for the reason that the ordinary medical practitioner is not qualified to make medico-legal post-mortems. They are not qualified because they do not have the experience, and they have not had the training, and moreover (and this point I think is one of some importance) to make a post-mortem properly means not only the actual technique of opening the body, but that the man who makes the post-mortem ought to be able to make certain other minor investigations at the time. Where it is doubtful, for example, whether it is a case of bronchial pneumonia or not he ought to be able to take a section and examine it under a microscope. He ought to have the microscope by his side and other appliances, so that he can finish off a case by himself. The majority of medical men are not able to do such a thorough post-mortem so as to give a definite opinion as to the cause of death.

3311. Your evidence rather points to this, that in all cases the post-mortem ought to be made by an expert. That would be going rather too far, would it not?—I think it would be, but I was going on to say that the medical man employed ought to be someone with experience, I do not say necessarily a pathologist, but a man with experience of medico-legal work. I am not greatly in favour of laying so much stress upon the purely pathological part as upon general experience of medico-legal cases. And again, the medical evidence at the coroner's inquest is very often uncorroborated; that is to say, the medical man has gone down and made the post-mortem and there is no one to say whether he has done it rightly or wrongly, whether he has done it fully or not; it may have been an incomplete post-mortem; his evidence, in other words, is uncorroborated. Then further, he gives his evidence *viva voce* at the inquest with no guarantee that it is the whole truth and nothing but the truth. He may forget something in giving it, which he may remember subsequently at the magisterial inquiry or at the assizes.

3312. That bears upon your point that two men ought to make the post-mortem?—Yes. Then fourthly, there should be a written report. The advantage of a written report is that it states definitely the facts found at the post-mortem; that that evidence is fixed and cannot be altered, and it is fixed at the time when it is most easily remembered by the medical man, namely, immediately after making the post-mortem; and, further, it is fairer to the accused, because that is the evidence upon which, so far as medical evidence is concerned, the case is founded; and it is fair that there should be some definite statement of what the medical evidence is against the accused in any case.

3313. Take the case of a death by poisoning, where you will have the post-mortem appearances fixed, unless you have an experienced toxicologist, would the description by an inexperienced man be misleading?—I think a man with ordinary experience could depict the appearances that he saw, the redness of the mucous membrane of the intestines, the redness of the stomach, and so on, and could give such a picture in his written report that when the parts were sent to an analyst and he wanted to know what to look for, he could recognise at once probably either the presence of an irritant, or if there was no irritation, that it was useless to look for certain poisons and so on.

3314 (*Dr. Willcox.*) Are you aware that in England a written report is generally sent to the coroner by the medical man who makes the post-mortem?—No, I was not aware of that.

3315. (*Chairman.*) In Scotland it is obligatory; in England it is a custom which ought to be observed, and very often is observed?—Yes.

3316. I think you may take it also, as regards your other point, that the coroner in England has ample authority to employ any man he likes; the difficulty is about paying him?—Yes.

3317. (*Dr. Willcox.*) Are you aware that in England the coroner will always allow a medical witness to consult his notes in giving his evidence?—That is always the case in any court; you can consult notes that you have actually made at the time.

3318. You were expressing an opinion as to the evidence given *viva voce* by a medical witness who might forget something?—I have seen cases where a certain point in the medical evidence has been brought up at a later stage than the inquest.

3319. But the medical witness is allowed to consult his own notes at an inquest, and therefore it is his own fault if he forgets anything?—It is not a question of anyone's fault, but it is very bad if a man's life is going to depend upon medical evidence and the medical man forgets a fact which may prove of great importance. I think it is a very haphazard sort of way of giving evidence.

3320. (*Chairman.*) If a wholly inexperienced person makes a post-mortem in a case of poisoning, would it be possible for him to mistake natural symptoms arising after death with symptoms of poisoning?—Not only a wholly inexperienced man, but even those with a fair amount of knowledge may make mistakes. It requires very careful investigation and considerable experience.

3321. (*Dr. Willcox.*) Do you consider it very important that any medical evidence bearing on the state of the patient during life should be given at the inquest?—Do you mean in an ordinary case of sudden death?

3322. Supposing a man dies who has been seen by a doctor during life, and immediately before death, do you think that the evidence of the doctor who sees him during life or before death should be given at the inquiry, as well as that of the doctor who makes the post-mortem?—I do not think so necessarily. In any case where there is any suspicion, of course, then the medical man who saw him during life would be one of the most important witnesses, but I should not say that the evidence of any doctor who happened to be called in five minutes before or half a minute before the death was necessarily of value.

3323. I am speaking of a difficult case?—In that case, undoubtedly.

3324. I am not speaking of an ordinary case?—There I quite agree.

3325. (*Chairman.*) Is there any further point you wish to add?—I think not.

3326. Your system of death certification is wholly different from that in England, is it not?—No, except in the matter of time. In England, a medical man must send his certificate in five days; in Scotland, it is seven days; otherwise the law is practically the same.

The witness withdrew.

Mr. CLINTON T. DENT, M.C. (Cantab.), F.R.C.S., examined.

3327. (*Chairman.*) You are a master of surgery of Cambridge and fellow of the Royal College of Surgeons?—Yes.

3328. And you are senior surgeon of St. George's Hospital?—Yes.

3329. And you have been chief surgeon to the Metropolitan Police since 1904?—Yes.

3330. And, of course, you have held many important appointments that I need not refer to?—Yes.

3331. May I ask you generally have you seen Dr. Fowler's evidence on behalf of the Metropolitan Police Surgeons' Association?—Yes.

3332. Do you agree with it generally?—Yes, subject to one or two points that I have set down after reading his evidence.

3333. First, will you tell us how the divisional Metropolitan Police surgeons are appointed—by whom they are appointed?—They are appointed by the Secretary of State on the recommendation of the chief surgeon endorsed by the Commissioner of Police.

3334. Can you tell us anything of their qualifications and standing?—I can only speak, of course, of those who have been appointed since 1904. It is my business to inquire into their professional qualifications,

and I do that as fully as I can. I ascertain from various sources what their standing is in the profession, and I inquire frequently of old hospital colleagues, and so forth.

3335. But what is rather the end of your inquiries?—The end of my inquiries is that I do not care to recommend a man, if I have any choice, unless he has a really good standing in his profession and is of the stamp of man who would do this rather special divisional surgeon's work well. I look to that.

3336. Of course he must have a surgical qualification?—He must have proper qualifications, and be registered.

3337. You would not appoint a man who was, I was going to say, a pure physician?—These men are practically all general practitioners.

3338. With a double qualification?—Yes; a man must be doubly qualified nowadays, you see. He may drop one branch or the other afterwards.

3339. But he must have the double qualification?—Yes; I, myself, have passed an examination in medicine.

3340. Although you practice as a surgeon?—Yes.

3341. You inquire whether the man has surgical qualifications?—Yes, and medical, too; and what I meant to add, if I did not say so, especially with regard to giving evidence in court, and so forth, I try to judge whether he is a man who is likely to do that part of the work well incidentally.

3342. (*Dr. Willcox.*) Do you select a man who has had a pathological experience in making post-mortems?—I confess I have never laid any stress on that myself.

3343. (*Chairman.*) You think he acquires the necessary experience *ambulando*, as we may say?—He would have some knowledge of it, but I should not quite agree with what Dr. Fowler said, that stress is laid on it. I have not laid stress on it; I look rather to practical qualities.

3344. I see your third point is that you consider their competence to perform post-mortem examinations where such are ordered by the coroner?—Yes, but if a man has a sound knowledge of his profession, and is doing a considerable practice, as most of these gentlemen are, and if he holds a fairly high qualification, I should assume that he has some knowledge of pathology; he could not have obtained his diploma without it.

3345. Then, at any rate, he gets plenty of practice as a divisional surgeon?—He did; it is not so much of late.

3346. In certain districts he may not get as much now?—That is so.

3347. That is one point that we shall have to inquire into, I suppose?—Yes.

3348. (*Dr. Willcox.*) You would regard experience in post-mortem work as of importance?—Practical experience in professional work.

3349. Post-mortem work I was putting to you?—He may not have such mechanical skill, or such deep pathological knowledge as a pathologist pure and simple, but a capable man is bound to have some knowledge of it.

3350. (*Chairman.*) You think that nine post-mortems out of ten can be made by any man with fair experience and in fair practice?—Yes.

3351. And the tenth requires an expert?—I am mainly anxious to get a competent man. I cannot look for a man skilled in every branch of the profession.

3352. The difficulty is that until the post-mortem has been made one does not know whether it is a perfectly simple case or a complicated one?—You never know.

3353. But you think that a man with ordinary skill can say, "I have made this post-mortem; I am not "satisfied with my results, and I should like an expert to "help me"?—Yes, in the majority of cases an expert could materially assist him, but in certain cases possibly he could not. For example, he could assist him materially where the point turns on histological or bacteriological investigations, but where you have to interpret actually what you see in the body and determine whether this, or that, or the other, was the actual cause of death, there a pathological expert, unless he was at the post-mortem, would come in too late.

3354. I was thinking of the case of some possible vegetable poisoning, or, say, ptomaine poisoning?—Yes, there it is not so much what you find in actually making the autopsy as the subsequent analysis that is of value.

3355. To go on with your evidence, you say that in the great majority of cases the post-mortem examination can be made efficiently by the divisional surgeons. Would you wish to make some exceptions from that statement?—There are, from time to time, especially, I think, in toxicological cases, obscure poisoning cases, and so forth, occasions where a skilled pathologist and a skilled post-mortem maker is wanted.

3356. An expert toxicologist?—I would go further than that, because, of course, a skilled maker of post-mortems might not be an expert toxicologist; that is a very difficult and advanced branch of medicine.

3357. (*Dr. Willcox.*) Do you think that it is very desirable that a toxicologist should, if possible, be present at the post-mortem?—I should have thought it was helpful. I think if he does not do that and carry the viscus off, it might be left behind.

3358. (*Chairman.*) To proceed, you think it is important that some uniform procedure among coroners should be either agreed or laid down as regards post-mortems?—Yes. It appears to me that different coroners hold very different views with regard to that. Some would appear to regard every post-mortem as necessarily to be made by a highly skilled pathologist.

3359. By a highly skilled pathologist, do you mean a person acknowledged by the profession to be highly skilled or a pathologist that the particular coroner thinks to be highly skilled?—A man, I would rather say, who devotes his time to pathological researches and that sort of work—who specialises in it.

3360. Who specialises in post-mortems?—Yes, I am distinguishing all through between such a man and an ordinary practitioner, such as a divisional surgeon. The divisional surgeon has certain extra advantages.

3361. Do you think it advisable in many cases that the man, so to speak, casually called in, the general practitioner who is casually called in, should do post-mortems—he is called in and gets no fee for seeing the man in extremis, and if the person is a very poor man he is unpaid for the care and attention he has given and the trouble he is given, unless he can be ordered to make the post-mortem and get a fee for it?—I am afraid, in my opinion, he ought very often to be sacrificed.

3362. I wanted to know that?—I think so.

3363. You think, in the interest of the public, the post-mortem ought to be handed over to a man of known capacity?—The practitioner casually called in may or may not be a competent person. I can speak as to the competency of the divisional surgeons, but not as to that of every member of our profession who holds a diploma.

3364. A man may be very competent to deal with the class of cases that he has in general practice without being at all competent to perform a post-mortem and give evidence?—He may never have performed a post-mortem in his life.

3365. Or, at any rate, since he left the medical school?—To speak truly, he may never have performed one at all; if he is an elderly man, certainly that might be the case.

3366. (*Dr. Willcox.*) In obscure cases of death, do you consider that a medical man who can give clinical evidence of the state of the patient immediately before death should be called at the inquiry?—I think it is most essential to do that.

3367. You mean that the post-mortem appearances by themselves, apart from the clinical evidence, will often be either negative or untrustworthy?—I would rather put it in this way: that if the post-mortem findings agree with the clinical symptoms, those post-mortem findings increase in value enormously. If I may say so, you might find a post-mortem condition of very gross disease never suspected and the post-mortem maker might say, "There is enough disease there to "have killed the person." But perhaps the disease found was not actually the cause of death. If the clinical evidence had pointed to this or that organ being

diseased, then the post-mortem is of great value; but if it pointed in a wholly different direction, some other smaller appearance might become of importance.

3368. But in some cases there may be no post-mortem signs of the cause of death, such as diabetes?—Certainly.

3369. Assuming that the bladder were empty?—They would be somewhat disputed at any rate, and there the clinical evidence would be of immense value.

3370. (*Chairman.*) You may have a case where a man is really close to death from some such disease as heart disease or phthisis, and nevertheless ends his days by poisoning?—Truly. I would give an instance that might be to the point. Supposing the head were not examined in a person found dead, though an elaborate post-mortem were made, or that the head was examined, but the brain was not skilfully examined, and a clot just in the nœud vital, or something like that, the real cause of death missed.

3371. The body may be wholly diseased in other respects?—Yes, but it is that clot that killed him. If you had clinical evidence that the man was subject to little apoplectic seizures, giddiness, and what not, you would certainly investigate the brain with extreme care, and, further, the vessels of the brain too.

3372. Assuming that an epileptic dies apparently in or immediately following an epileptic fit, would a post-mortem examination,unaccompanied by clinical evidence, be of much assistance?—Very little.

3373. In order to get at the real cause of death, you must have the clinical history of the case?—The clinical history of the case would be the most important item; it would be by far the more important evidence of the two—infinitely more.

3374. I think the next point of your evidence is that you suggest that areas might be assigned to the principal hospitals in the metropolitan districts, and that in certain cases anybody found dead within that area should be transported to the hospital mortuary for the post-mortem examination. What is your point there?—I see many difficulties in the suggestion, such as the jury viewing the body, the divisional surgeon attending, and so forth. My point really was that that would ensure the post-mortem being well made, that it would generally be made in the metropolitan hospitals under better conditions than if it were made anywhere else.

3375. Or in the post-mortem rooms attached to coroners' mortuaries?—I do not think in these mortuaries there is any post-mortem room—I speak under correction—which has a cold chamber attached to it. I should have thought that that was of enormous value.

3376. To keep the body in statu quo until the post-mortem is made?—Yes.

3377. The cold itself does not alter or destroy any necessary elements?—No; nothing is frozen in a temperature of 32 and a fraction.

3378. Just above freezing point?—Just above freezing point.

3379. All the main hospitals have these cold chambers, have they not?—I cannot say about all.

3380. I have seen them at several?—Yes, they would all desire them.

3381. But in a hospital you can have a cold chamber without very much expense, because you have the apparatus; but in the case of a coroner's court it would be very expensive to have a freezing apparatus?—I am not suggesting them for a coroner's court; I am pointing out that this is an advantage that the hospitals possess as something to be said in favour of them.

3382. On the other hand, there is this difficulty, that in the coroner's court, of course, it is very unpleasant for the jury to go into the post-mortem room, where there is a body very much decomposed, and if the body has to be put in the same post-mortem place with other bodies it is very painful to the relations of other persons whose bodies are there to come across a very much decomposed body?—Yes; that applies to coroners' courts; truly sometimes it must be so. In cases of bodies that have been fished out of the river, the strongest pathologist is sometimes upset by it.

3383. Your suggestion would particularly apply to cases where the bodies were in a highly decomposed condition, where the ordinary coroner's mortuary is an unfit place for their reception?—No, I did not suggest that. I do not think if that was suggested to the hospitals, any hospital would accede to the proposal. They would take the rough with the smooth there. Really those terribly decomposing bodies only come from water at certain times. The scientific gain would be that students would see more of the way of making a post-mortem in cases in which nothing is known about the case previously.

3384. You are speaking of medical education now?—Yes, the seeing of post-mortems made like that is of immense value. The clinical evidence is of great value at the inquiry, but the pathologist who has to learn his business, has to learn it on making post-mortems where he knows nothing before he starts.

3385. (*Dr. Willcox.*) If post-mortems were made at the hospitals, as you suggest, the body would have to be taken back to the mortuary after the post-mortem in order that the jury might see it?—I had that in mind, but I do hope that the jury will not be compelled to view bodies.

3386. (*Chairman.*) Have you any opinion on the subject about the jury viewing bodies?—I think it is perfectly futile.

3387. Would you say perfectly futile in 99 cases out of 100, or in the 100th do you think it may be of very real importance?—I do not think so. I have always imagined that the sole idea was to convince the jury that the person was dead.

3388. Take the case of wounds that may have been self-inflicted, or may not have been self-inflicted, do not the jury appreciate the evidence better if they have seen the wounds?—Really I do not think so.

3389. You think the medical evidence is sufficient as it is at the trial?—I think it is absolutely.

3390. A coroner suggested to us another case where the view is important. A person dies from neglect and starvation, and it is alleged through misconduct of the person in whose care the deceased was. In that case he thought it material that the jury should see the actual emaciated body in order to appreciate the evidence afterwards?—I should not be inclined to agree with that, because again the jury would not understand what they see; they would exaggerate.

3391. The body may be exceedingly emaciated, but the emaciation may have nothing whatever to do with the maltreatment?—Yes, for instance in the case of a man dying of cancer of the gullet.

3392. He is practically half-starved?—He is starved. But I think that jurymen who desire to see the body should be allowed to do so.

3393. You desire that the concentrated skill and knowledge of pathological laboratories should be used for the purposes of the coroners' inquests, in fact?—Yes.

3394. There is this difficulty at present, is there not, that if the post-mortem is conducted in a hospital, the coroner has no power to pay the pathologist?—He has no power. He has power, however, to pay for the making of a post-mortem.

3395. Does that apply to the case of a post-mortem in a hospital?—I am not sure.

3396. Further than that, is it not the case that if he calls a witness from a hospital he cannot pay the witness?—No, he cannot. I suppose he cannot pay for the making of a post-mortem.

3397. He cannot pay for anything done inside the wards of the hospital, whether it is preparation of the evidence or the evidence given afterwards?—I think I am right in saying that he does not pay.

3398. It is a question of statute, I am afraid?—I think he is legally prevented.

3399. There is one exception from the rule, as we all know. There is a coroner's court inside the London Hospital, but that is leased to the coroner?—Yes.

3400. I should like to ask you one further question about fees; in your opinion, is there any advantage to the public in the rule that a doctor who gives his services as charity to a hospital, if he is called upon to give evidence, should be deprived of the ordinary fee. It is a statutory provision. Do you think there is any advantage to the public in it?—But that comes under

the provisions with regard to summoning a second medical man.

3401. May I call your attention to subsection (2), to the proviso to section 22 of the Coroners Act, 1887, and ask your opinion upon it?—I think that is very hard indeed on a doctor who gives his services as charity to a hospital.

3402. It comes to this, that if a man gives certain services to charity, he is not to be paid for other ordinary work done by him as an ordinary citizen?—I hardly regard it in that way. He is doing something for the State in this case. The hospital is not doing its work in the exercise of charity now, but because it is compelled very often to take in an attempted suicide case or murder case, or what not. The hospitals do a great deal of work for the State for which they get nothing. I should think he ought to be paid the same fee or remuneration as he would get if he went to the police court, which is a less troublesome and often a less responsible business for him.

3403. You think, to go on with your evidence, that there is not much practical danger in an ordinary general practitioner engaged in practice making the post-mortem?—No, but I must confess I do not like it.

3404. It is only a counsel of perfection that he should not do it?—One is speaking as a hospital surgeon, and no harm does seem to come. And I must allow that there is much greater danger in going from a septic living case than going from a septic case that is dead.

3405. It is far more dangerous for a general practitioner to go from a case of scarlet fever to attend a woman in childbirth, than it is to go to that same woman after he has made a post-mortem?—Yes.

3406. Then your next point is that the coroner should have power to pay a divisional surgeon in certain cases, where he has no power to do so now?—Yes. The point arises in connection with the general orders to the metropolitan police. The coroner is precluded from summoning more than one medical man to give evidence on his own initiative; but he may (1) summon and pay the doctor who attended the death or last illness of the deceased; or (2), if there is no such doctor, he may summon and pay a neighbouring doctor; or (3), at the request of a majority of the jury, he may summon and pay a second medical man in addition to the doctor summoned under heads (1) and (2).

3407. That is only on the initiative of the jury and not on his own initiative?—Yes.

3408. And the jury know nothing about it?—I do not think the jury know anything about the power they have.

3409. Or are fit to exercise the power if they did?—Possibly the coroner might direct them, but this hits the divisional surgeons very hard. It is signified to them that, in the interests of justice, it is very desirable that they should attend—and it is very desirable. Then when they get to the inquest they are told that, to the coroner's great regret, he is unable to pay them a fee, or, at any rate, no fee can be paid.

3410. Are your divisional surgeons as a rule men in general practice as well?—Yes, pretty well all of them.

3411. They are not whole-timers?—I think only one or two are.

3412. Therefore, when they attend a coroner's inquest, and are kept there hanging about, they are losing part of their own private income?—Yes, certainly.

3413. They are not only wasting public time, but they are losing the actual income on which they live?—Yes; but they feel bound to go if their attendance is desired, knowing that their evidence is likely to be of great value.

3414. I suppose, as a matter of law (it is only a matter of good feeling), there is nothing to prevent the coroner calling you as senior surgeon of St. George's to attend an inquest and not paying you?—He would express a desire that I should attend. He never would do it, because it is agreed that a resident officer is always competent to do it.

3415. But that depends on the good sense and good feeling of the coroner; it is not a matter of law?—No, it is not a matter of law.

3416. Have you anything further to say as regards police surgeons before we come to the other heads of your evidence?—I think that is the greatest hardship that they have. But in certain cases they are paid. Sometimes they apply for and get fees from police funds, and I understand that in some cases fees are paid by the London County Council, but I confess I do not understand on what principle.

3417. The County Council make a special allowance in special cases?—Yes, I think there is something of that kind. Some of them seem to get fees, but there is no uniformity. I think they ought to be paid.

3418. If there were a general power in some authority like the Lord Chancellor to prescribe a scale of fees, to give the coroner discretion, that would meet your difficulty?—Yes.

3419. (*Dr. Willcox.*) Do you consider that a fee of one guinea for a post-mortem is an adequate fee for a divisional surgeon?—I think two guineas for the post-mortem and the attendance.

3420. One guinea for the post-mortem was my question?—Simply for making the post-mortem; it is not a very large sum.

3421. (*Chairman.*) Still the difficulty is the continual attendances with no extra fee?—Without any fee at all—that is the hardship.

3422. (*Dr. Willcox.*) You consider that, in cases of adjournment, the divisional surgeon should receive a fee for each occasion on which he attends the court?—Yes, for his attendance in court, and I think that always implies each day he is called, as in civil cases.

3423. (*Chairman.*) What counsel call "refreshers"?—The divisional surgeon asks for nothing better than to give his evidence the moment he walks into court.

3424. But you would not apply your suggested rule only to divisional surgeons; you would apply it to every medical man who is called?—I think so. I am speaking now only of divisional surgeons.

3425. You do not propose that rules should be made for them that would not apply to other medical men called under the same circumstances?—No, certainly not; I think they ought to be paid also.

3426. In fact, your suggestion applies not only to divisional surgeons but to expert witnesses generally?—To medical men. The expert witness is somewhat under a different category.

3427. I used, perhaps, the wrong word. I meant the medical witness?—Yes, the medical witness.

3428. (*Dr. Willcox.*) In certain exceptional cases. You consider it necessary that a specially trained pathological expert should make the post-mortem?—I think so.

3429. And in such cases do you consider that a fee of one guinea is adequate for that post-mortem?—No, I should draw a distinction between the class of cases where a skilled pathologist was required and such cases as might properly be referred to the ordinary divisional surgeon.

3430. (*Chairman.*) You regard the divisional surgeon as intermediate between the ordinary general practitioner and the specially skilled pathologist?—I should draw the same sort of distinction (I do not think there would be anything offensive at all in doing it) as between the practitioner and the consultant. The difference in the scale of fees would be allowed to be reasonable, I think.

3431. (*Dr. Willcox.*) Do you consider that the pathologists at the hospitals might, in many cases, supply the want of a skilled pathological expert?—I think he is the best man you can possibly have for it. At every hospital of standing you would have such a man.

3432. (*Chairman.*) In your experience, the man who is senior pathologist at a big general London hospital is a man of first-rate ability?—Yes, first rate.

3433. One general question. Of course, in the evidence you have given, we have been discussing really London conditions, and not conditions applicable to country districts?—That is so.

3434. Have you any suggestions to make with regard to country cases, where people have to do the best they can?—I am afraid they must do the best they can there. I do not think it would be reasonable

to be calling your skilled pathologist down hundreds of miles, perhaps unnecessarily.

3435. (*Dr. Willcox.*) Unless it is a very exceptional case?—Yes, a case where crime is suspected.

3436. (*Chairman.*) Then that would be done by the Treasury?—That would be done by the Treasury, and it would be superfluous.

3437. Now, I should like to ask you a few questions, if I may, about anæsthetics. How many years have you been an operating surgeon?—Thirty.

3438. You have seen, I suppose, many thousands of operations, and have performed a good many thousand operations?—Yes.

3439. In your opinion, when a death occurs under an anæsthetic, I do not say from the anæsthetic, but under the anæsthetic, do you think it ought always to be reported to the coroner; do you think it is a case calling for investigation?—When the case is one of great emergency, and an operation is performed, and the patient dies before recovering from the anæsthetic or before recovering consciousness (which may be a different thing), it becomes a matter of the profoundest difficulty over and over again to decide whether the patient has died from the anæsthetic or from the effects of the operation performed, or from the condition which led to the operation being undertaken.

3440. Certainly?—The post mortem findings in such a case will assist in determining the actual cause of death, but constantly the post-mortem findings will not decide the point, and, I think, only in a very minute proportion of such cases can an inquest be necessary. I think, further, that an inquest is not the best means of ascertaining the actual cause of death in such cases.

3441. Do you agree to this extent that for scientific purposes, for the purposes of acquiring information for other cases, an inquiry of some sort into every case of death under an anæsthetic is desirable?—Yes, I think myself that deaths under anæsthetics should always be notified where the anæsthetics were administered by an unqualified person, which, I think, is not illegal, and also where the operation is performed and the anæsthetic given by the same person.

3442. You know that some coroners hold that as a matter of law, and without any discretion, they are bound to hold an inquest in any case of death under anæsthetics?—Yes, I imagine so.

3443. But other coroners think that they have a discretion?—I imagine that those coroners are in the right, but I am not certain.

3444. But, as a matter of public policy, you think it is unnecessary?—I think the coroner should be notified in such cases.

3445. But he ought to have discretion and exercise it?—But he ought to have an assessor to assist him there, and should not necessarily hold an inquest.

3446. Do you think he requires a skilled medical opinion to guide him in such cases?—I do.

3447. That would involve making a post-mortem?—Yes.

3448. A preliminary investigation?—Yes. I think in every case of death a post-mortem should be ordered.

3449. At present, as the law stands, the coroner cannot order a post-mortem without going on to an inquest?—Yes.

3450. Do you think it is desirable that the coroner should have power to order a post-mortem before he determines whether an inquest is requisite?—Yes, I do, certainly, in cases of this description.

3451. Assuming that an inquest is held in case of death under an anæsthetic, do you think that the coroner ought to be assisted by a medical assessor, or is it sufficient for him to rely on the evidence that is produced before him and the jury. Have you any opinion on that point?—I would not like it to come before a jury, but before the coroner.

3452. With an assessor, or without?—With an assessor. My view is that it is often exceedingly hard on, say, the operating surgeon and anæsthetist, and often on the friends and relations of the patient who is dead, that an inquest should be held in such cases. Do what you will, the public will impute a certain amount of blame to somebody in such cases, where it may be found that no blame of any sort or kind attaches to anyone.

3453. You draw a distinction, of course, between deaths under anæsthetics and deaths caused by anæsthetics?—It is a matter of the profoundest difficulty in grave surgical cases to distinguish.

3454. Whether the anæsthetic plus shock, or shock alone, was the cause of death?—Whether one of three things: the anæsthetic, the operation, or the disease that led to the operation. It is a matter of the profoundest difficulty to assign the proper proportion to each.

3455. You do not think the coroner and his jury, drawn in the ordinary way from the Parliamentary Voters' List, is a good tribunal to determine such a delicate question?—I feel certain that the jury is a very bad tribunal.

3456. (*Dr. Willcox.*) Do you think the medical assessor should have had special experience in the use of anæsthetics?—I think not; I do not think that would be necessary. He should be a man of ability, a competent person. He would learn about anæsthetics, after all, as easily as about any other branch.

3457. He would appreciate the special point relating to anæsthetics if he had had a special training?—Well, it would be an advantage, but certainly you would not choose an assessor who did not show knowledge of that or of many other branches which might be named.

3458. (*Chairman.*) Have you any opinion on this point. Various anæsthetics are in use; but do they differ much in relative safety. First of all take nitrous oxide?—It is very safe.

3459. When we come to ether or chloroform, is there always a certain danger there?—Always, whenever ether, chloroform, or similar respirable anæsthetics are used, skill is required if you wish to have the maximum of safety.

3460. Skill, may I suggest, in three directions: first of all, in the preliminary examination of the patient?—Yes.

3461. Secondly, in the administration of the anæsthetic?—Yes.

3462. Thirdly, in the case of unfavourable symptoms supervening, in knowing what to do and what remedies to apply?—I would add a fourth, which is more important to my mind than any, that is, the choice of the anæsthetic.

3463. Is that left to the anæsthetist, or is it chosen by the surgeon?—That is left practically to the anæsthetist.

3464. When he is a skilled man?—But it is constantly in fact, I think, except in perfectly straightforward cases, discussed between the two; in hospital work it is.

3465. And in private practice?—Yes, and in private operations, too, you always discuss it. If I invite an anæsthetist to give an anæsthetic for me in private, I tell him all I know about the case and about the kind of patient before ever he sees him.

3466. Is it material whether the patient is an alcoholic subject?—Undoubtedly.

3467. And, I think Dr. Hewitt told us, a very heavy smoker?—Yes, and so on. The choice of the kind of anæsthetic implies much more than merely deciding whether you put a chloroform or ether bottle into your bag before you start.

3468. Do not surgeons require a given anæsthetic sometimes for the purposes of an operation; do not they require much greater stillness and relaxation in some cases than in others?—Yes. Choice implies more than that; it implies a knowledge of when to change the anæsthetic during administration. That is constantly done.

3469. Does it ever happen that the surgeon for his purely operative purposes would like one anæsthetic, and the anæsthetist says, "For the sake of the patient I "must have another"?—Yes, often he says, "I would "rather not give ether or chloroform;" then I say I must be guided by him.

3470. We were told by Dr. Littlejohn to-day that chloroform was much more given in Scotland than in England?—Yes, it has always been so.

3471. Is that a matter of tradition?—I think it was owing to Sir James Simpson and Lord Lister advocating it.

3472. In your opinion is there any great difference in safety between ether and chloroform?—I regard ether as the safer of the two,

3473. And the mixture?—The mixture in suitable cases is very safe.

3474. (*Dr. Willcox.*) Take ethyl-chloride, do you consider that there is risk there?—I do not like ethyl-chloride as an anæsthetic from an operating surgeon's point of view very much.

3475. (*Chairman.*) But as a matter of safety?—I do not know; I am not an anæsthetist, but I have only had it given in a few cases. I have discussed it with anæsthetists often, and I have come to the conclusion, agreeing with their view, that it is not a very safe anæsthetic.

3476. We have been told that it was the anæsthetic sometimes used by unqualified dentists. In your opinion, is it a safe anæsthetic for unqualified persons to administer?—Not unless they have been very carefully trained in it to the exclusion of the others.

3477. You know that there is a proposed Bill for the purpose of prohibiting the use of general anæsthetics by persons who are not qualified?—Yes.

3478. Do you agree with that generally?—Yes, with that provision I certainly should be in agreement.

3479. Would you make any exception in the case of trained men holding the L.D.S. qualification using nitrous oxide?—I have rather changed my views recently about that, about the L.D.S., and so forth. The L.D.S. of England implies a fairly good training. Perhaps I might put in these regulations, which may be of interest (*handing in the same*) as showing the subjects for the final examination. The last item of all, you will notice, is Anæsthetics, with special reference to their use in dental surgery.

3480. That, of course, applies to all who are now coming in?—Yes, truly; but you cannot distinguish. I think it is a dangerous thing for a dentist to give even nitrous oxide if he is single-handed. To give it and to operate is not right. I think there should be always a second, but he might be another L.D.S.

3481. We had some curious figures this morning from the Society of Extractors and Adaptors of Teeth. It seems that, in England alone, the members of that Society have administered nitrous oxide in 1,249,167 cases without an accident?—Unqualified?

3482. Unqualified dentists. That seems to show, at any rate, that nitrous oxide is very safe?—Yes, it is very safe.

3483. But, coming to the practical point, would you except nitrous oxide from the Bill or not?—I would not except it from the Bill if there were twenty million cases without an accident. It should not be given by unqualified persons.

3484. You would prohibit the giving of nitrous oxide by unqualified persons?—Yes.

3485. You would allow it to qualified dentists?—Yes.

3486. But not to unqualified dentists?—No, not to unqualified dentists.

3487. Or a bone-setter or a herbalist, an unqualified person generally?—The bone-setter does not use nitrous oxide much, I think.

3488. But your opinion would be, as regards general anæsthetics, that, with the exception of nitrous oxide, they should only be administered by qualified medical men, and that, as regards nitrous oxide, it should be administered either by a qualified medical man or by a qualified dentist?—I have seen the Bill, but I do not remember its proposals. I do not think one could except nitrous oxide, and say to a dental surgeon, "You "may give that anæsthetic and no other." I think if you allow him to give that, you must allow him to give any general anæsthetic.

3489. On account of its great safety and easy administration you cannot draw a distinction in the case of nitrous oxide?—No, I could not draw a distinction. Just at present nitrous oxide is the best anæsthetic for short operations that there is. It may be superseded to-morrow.

3490. (*Dr. Willcox.*) Do you consider that a medical examination should be made before a patient is given nitrous oxide?—It is desirable.

3491. Do not you think that in the case of aortic disease there would be great risk in giving nitrous oxide?—There would be risk, but there would also be risk in extracting a troublesome tooth without it.

3492. But there would be considerable risk?—Either way. Broadly speaking, if a person has heart disease, and one may include aortic disease in that——

3493. Aortic disease is the most dangerous form?—Yes. I would prefer him to have an anæsthetic for a surgical operation, because I think he runs less risk.

3494. (*Chairman.*) The shock is as likely to kill him as the anæsthetic?—More likely.

3495. (*Dr. Willcox.*) The struggling under nitrous oxide would be particularly dangerous to a man with aortic regurgitation?—Yes.

3496. Chloroform would be best?—Chloroform would be best, but it would require to be skilfully given. But in that million cases I am sure there were some with aortic regurgitation.

3497. (*Chairman.*) That brings me to another point. If the administration of anæsthetics by unqualified persons was prohibited, would you make any exception for a nurse or midwife or other person attending a woman in childbirth?—No, I would not let her give it.

3498. Would you not let a nurse give a whiff of chloroform in childbirth in the absence of the doctor?—Well, under doctor's orders, perhaps. There it is used as an anodyne.

3499. It is not pushed?—It is not pushed, but you could not feel sure that it might not be pushed accidentally.

3500. We were told—I do not know how far it is a known medical fact—that a woman in childbirth is specially tolerant of chloroform?—Yes, it is true, I believe.

3501. There is less danger in giving it in childbirth than in any normal condition?—It is only given in very small quantities, and you may go on giving it for many hours.

3502. (*Dr. Willcox.*) Is it your opinion that only legally qualified medical men should give respirable general anæsthetics?—Yes.

3503. (*Chairman.*) Would not that inflict great hardship upon the poor, who cannot afford the price of an anæsthetist but want to have a painful tooth out?—I think not, for hospitals are so multiplied now all over the land that they get their anæsthetic for nothing.

3504. Now, as to local anæsthetics do you think that any restriction ought to be placed on the administration of local anæsthetics by unqualified persons?—By a local anæsthetic, do you mean anything painted or applied on the part?

3505. Well, there is that difficulty; it is difficult to define?—When one comes to punctures, and so forth.

3506. Take a hypodermic injection; take cocain, for instance. It has been suggested to us that a hypodermic injection of cocain is a dangerous thing that ought to be prohibited in the hands of non-qualified persons?—I do not think it is possible to lay down any general rule about local anæsthetics—those in use at the present moment, I think, come under such different categories. I may freeze the part and produce local anæsthesia; I may apply a sponge of strong carbolic on the skin and it will act as an anæsthetic.

3507. You may apply a drop of carbolic acid to a decayed tooth?—Yes, and it will become an anæsthetic. Those are perfectly safe things, but the injection of cocain into the gum, or the injection of cocain into the lip or the face for the removal of a tumour, may be highly dangerous. The injection of stovain and such like, or eucain, into the spinal canal may have serious consequences.

3508. But it would be difficult in legislation in the general words of an Act of Parliament to deal with those matters, would it not?—I think the only possible way is to give some person or body the power to place certain drugs on a proscribed list, and say, "These are

"dangerous things, and must not be administered by "an unqualified person."

3509. But even then you get into difficulty. Take this case. Supposing a man with toothache goes into a chemist's shop and asks for a small bottle of camphorated chloroform, and he rubs some on to his gum, you would not prohibit that?—No, I think not.

3510. Even in cases of injection of morphia in your hospital, I suppose it is the sister or staff nurse who actually injects it, and not the doctor?—The sisters are allowed to do it actually, but it is prescribed by somebody else. It is prescribed by the medical man; he is responsible.

3511. But when it comes to legislation, it is very difficult to deal with anything of the kind other than a general anæsthetic producing unconsciousness for the purpose of an operation?—I think that the other local anæsthetics will be best left wholly untouched at present. I do not see how any practical legislation could touch them.

3512. Have you had any experience yourself at St. George's Hospital with stovain?—No; our anæsthetists, from what they have seen, seem to be, generally, against it.

3513. It is too dangerous, you think?—I have never used it in my own practice, but I can conceive of cases where I would use it.

3514. I have only one general question to ask you. I suppose our knowledge of local anæsthetics for operative purposes is rather in its early stages at present?—No, we have a great many drugs, but I think our knowledge of spinal anæsthetics is still very imperfect.

3515. I suppose, if we could get over the difficulties arising from their administration, they would be largely used in place of the general anæsthetics?—I think not. I believe the respirable anæsthetics will hold their own for a long time to come.

3516. So that legislation with respect to general respirable anæsthetics is not likely to become obsolete soon?—I think not; they have a great field for a good many years.

3517. (*Dr. Willcox.*) In your opinion, should persons who are neither qualified medical men nor qualified dentists be allowed to inject under the skin or mucous membrane, cocain, eucain, and novocain, and these allied drugs which are used as anæsthetics?—I would rather they did not; but, again, I do not think it would be any use to prohibit it by legislation. I think that they must take the responsibility of these things. If harm arises an inquiry must be held, and they must be blamed and take the consequences. They should know that these things are dangerous.

The witness withdrew.

Adjourned to Friday next, at 2 o'clock.

At the Home Office, Whitehall.

TENTH DAY.

Friday, 19th March 1909.

Present:

Sir MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin.

Mr. Thomas Arthur Bramsdon, M.P.

Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

Mr. Isaac Bradley examined.

3518. (*Chairman.*) You are, I think, coroner for Birmingham?—Yes.

3519. How long have you held that position?—Twelve years within a few days.

3520. And you are a solicitor by profession?—Yes.

3521. And you are also president of the Society of Coroners?—Yes, for this year; it is an annual honour.

3522. How many members have you in the Society?—Two hundred and ninety.

3523. In fact, the great majority of coroners belong to it?—Yes, I should think there are not many coroners outside; about two-thirds of the coroners, Mr. Schröder tells me, belong to this society.

3524. Would most of those outside be small franchise coroners?—Not necessarily, it is a matter of personal choice. Some gentlemen differ as to the use of the Society. The large majority find it useful. I find it immensely useful; some think it is not.

3525. You communicate together, I suppose, about matters of interest to coroners, and difficulties that arise in practice?—That is the purpose of the Society.

3526. It is especially perhaps important in the case of coroners, because there is no power in any body to make rules for the practice and procedure of coroners' courts?—That is so; that is to say, the coroner is a sort of self-contained official; he is very anxious to regard himself usually as a court to himself. It may perhaps shorten things a little if I say that I understand that there is in the Home Office a copy of our Annual Reports for some years past, and it may shorten the examination if I sometimes simply give you a citation, and the secretary of the committee I thought might consider with you whether you want to hear more about a particular point, and if so, Mr. Schröder could give evidence at some later date. Mr. Schröder is our honorary secretary.

3527. Suppose I commence by taking you through the very interesting points suggested in the statement submitted by the Council of the Coroners' Society. As regards the origin of the office of coroner we have had evidence already?—That is only historical.

3528. Then you mention that the Coroners Acts, 1887 and 1892, deal with many aspects of the coroner's work; but that there are a good many supplementary Acts of Parliament?—Yes. The only point of that is that we get statutes which contain detailed regulation or direction on many points, but there still remains underneath some original Common Law authority which we think it is highly desirable to retain. If I might give an illustration, take the Factory Acts themselves. The Factory Acts impose regulations as to, say, the fencing of machinery; but behind the Factory Acts there is the ordinary Common Law responsibility to take reasonable care in the performing of dangerous acts and, sitting as a coroner, I find it useful to bear that in mind, and in summing up an important factory case perhaps, to say there is a wide Common Law responsibility on any man who sets up a dangerous thing, to take a reasonable amount of care; on the top

of that there is a statutory regulation that he must do *a*, *b*, *c*, *d*, particular things. In the same way the coroner starts out, as we apprehend, with the duty to conduct for the Crown a certain inquiry, and in the absence of any detailed regulations the coroner assumes that he has inherent powers to do any reasonable thing to make it completely effective. In later years statutes have been passed which regulate some things, and, of course, those regulations apply and are obeyed; but they have never abrogated the initial large authority of the Common Law, which we think the coroner ought to retain.

3529. I should think everybody would agree with that?—Yes, but on the question of legislation we thought it desirable to mention that, because if you try to codify a branch of law and try to cover the whole ground without any saving, you may in effect eliminate some of the inherent power, as I have chosen to call it, of the office.

3530. I do not think we have got so far as considering legislation yet?—Possibly not.

3531. I should like to ask your opinion upon this point. If I remember rightly, besides the Coroners Act of 1887, there are 26 outlying statutes dealing with the duties of coroners. Do you think it would be convenient that those statutory provisions should be consolidated?—Do you mean these Acts on diverse subjects, such as factories and railways?

3532. Yes?—I think it would be immensely difficult.

3533. You think they are better embodied in their respective statutes?—As a specimen of what I mean, there is in this book a little summary embodied of such things as relate to coroners (*handing in a book, Sydney Taylor's "Law of Coroners"*).

3534. You think that what I may call the outlying statutes dealing with particular questions of jurisdiction, are better left in their respective homes?—I am afraid they must be so, because supposing you attempted to codify the law to-day and to bring in all those outlying subjects, almost every session of Parliament brings in some modification, and you could hardly ever keep it up to date,

3535. I think you want to call our attention to the fact that coroners in large cities and coroners in the country work under very different conditions, and that no uniform procedure can be applied?—That comes in very largely on the questions of salary and conditions. In Birmingham, for instance, or in Liverpool, where the conditions are almost absolutely the same as my own, we can hold—my deputy, for instance, this afternoon is holding—a number of inquests at a less cost of time and labour than many a country coroner can hold one, because he has to make a journey. We have the Victoria Courts, and they have also courts in Liverpool; the coroner has a place provided for him there.

3536. Is there a mortuary adjoining the Victoria Courts?—Not immediately, but within less than a hundred yards. We have a new one. If you retain any recollection of the county court it is at the back of the county court—so that is just a little walk.

3537. Does that serve the whole of the Birmingham coronership?—Yes, it is a new mortuary. We still have mortuaries at each of the divisional police stations, but they are passing out of use.

3538. So that the jury have only to go from the coroner's court to the back of the county court?—If the bodies are there, but they lie at other places also.

3539. Are there many cases in Birmingham in which bodies are not removed to the mortuary?—Yes, we only remove them where there is some reason for it.

3540. Supposing you think a post-mortem is necessary?—Then I invariably remove them. I have never had a post-mortem made in a private house in Birmingham, the bodies have been always removed to the mortuaries.

3541. Of course, to hold a post-mortem in a private house is a very inconvenient and distressing operation?—I am not a doctor, but I have made it my business to see how a post-mortem is conducted, and I should think it is almost impracticable in an ordinary dwelling-house without the most serious inconvenience.

3542. I think in Birmingham the coroner has a fixed salary, has he not?—Yes.

3543. Under a Local Act—under the Birmingham Consolidation Act?—Yes, the salary was not fixed by the Act. The history of that is this: we had a Local Act in 1883 which took power on any future appointment of a coroner to pay him a salary instead of fees. Then on the next vacancy that section was acted on.

3544. Why I wanted to know is for this reason. Usually where a coroner is paid by salary there is power to revise the salary every five years?—I am afraid I have not that advantage. I am not a county coroner. I see your point, and I think you are right that, although the amout of salary was not fixed by the Act, the payment of a salary in lieu of fees was; so that I think, although the amount is not fixed, I get my salary under a provision of that Act.

3545. Supposing, for instance, that the work became very much more heavy, the city council could increase your salary?—Yes, I think so.

3546. And if the work should become very light they could also decrease it?—I doubt it.

3547. Not till the next vacancy, of course?—On the next vacancy they might.

3548. But you hold practically a fixed salary like a stipendiary magistrate?—It is an inclusive salary. I pay certain things out of it. They pay me 1,000*l.* a year. I have to pay my deputy, and for my carriage for driving about. I have to provide my own carriage. The Corporation provides an omnibus for the jurors.

3549. To go from the coroner's court?—To different places. If it is only to the mortuary we just walk, it is only across the way, but we go all over the town occasionally. I have also to pay for any clerical assistance that I require as coroner, as distinguished from police duty or coroner's officer's duty, and also printing stationery, postage, and all those incidentals.

3550. Would you tell us who is your coroner's officer?—I have three police officers assigned to me.

3551. Are they on the strength of the force?—Yes.

3552. They are not pensioned men?—Not at all. I have three men all of whom are attached to that work; there is enough work to occupy them, and they are acquainted with the work and are efficient servants. I have an inspector, a sergeant, and a constable in point of rank.

3553. What would be the inspector's pay?—I think his pay is about 2*l.* 10*s.* a week, and he gets some allowances in addition; for instance, my officers do not wear uniform, they get an allowance for it.

3554. A plain clothes allowance?—Yes, and they get some other small allowances.

3555. Do they stay with you permanently?—Yes.

3556. Do they get promotion in the force; are they promoted up to inspector and other positions?—They could apply for any promotion that is going, but I do not think they have. The present men have not so far, nor their predecessors. They have been promoted within my department as vacancies arose.

3557. How long has any officer been with you?—The inspector has been in office, I should think, for about 25 years.

3558. He must have enormous experience in that kind of work?—Yes, and his predecessor had an equally long experience. He has worked up from the bottom.

3559. I should like your opinion on this point. Do you think that on the whole the best work can be got out of coroners' officers if they are actually members of the police force?—I certainly do. The coroner's precept for summoning a jury is directed to the police officers of his district, and if there were no officer specially allocated to me, I should simply have to send that precept to the police office and let the chief constable give it out as he would. But I get the advantage of men who are under discipline, under orders, and are acquainted with the work.

3560. Do you ever find any difficulty arise from the fact that your officer is also under the orders of the chief of the police?—Never.

3561. Not in your 12 years' experience?—No, the reason being, I have no doubt, that the chief constable, being a reasonable person, takes an interest in the work, but does not interfere with those men. He often speaks to me about any coroner's case in which the police have come in—any criminal case.

3562. In fact you and the police work cordially together?—Absolutely.

3563. Are you yourself a whole time officer?—Not by condition of appointment; the Corporation was advised by the town clerk that they had no power to impose the condition, but of necessity I am. I tried to retain some amount of practice for 12 or 18 months, but I fell into ill-health, and I found it was quite impracticable.

3564. So that practically you are a whole time officer?—Yes.

3565. Is it a pensionable office?—No. The Corporation of Birmingham has a superannuation scheme, to which all its servants pay in. But the coroner is not a servant of the Corporation in that sense; the stipendiary has been recently admitted by the Act passed in 1903, a Local Act, so that Mr. Morton Brown, the present stipendiary, pays into the superannuation fund as a Corporation servant, but he again technically is not a servant of the Corporation; he is not appointed by them; he is appointed by the Home Secretary.

3566. Is Aston in your jurisdiction?—No, Aston is a separate borough; it has not a quarter sessions, so that it has not a coroner, but one of the county coroners deals with Aston.

3567. But there are some rough parts of the town in your district, of course?—Yes.

3568. Do you find there that an officer going without uniform is as efficient as an officer in uniform?—Yes, and he is considerably more acceptable. When an inquiry is made at a house which has sustained an immediate bereavement, the inquiry is made, shall I say more comfortably by a man who says he has called from the coroner's office, than by a policeman in uniform.

3569. You think on the whole it is better?—On the whole I think it is better.

3570. But of course all your officers have still the powers of constables?—Yes, every power.

3571. It is, of course, important that the coroner's officer should be armed with the Common Law powers of a constable?—I think it is very desirable.

3572. Are your three officers whole time officers?—Yes; they have to attend for inspections and things like that, and they receive the police orders issued day by day, but they do not attend, except for these things, anywhere but in my own office.

3573. Do you know anything about any county coronerships outside Birmingham as regards the system of working; do you know who the coroner's officers are in the county coronerships?—In the districts which surround me the police officer of the district where the death occurs reports to the coroner and makes inquiry for the coroner.

3574. As part of his police duties?—As part of his police duties; he may be apt to see what the coroner wants, or he may be inapt.

3575. The coroner has no special officer?—The coroner has no special officer in either of the three county districts around me; he depends on the police officer of the district.

3576. Take a densely populated place like Aston with a population of 100,000. Is there no coroner's officer for the Aston coronership?—I think not, but there is an efficient police station and some efficient officers.

3577. That is the county police?—Yes, the county of Warwick.

3578. (*Mr. Bramsdon.*) How many inquests do you hold in a year?—Between 500 and 600. I had better explain that. I have reported to me about 1,100 deaths in a year. I am most favourably placed for dealing with cases without an inquest, more favourably than nine coroners out of ten, and I deal with about half the cases without an inquest. I can do that because I am in a compact district, I have officers just through one door who understand exactly what I want; they can get down quickly by a bicycle or tramcar, and I can have a report in many cases in an hour or two. And the doctors work on extremely comfortable terms with me; they report to me in many cases where perhaps they would not be legally bound to report the case, but we are friendly, and they report anything to me in which there is any question of doubt, and then I have also a large lunatic asylum which brings some deaths which do not necessitate an inquest.

3579. (*Chairman.*) And you have the General Hospital?—Yes.

3580. (*Mr. Bramsdon.*) You dispense with an inquest in about 50 per cent. of the cases?—About 50 per cent. of the whole cases, I think.

3581. Have you any power to allow fees to doctors without holding an inquest?—No.

3582. No special power by the city council?—No.

3583. (*Chairman.*) And owing to the conditions under which you hold your appointment it makes no pecuniary difference to you whether you hold an inquest or not?—Not the slightest.

3584. All you have to consider is the public interest?—Yes. And in small cases the trouble to me is just the same; that is to say, it would make no appreciable difference to my personal labour or comfort or anything else, whether I just step from my room into the court and hold an inquest in public, or whether I deal with it in my room. There is no gain to me by dispensing with an inquest.

3585. I imagine that in many cases an inquiry, in which you eventually hold no inquest, gives you as much or more trouble than an actual inquest?—Practically the same.

3586. (*Mr. Bramsdon.*) In some cases you may have more trouble, I take it; in others less?—Yes, because you see at once there is little difference really between receiving the written statement and the proofs of witnesses that your officer brings to you, and just meeting the witnesses and questioning it from them shortly.

3587. Do you think you would be able still further to reduce the number of inquests if you had power to remunerate the doctors?—I doubt it very much. I have had an opportunity of reading most of the evidence that has been given before you, and, speaking for myself, I do not think it would make much difference to me, for this reason—you are on that question of paying a post-mortem fee?

3588. Yes?—My own view—I am speaking for no one but myself now—is that if the cause of death is so doubtful after inquiry that a post-mortem is needed, that is obviously a reason for holding an inquest to dispose of it.

3589. (*Sir Malcolm Morris.*) Do not you think it would be of advantage to be able to order a post-mortem without holding an inquest?—Yes, I should be quite pleased to have that power, but I do not think I should largely use it. I have had cases where it would have been an advantage and a great convenience, but not many, because if there was so much doubt, as I say, I should look on that as a reason for having an inquest properly held.

3590. (*Chairman.*) To put a hypothetical case: Supposing a stranger to Birmingham falls down dead at New Street Station, there is nothing to point to anything unnatural, but still if a medical man was called in he could hardly certify the cause of death without a post-mortem; but a post-mortem might show that the death was absolutely a natural one, and that an inquest was unnecessary?—But there is another point. If a man falls dead at a railway station he is away from his home and his natural surroundings, and an inquiry is desirable to show what his movements have been since he left his anchorage, to see whether you can trace where he has been and what has happened to him; whether any accident may have befallen him, or whether he may have sustained injury, and so on. So that almost invariably if a man dies suddenly away from his home, I should hold an inquest on general principles.

3591. (*Mr. Bramsdon.*) Supposing a man dies at home, and he has been attended some six months before by a medical man, but he dies from a cause which the medical man is unable to certify, and he tells you he is unable to certify, or really form any judgment as to the cause of death, but a post-mortem examination would clear the whole thing up, do you think in cases like that it would be advisable to give the coroner power to order a post-mortem without an

inquest necessarily following?—It would be very well to have the power.

3592. You agree to that?—Yes; I say I should be pleased to have the power, but I do not think I should use it to the extent that I think some gentlemen anticipate it might be used. As an illustration, two doctors of excellent standing came to me only the other day and said, "We have had a patient die" (I knew the patient, he was an old Birmingham man), "he "has died with most fearful jaundice, he is terribly "yellow, and yet some of his symptoms have not been "consistent with jaundice from disease of the liver," and from certain circumstances the doctor was led to wonder whether there might be some phosphorus poisoning. They said, "We want to make a post-"mortem." I said, "Are you going to report it to me "as coroner?" They said, "We leave that to you; "we came to talk to you first, to see what you "thought." I said, "You may make a post-mortem "if you like."

3593. (*Chairman.*) But you cannot pay for it?—I cannot pay for it. They did not object to that at all. They made the post-mortem, and found an impacted gallstone, which accounted for it, but the man had had none of the gallstone pain. There was inconsistency of symptoms, but that settled it; I held no inquest.

3594. (*Mr. Bramsdon.*) May I put three cases to you. Supposing a man died with an entire absence of suspicion, and a post-mortem were ordered and disclosed, say, one of these deaths which occur from double pneumonia, phthisis, or rupture of an aneurism of the aorta, and there is an entire absence of any injury, would not that be a case in which the post-mortem would be quite sufficient and would enable you to dispense with an inquest?—Not without consideration of the surrounding circumstances. Take such an instance as the Chairman put just now; or take the instance that my deputy is dealing with this afternoon in my absence, of an old woman who has died a death which I have no doubt is natural, but she was living entirely alone and was found dead in her house. You might have a post-mortem and find natural death, but I do not think that would be satisfactory because that woman has been living alone.

3595. (*Sir Malcolm Morris.*) It might be starvation?—It might be many things.

3596. (*Mr. Bramsdon.*) You are taking cases quite distinct from my meaning; no doubt it is my fault. The coroner must, of course, always exercise discretion. That is the ground-work of all the coroner's duties?—That is my strong point.

3597. And you cannot deprive him of that discretion; to do that would be doing wrong. But supposing a man living with his family in his own house is found dead in circumstances in which there is an entire absence of suspicion, either in bed or in his room with his family, and he dies in the presence of someone who sees how he dies, it is probable that a post-mortem would clear that up without an inquest being held. Do you not think it would be advisable in such a case to give the coroner power to order a post-mortem and thus enable an inquest to be dispensed with?—It would be a convenient power; but if the conditions are so favourable as you put, I should probably deal with the case without an inquest now.

3598. How would you know if a man died from a ruptured aneurism of the aorta?—If I did not know I should hold an inquest.

3599. I am taking cases in which you cannot know except by holding a post-mortem?—Then I should hold an inquest and have a post-mortem.

3600. Do you not think that probably a post-mortem without an inquest might meet the whole case?—Yes, in some cases.

3601. (*Chairman.*) It would be a desirable power to have at any rate?—Yes.

3602. Whether it was largely used or not?—I think so. I only want to make it clear that I do not think it would apply to so many cases as, I gather from the evidence, some think.

3603. (*Mr. Bramsdon.*) I want to put another view to you. Supposing that power given to the coroner, is it likely that the coroner might be expected by medical men to grant fees and order post-mortems where at the present time they are not ordered, and where an inquest would not be held?—That is possible; but may I say this about the medical profession of Birmingham—they have been absolutely honest and loyal to me all the while I have sat. I do not think there are half-a-dozen doctors in Birmingham who would misuse that position. But I cannot speak for anywhere but Birmingham. I have heard things said of other places which are not so favourable.

2604. My experience is the same as yours, but we are looking throughout the kingdom. I am only asking you whether in your opinion, with your large experience, there might not be considerably increased expenses?—There would obviously be some increase of expense, but I do not think it would be unnecessarily great; I do not think there are so many cases in which it would arise. In those simple cases such as you were putting, you get the history. If I got no history at all, I am bound to say I should think I ought to hold an inquest, because I am not able to say whether the form of death is consistent with the history, which is an important condition.

3605. Do you have many cases in which medical certificates are absent where inquests are dispensed with?—A doctor often reports to me because he has not seen the patient in life. A doctor says: "I was "called to Mr. so and so, but he had just died on my "arrival"; and he very often says whether he knew him before, and what he knew about him, or whether he was a stranger; and then I make my own inquiry.

3606. Have you many cases where the doctor is unable to certify the cause of death and no inquests are held?—Yes; a considerable number.

3607. They are practically uncertified deaths?—Yes.

3608. Although you have made inquiries into them?—Yes; although I have made inquiries into them they rank as uncertified deaths in the returns. The doctor only arrives after death, and he cannot certify.

3609. That leads me to the question I want to put. The same thing arises, probably, with other coroners throughout the country?—Yes.

3610. So that a large number of cases which are called officially uncertified deaths are cases where inquiries have been carefully made and the cause of death is tolerably well understood?—I can only speak of Birmingham; but the practice of Birmingham is, if I may say so, admirable on the part of medical gentlemen and on the part of the registrars. Every registrar of Birmingham would inevitably refer the case to me if there was no medical certificate, and does do so. There is a form, which you are familiar with, in which he says: "Death reported to me of" so and so; and he gives it in columns as he would register it. He says at the bottom "if you hold an "inquest you will send me the finding of the jury; "if you think an inquest not necessary, you will sign "the form at the foot," and I make my own inquiry and deal with it accordingly.

3611. You have not answered my question, which I think is important. In those cases I spoke of just now where a medical man had seen and was unable to certify, and you make inquiries and dispense with an inquest, those are classed as uncertified deaths?—Yes.

3612–13. Notwithstanding the fact that careful inquiries have been made and you are satisfied that the persons have died from a particular natural cause?—Yes, that is so.

3614. The Registrar-General returns a very large number of cases of uncertified deaths?—That is so.

3615. As to part of those uncertified deaths, a large proportion are inquired into by coroners, and inquests are dispensed with?—I am unable to say as to anywhere except Birmingham.

3616. Judging from your experience in Birmingham?—From my experience in Birmingham they are practically all inquired into. I do not believe that a registrar in Birmingham would register any death without a certificate or without sanction from me;

but I cannot say for any other part of the country, because I do not know.

3617. But assuming that to a certain extent the same practice is adopted in other parts of the country, a large number of those deaths returned as uncertified have been inquired into by the coroner?—I should think so; but it is fair to say (and this is the kind of point that Mr. Schröder may be able to deal with on some later day) that in some parts of the country registrars do not pursue the same practice. I want you to know that, although I entirely agree with the point you are making.

3618. My meaning is that, if the cases where coroners have made inquiries and dispensed with an inquest were deducted from the total number of uncertified deaths, that would bring it down?—I shall make it my business now to try and find out what the condition of Birmingham is in that respect. I think I can probably find out with very little trouble how many uncertified deaths, for instance, went from Birmingham last year, and then know how many I inquired into.

3619. (*Dr. Willcox.*) In cases where a doctor refuses to give a certificate and you hold an inquiry and find the cause of death, does the doctor give a certificate after your inquiry?—In some cases, yes. I wish I had brought the forms with me, but I have not; I can send them to the secretary of the Committee.* When I have made an inquiry of that kind, I send out three notifications: There is the pink form which goes to the registrar; there is a form to friends like this: "I do "not intend to hold an inquest in the case of John "Smith. Therefore application must be made to the "registrar of the district where the death occurred for "a burial order. Yours truly, Coroner." Then I write to the doctor who reported to me, a rather longer form: "I am obliged to you for the information you rendered "me. I have made inquiry, and do not find that the "death was attended by any suspicious or criminal "circumstance. I have therefore informed the registrar "that I do not intend to hold an inquest." Then I go on: "In cases where you are in a position to certify "you may do so. In other cases, if you can give "information as to the cause of death, it may, if asked "for, save some trouble to the relatives." I leave him to certify if he feels in a position to do so; because the medical profession trust me, if I may say so, and report if they are in any doubt, many things to me that they need not legally report; and there are many cases in which my inquiry may relieve some little question in the doctor's mind, and he may certify.

3620. So that he may certify after your inquiry, when before it he may not?—Yes.

3621. (*Sir Malcolm Morris.*) I do not quite see the advantage of his certifying after your inquiry, when you have made your report to the registrar?—That depends on this: The doctor may feel perfectly satisfied in his mind as to the cause of death.

3622. If he is satisfied in his own mind, what is the advantage of getting it done twice; you have already sent a notification to the registrar?—It is Mr. Bramsdon's point; it removes one case from that list of uncertified deaths. It is much more satisfactory to the country to have a doctor's certificate if it is available.

3623. (*Chairman.*) Have you ever held an inquiry and an inquest and at the end been unable to ascertain the cause of death?—Yes, I have in two cases in 12 years, both after a post-mortem. I have had two cases in which I have had to say as the verdict: "Deceased "died from a natural disease, the exact character of "which was unascertained."

3624. (*Sir Malcolm Morris.*) How do you know it was a natural disease?—Because the doctors tell me so. The doctor has made a post-mortem, and said: "There "is no sign of injury, no sign of disease; I am unable "to assign a cause."

3625. (*Chairman.*) Only two cases in 12 years?—Yes.

3626. (*Mr. Bramsdon.*) What were the ages?—They were both children.

3627. It is very satisfactory to hear of the excellent terms you are on with doctors; it is what we coroners all like; but have you any trouble with any of the doctors complaining that they ought to be paid with regard to the information supplied by them?—No, I have never had a formal complaint. Some doctors tell me everything when they write, and some do not; a doctor here or there will say, "I was called in to "Mr. Smith, and found him dead. Yours truly"; and another will say either, "I do not know anything about "the case; I did not know the man"; or he will tell you what he knows, and say, "I have attended this man for bronchitis."

3628. Of course, as a matter of principle it is not right to put doctors to trouble without paying them?—That is so. I have never asked a doctor to tell me anything. My own practice has run on that line in making inquiry (other than an inquest). Before I decide on an inquest I have never applied to a doctor at all. I think I have no right to do so. I cannot pay him and I have no right to go and pick his brains. He is a professional man, and I think he is entitled to that consideration.

3629. Do you give him an opportunity of making any statement if he wishes?—In what way do you mean?

3630. Does your officer see the doctor?—No.

3631. But in ordinary cases does not the officer see the doctor and include any statement from him in his report?—No.

3632. That is not general, is it?—When I say no, not in one case in a hundred—very rarely. I feel that I am in that difficulty; I cannot pay him, and I have no right to go and cross-question him. I think he would be entitled to say to me, "If you are in so much "doubt about it and I cannot certify and you cannot "make up your mind, evidently if you hold an inquest "you will have to pay me a guinea for giving you my "knowledge." I feel that and do not trouble him.

3633. (*Chairman.*) Before we leave your personal experience I have one or two more questions to ask you about your own practice. When a patient dies, or is taken dead to a general hospital, where is the inquest held?—The inquests are held at the Victoria Court; the only exception is prison inquests, and even then I swear the jury at the court, and, as we have to drive round to view the body at the gaol, we hold the inquest there.

3634. In the case of a patient dying at a general hospital, do you take the jury to the mortuary there?—Yes, to view.

3635. We are now rather asking your individual views than your views as president of the society. Have you any opinion on this point? When a patient dies under an anæsthetic in the course of an operation, is it obligatory to hold an inquest, or is it a matter of discretion?—I think it is obligatory. Many differ, but I am giving you my opinion. Perhaps I look at it rather as a lawyer than as a doctor, but in the first place, as a matter of principle, we are directed to hold an inquest in all prison cases, the obvious reason being that a prisoner in the prison is not a free man—he is under restraint; he is not free to come and go. In a less degree that same principle applies in the case of a lunatic asylum; there again the patient is not free to come and go. Similarly, as I think, a patient who has been anæsthetised is not free to come and go; the patient has been deprived by artificial means of his volition, and I think that is a circumstance which has to be considered.

3636. You draw no distinction between an operation in a private house and an operation in a hospital?—Not the slightest. Then the other point is, that under our criminal law the administration of an anæsthetic may be a crime.

3637. Only when administered with a certain intent?—Exactly; but it is proper to have evidence of the purpose for which the anæsthetic was administered.

3638. Take the case of a patient dying in a general hospital under an operation?—You say, under an operation now.

3639. I put it to you originally—a patient dying under an anæsthetic administered for the purpose of an operation. I have been dealing with that alone?—And you still deal with an anæsthetised patient? Because the conditions are different.

* *See* Q. 5387, p. 187.

3640. I am speaking now purely of an anæsthetised patient. That operation is conducted in public; the doctors are there, the nurses are there, and a great deal of information is available. Do you think it necessary simply to make inquiry, or is it absolutely necessary to hold an inquest?—I always hold an inquest.

3641. Have you had many cases of deaths under anæsthetics in Birmingham in the 12 years you have been there?—Yes, they occasionally come up. We have had two this year, both from the General Hospital. I have never had a case in which any blame has attached to anybody, but legally I think it is proper to clear up these points: (1) Was the administration of the anæsthetic necessary or proper? (2) Was it conducted properly by some competent person? (3) Was the object of it a beneficial object? You clear up those points; so that the form of an inquisition is that the cause of death was syncope or asphyxia, as the case may be, "while under an anæsthetic, to wit, "chloroform" (or mixture of a. c. e.) administered in a "proper manner by a competent person for the purpose "of a necessary surgical operation." I said that people were not agreed. I believe the view of the medical profession, which is entitled to some respect, is that they would not accept my statement in that form—that I ought to hold an inquest in every case. They would say, "The anæsthetic is part of the treatment of a "certain condition; it is as much part of that treat-"ment as the administration of a bottle of medicine "which contains some poisonous drug. You do not call "me in question for a bottle of medicine; why should "you call me in question for any other part of the "treatment that I consider necessary?"

3642. What is your own view?—My own view is a lawyer's view—that an inquest ought to be held.

3643. That it is the duty of the coroner to hold an inquest?—Yes.

3644. Not merely his duty to inquire and satisfy himself without an inquest?—I think so; I think the public interest comes in. My own view is that the coroner is the only protector the public has on such points as this. He is in a sense a public servant, and he is the only man practically who can inquire into a question of that sort.

3645. (*Sir Malcolm Morris.*) You would not go so far as to say that you would include also there the question of an actual surgical operation?—No.

3646. Supposing the operation is done without an anæsthetic, and the patient dies under such operation from hæmorrhage?—That probably would not be reported to me, and I should never hold an inquest.

3647. He is equally as much the protector of the public in such a case as in the case of administering an anæsthetic, is he not?—I think with an anæsthetic you have those added circumstances that the patient has no volition and no knowledge, and you have the administration of the anæsthetic.

3648. The patient after a smash has no volition?—He may or may not have.

3649. It is possible to be unconscious when an amputation takes place without an anæsthetic?—Yes.

3650. Would you hold an inquest then?—I do not come in unless the case is reported to me. In Birmingham again I say the medical profession is extremely loyal to the coroner. I believe they report every case to me. And then again, as regards these anæsthetic cases, in Birmingham at least within the last 10 years the conditions have improved. Years ago anybody administered the anæsthetic in a hospital, perhaps a young student; now very great care is taken. Years ago I believe it was possible for a man to go through his medical course (I speak under correction), and take honours in his examination, without having had any experience in the administration of anæsthetics; now that is hardly possible—it comes in the curriculum, I believe, in the medical schools now. Years ago no accurate record was kept; now there is a record kept almost everywhere. The conditions have immensely improved, I think.

3651. (*Chairman.*) Do you ever hold an inquest in the case of death under nitrous oxide?—Yes.

3652. By whom administered?—Dentists, I believe. I have had two, if not three cases.

3653. Registered or unregistered dentists?—Registered dentists. In one case a woman went to have some teeth extracted by quite a clever dentist. He gave her gas; she was a little slow to come round, and they applied ordinary smelling salts. She happened to have a little bronchitis, and after leaving the dentist the friends administered smelling salts to such an extent that it aggravated the bronchitis, and she really died of bronchitis. I can give any further particulars about anæsthetic cases that you desire with perfect ease.

3654. (*Sir Malcolm Morris.*) In the case of the house surgeons in the hospitals at Birmingham giving evidence at inquests, is there any sort of delay which keeps them away from their work?—No.

3655. Why not?—We space out the work. The cases this afternoon come in a certain order, and as they come in the first case that gets fixed up for hearing is No. 1, the next No. 2, and so on; and my officer looks at them, and in summoning the witnesses puts a different time for every set of witnesses.

3656. So that, as a rule, the house surgeon from the General Hospital is not kept away from his important duties for a long time?—No.

3657. (*Chairman.*) How far off is the General Hospital?—It is only next door, but even from the Queen's Hospital he is not away long.

3658. (*Sir Malcolm Morris.*) Do you not think it is reasonable, where they are kept three or four hours at a time, that they should be paid?—I should never keep them waiting three or four hours at a time. If I had a big criminal case, supposing I began at 11 o'clock in the morning, I should look at the witnesses and decide the order in which I should call them, and probably I should not ask the doctor to come until near the time when he was wanted.

3659. You find that works well?—Yes; and very often then, if it looks like keeping the doctor waiting, I perhaps take him a little out of his order and let him give his evidence.

3660. Another point is the question of dead bodies being taken into the hospital and about the house surgeon getting no fees. Have you any views on that subject?—If the body is taken in dead, the surgeon gets a fee.

3661. But if the man is not taken in dead, if he is taken in *in articulo mortis* and dies in the hospital, I mean——

3662. (*Dr. Willcox.*) In cases of death under anæsthetics, the inquiry is of a scientific nature?—That is so.

3663. Should you have been assisted in your inquiries if you had had the co-operation of some medical assessor?—I very often do get it.

3664. I did not mean as a witness; I meant sitting with you?—Oh, no, I do not think I want him to sit with me. What I have done in anæsthetic cases is this. They differ very much in their gravity and in their circumstances. In some cases I have called in an outside doctor to make the post-mortem and to sit in court and hear the evidence as to the method of administration, and so on, the narrative of the case, and then I have asked him to detail the post-mortem and to say, accepting the evidence which had been given, "Was "that an administration conducted in a way recognised "by the medical profession, and in a way that you "regard as proper?" and he says "Yes." In some cases I have not thought it necessary to go outside the hospital itself.

3665. That evidence is given under oath?—Yes, that evidence is given under oath and paid for. I do not think I want the man as assessor.

3666. Do you think it would be an advantage if deaths from chloroform were dealt with by yourself and a medical assessor without a jury?—I do not think so. I have never specially considered that point. A jury is a very fallible tribunal any way, and a jury is a most difficult tribunal to which to leave any scientific question at all; but one of the objects, I think, of holding an inquest in an anæsthetic case is to maintain public confidence in the medical profession and medical institutions; and I think it does maintain that confidence for people to feel, when a death occurs under such

circumstances, that it is inquired into, and you can always put it to the jury. I have not much trouble with the jury, although, as I say, they are not a very intelligent tribunal for scientific questions.

3667. (*Chairman.*) You do not have cantankerous juries in Birmingham?—Of course you can have, but they are not all cantankerous at once. It very much depends upon the way in which the point is put to them.

3668. (*Dr. Willcox.*) You think that the inquiry should be public?—In the case of a death under anæsthetics I do; in the case of operations without anæsthetics the conditions are different.

3669. (*Mr. Bramsdon.*) You have not experienced any real difficulty in investigating deaths under anæsthetics?—I never have.

3670. And you have never heard, I take it, of any complaint having been made as to the result of your inquiries?—No.

3671. You gave us two reasons just now why you hold an inquest in the case of a person dying under an anæsthetic. Is there a third reason, namely, that the person cannot be said to have died from natural causes?—Yes, that may operate.

3672. Do you regard it as a matter of law that you ought to hold inquests in all cases where persons do not die from natural causes?—Yes, I think so. I think that the coroner needs no apology at all for holding an inquest where the death is not natural; that very fact is his reason. In cases of deaths which are natural he may be called upon to justify holding an inquest; that is to say, if a man dies a natural death, you may ask: "Why did you hold an inquest?"—and he ought to be able to say why he did it.

3673. Where death does not arise from natural causes the coroner, you would say, is always to hold an inquest?—Yes, as a general principle.

3674. But where death does arise from natural causes the coroner exercises a wide discretion?—That is my view.

3675. On that account, and for that reason also, you hold inquests in cases of deaths from anæsthetics?—Yes, that is an additional reason.

3676. There was a reference made just now to the supposed case of a person having died from taking some medicine containing poison. If such a thing were shown as that a person did die as the result of taking medicine containing poison, would you hold an inquest?—I do not know; it would all depend upon circumstances.

3677. If the person died practically from an overdose of poison?—If it was reported to me that a person died from an overdose of poison, I should certainly hold an inquest.

3678. (*Chairman.*) You mean that the fact that the medicine contains a minute quantity of what would be poisonous in a large quantity, is no reason for considering that it is a case of death from poisoning?—Not in itself. That comes back to what Mr. Bramsdon put to me just now—that the coroner has a large discretion. He is responsible for the exercise of that discretion, and it is for him to take into account all the information that is before him.

3679. May I call your attention to section 22 of the Coroners Act, 1887, and particularly to the second proviso with regard to non-payment of any fee to a medical man in the case of a death in the institutions mentioned therein?—That is a very large subject.

3680. In your opinion, is that a justifiable or a non-justifiable provision?—Mr. Schröder would, perhaps, give you better evidence on that than I can. I have always understood from history that the only reason for this section was that at the time this fee was instituted, as far back as in the days of Dr. Wakley, there was great reluctance to pay a doctor at all. I do not know why; but the complaint was that medical men were summoned to inquests to give scientific evidence of great importance and they got no fee at all. Then Mr. Wakley (the founder of the "Lancet") got a Bill through Parliament in which this fee was laid down, and this proviso to this section is a re-enactment, I believe, in practically the same words as the provision in the former Act.

3681. It was a compromise in fact?—Yes, the principle was—in order to get something done—that the officers of a hospital were either willingly honorary officers or were being paid salaries, and in either case they should not have a fee. Another reason, and a more sordid one, was that it was thought that doctors might work up inquests, might work up cases into the coroner's hands, simply for the sake of getting a fee.

3682. (*Sir Malcolm Morris.*) But you would settle that as coroner?—But if a doctor reported a case under such circumstances, and the coroner called him in, he would have to pay him.

3683. But your discretion would come in there again?—Yes, quite so.

3684. Will you kindly give us your opinion as to whether you think this provision ought to be amended now?—My personal opinion is that, as a general principle, every doctor ought to be paid a fee, wherever he comes from, on the ground that an inquest is not strictly part of his original duty in attending a patient. There is a large question coming up, which I will deal with whenever you ask me, about the particular institutions mentioned in this proviso.

3685. (*Chairman.*) In Birmingham, I suppose, the staff of the General Hospital and of the Queen's Hospital give their services gratuitously?—There is a large house staff.

3686. Who are paid?—Yes, small salaries. And then there are a large number of honorary doctors who are not paid.

3687. (*Sir Malcolm Morris.*) It is the house staff that give the evidence at the inquest?—Yes.

3688. And you think they ought to be paid?—I do not see why they should not be, as a matter of principle.

(*Chairman.*) Their salaries are fixed really with regard to this fact, that their appointments enable them to acquire great experience, and therefore they have a nominal salary.

3689. What is the salary of a house surgeon?—Usually 50*l.* and his board and washing.

3690. (*Mr. Bramsdon.*) Do you agree that the officers of the institutions mentioned do not get any fees, even if they perform a post-mortem?—No; if you do not pay for the one you cannot pay for the other.

3691. Is it not manifestly very unfair indeed to ask them to do work for which they get no pay?—In principle, yes. As a fact, in a big hospital there is always a pathologist who does the actual dissection in almost every case. Probably the other man is standing by and may assist, but at a big hospital there is always one man who does all the dissection.

3692. (*Chairman.*) But if he is taken away from the hospital to give evidence, ought not he to be paid for it?—Take my own case. I am engaged in work that occupies my whole time, but if I am summoned to the assizes to give evidence, and have to wait about in court, I think I might reasonably be paid.

3693. (*Mr. Bramsdon.*) You would be paid?—I think I might.

3694. Is it not really an unworthy and unnecessary suggestion to make, that a doctor could be influenced in any way by fees in reference to the care that he takes of his patient?—Doctors are like other people. You might find one here or there to whom that might apply, but taking the profession as a whole it does not make any difference to their care of their patients. I think, crediting the doctor with the utmost amount of iniquity of mind, you must remember that the question will arise only after death has occurred.

3695. I am sorry you have not answered my question now, which I think is an important one with regard to the medical profession. As a general principle, you would think it was an unworthy suggestion if it were said that a doctor could be influenced in any way by the matter of this fee, as to the care that he would take of his patient?—I would not lay it down as a principle that the doctor would be influenced. I credit professional men with being gentlemen.

3696. Then you agree with the question I put?—Yes.

3697. (*Chairman.*) Why should a doctor at a hospital be particularly singled out as likely to do an unworthy thing which would bring discredit upon his hospital?—I would prefer to put it on the other ground, that Mr. Wakley had a difficulty in getting the clause passed at all, and he took out the class of men who were mentioned just now, as either being paid a salary for attending the patient, or willingly undertaking the duty of voluntarily attending.

3698. But if a man voluntarily undertakes to attend a patient as a matter of charity, is that any reason why he should be fined for doing a public duty quite outside what he is doing as a matter of charity?—There is a great professional side to these honorary appointments; they give a man undoubtedly a standing in his profession.

3699. (*Dr. Willcox.*) Not the junior house surgeon?—No; but the junior house surgeon is not attending for charity; he is attending for the sake of obtaining professional experience.

3700. (*Chairman.*) Do you think, having regard to your experience, that this provision ought to be repealed?—I should be very willing to see a fee payable to every doctor who comes to an inquest.

3701. That would involve the repeal of this proviso?—It would.

3702. (*Mr. Bramsdon.*) You see no reason why it should not be repealed?—No.

3703. (*Chairman.*) Speaking now as the president of the Coroners' Society, is there difficulty now in determining what classes of doctors come within this proviso and what classes do not come within it?—There is very great difficulty. The difficulty arises on the mention of particular institutions. The institutions which are mentioned in this subsection do not include the whole of the institutions which exist to-day. Questions have arisen as to prisons and as to workhouses.

3704. Especially workhouse infirmaries?—I will mention workhouse infirmaries:—Prisons, workhouses, workhouse infirmaries, cottage hospitals, hospitals partly free but taking paying patients, private lunatic asylums or licensed houses, and inebriate homes. The view held, I think, by most coroners is that this section, being a depriving section, must be construed strictly, and that any institution which is not mentioned in this subsection *eo nomine* is entitled to be paid; that is the primary thing—that a doctor should be paid unless this section excludes him. Then, as it is held that it deprives a man of a benefit, you must take this section strictly, and if his institution is not mentioned here or is very clearly *ejusdem generis*, he is entitled to be paid. But the local authorities do not always take that view, and coroners are placed in great difficulty. I may refer you, without dealing with it, to the opinion of Sir Harry Poland, which is acted upon, I believe, by the London County Council to this day; you will find it in the first volume of the Coroners' Society's Reports, page 62, and to the hearing of certain cases which you will also find in these Reports: "Don Bavaud *v.* Wilson," in the same volume, page 63; "Clarke *v.* Lewis," in the same volume, page 309; "Horner *v.* Lewis," in the same volume, page 330; and the hearing on appeal to the King's Bench, page 339. As to prisons, the Home Office, I think, was in some difficulty; at one time they thought the prison doctor was not entitled to be paid; but later on they said they thought he ought to be paid; so they do pay. The citations from the Society's Reports are as regards prisons, Volume 1, page 184, and Volume 2, page 192. The workhouse and workhouse infirmary are not spoken of here by name nor, as we think, by inclusion, and Sir Harry Poland advised that they were entitled to be paid; and on that opinion many authorities do pay. Others do not accept it and refuse to pay.

3705. (*Sir Malcolm Morris.*) There is no uniformity?—There is no uniformity, and it is a matter of great vexation to coroners. A medical man raises the question and applies to the coroner for a fee, and the coroner says, "I am afraid I cannot pay you; I "shall not be paid by my authority." The doctor says, "Such an authority pays, why should not you?"

3706. (*Chairman.*) At Birmingham do they supply you with a certain fund to pay current expenses?—No, I pay them myself and get repaid.

3707. So that you pay always in the first instance at your own cost?—Yes, out of my own pocket. That is the rule. I think there are one or two exceptions. Dr. Waldo has a little fund; they give him a certain little banking account. As regards the workhouse infirmary, it is called an infirmary, but we think it is not included and not intended to be included; it was not invented when this Act was passed, and we think it is not included.

3708. (*Sir Malcolm Morris.*) Is that so, that it was not invented?—Yes, I feel sure there was no workhouse infirmary then.

3709. (*Mr. Bramsdon.*) At the time of the original Act, you mean?—Yes, it is a re-enactment of the clause of the Act of 1836.

3710. That is Wakley's Act?—Yes, I believe you will find that this clause has not been altered at all.

3711. Was there no workhouse infirmary at that time?—No, there was no workhouse infirmary then. There was a ward in the workhouse itself; but now there is a workhouse infirmary and it is called The Infirmary, and that makes part of the question, because the word "infirmary" does occur in the section. Then as regards a cottage hospital, that is dealt with in one of the decisions; it is only a county court decision, but there was an appeal afterwards. In the case of the cottage hospital the difference is that a doctor in private practice is an honorary officer of the hospital and follows his own patient into the hospital. In a big hospital in a big city he does not; but in a cottage hospital he does, and in some ways it is a very beneficial thing.

3712. (*Sir Malcolm Morris.*) Except in the case of paying wards in big hospitals?—Yes, then that comes in again, where the hospital is partly free but takes paying patients, questions have arisen, and the authorities are at hopeless variance about it.

3713. (*Chairman.*) Can you draw any distinction between the new workhouse infirmary and an ordinary hospital, why one should be paid and the other not?—Not at all. My statement that they ought all to be paid is my personal opinion. The workhouse infirmary doctor is paid a salary, but attendance at an inquest seems to be an extra thing, outside what he was engaged for. I may mention that in Birmingham I am relieved from that question altogether, because in making engagements of medical officers, in connection with the workhouse and infirmary, the guardians have adopted a form of agreement, which says that the salary is to be the whole remuneration, and any fees receivable by the doctor are to be paid in to the guardians; so that I do not pay, because it would be only putting it out of one pocket into another. The doctor does not get it, and does not ask for it. I may say again, that I make some exception in this way—a point which I see you have already had before the Committee. Cases are now taken occasionally out of the street to the workhouse infirmary, if it is near—cases of accident or casualty, and it is a very proper thing to do, so that the patient may get the earliest attention; but the patient in that case has never become a pauper, he has never gone through the routine that would formally bring him in there; and in that case I think I am entitled to pay, and I do pay, irrespective of the guardians.

3714. He has not gone in *viâ* the relieving officer, but *viâ* an accident in the street?—*Viâ* the policeman. I also think that the doctor in these cases is fairly entitled to say, "When I undertook my duties at the "infirmary I did not undertake to attend any number "of casualties brought in from the street"; so I pay the doctor.

3715. It is no part of his duty to attend a millionaire who happens to be knocked over by a motor car?—No.

3716. (*Sir Malcolm Morris.*) Has the doubtfulness of the legality been raised by your council?—No, I never suggested that. I have unofficially told the clerk to the guardians what I do, and he says, "I make no objection." May I say that if you decide to pay doctors all round, and to cut out this deprivation, that would settle the question, but otherwise this section ought to be made clear.

3717. (*Chairman.*) The section ought to be either redrafted or repealed?—Yes.

3718. Now coming to your evidence, as representing the Coroners' Society, your first point is that a coroner on appointment should be made *ex officio* a magistrate of the county or borough in which he acts?—It is usually convenient that the coroner should be a magistrate, and it is an office which fits very coherently with his own. I believe that in the precept for assizes the coroners are mentioned. The precept or warrant which issues for holding the assize, I believe mentions coroners, escheaters, and a number of people who are to be summoned to the assize; but the note in Jervis, repeated in every edition, which says that the coroner by his office is a justice, is misleading to many people; it simply means that he has magisterial powers during the sitting of his own court, and for the purpose of his own inquiry. It does not place him on the commission, and does not entitle him to sit in the ordinary petty sessions, I believe, although it has been matter of learned argument. But as a rule, we suppose he is not entitled to sit. There is a case and opinion in Volume 1 of our Society's Reports on the subject.

3719. On the whole, do you think the coroner should be made a justice in the ordinary way?—Yes, because although the Warrant of Assize includes coroners, it probably only includes the county coroner, and if he attends he is not called on, and nobody takes notice of him. I am a magistrate myself.

3720. Have you been for a long time?—Not very long; I am deputy chairman and acting chairman of the magistrates, and chairman of the Licensing Committee. And it is a great convenience, I believe, to the public, that I am a magistrate, because I am an accessible person.

3721. Is it not a common practice when a man is appointed coroner, in boroughs and cities at any time, to put him on the commission?—By no means; I was not appointed until I had been coroner for seven years.

3722. You think that this is a matter that ought to be dealt with by legislation?—Yes, there was a clause suggested once, which you will find in Volume 1 of the Society's Reports, page 20.

3723. Would you put him on the ordinary commission or provide that, while he holds the office of coroner, he should be *ex officio* a magistrate?—Personally, that is what I prefer. You may remember that in Birmingham, you yourself were *ex officio* a magistrate as a judge of the county court. The judge of the county court for the time being is a magistrate; the Lord Mayor is *ex officio* a magistrate during his period of office and one year afterwards.

3724. You would attach it to the office of coroner, and not to the person himself?—To the office. I think, while he is coroner, it is convenient that he should be a magistrate.

3725. (*Mr. Bramsdon.*) You mean like the chairmen of district councils?—Like the chairmen of district councils. The same as the mayor. The chairman of the district council is not on the commission, but he holds office *ex officio*, and so with the mayor. For instance, our present Lord Mayor, who was appointed last November was not a magistrate, he was not on the commission. There have been some new appointments lately, and he was put on.

3726. (*Dr. Willcox.*) Do you find at times your two sets of duties of magistrate and coroner clash much?—Not much. The magisterial sittings are at 11 in the mornings, and my inquests are usually at 2.15 in the afternoon.

3727. (*Chairman.*) Besides, you do not attend every sitting of the magistrates?—No. I take my turn on the rota, and do more in meetings and committee work. For instance, yesterday morning, I was engaged in magisterial work the whole morning, though not sitting in court, and I sat a short time in the afternoon to make up a bench.

3728. The next point is that your society has some suggestions to make as to the salary of coroners?—Yes. There are a great number of references to these questions in our Reports, and you have the Act already on your notes which provides for a quinquennial revision. In the first place, there are cases where a coroner has been appointed at a salary which has been somewhat less than it ought to be, but having accepted the office, after he has found out what the work is and so on, he is not able to apply for a revision for five years.

3729. If you gave power of revision it must apply both ways, I suppose?—Certainly.

3730. The appointing authority must be able to apply for a reduction as well as the coroner for an increase?—Yes. Our point is that cases have occurred where an authority has said, we will fix the salary at so much; a coroner has applied and been appointed, and after he has obtained the appointment and settled down to work, he finds the salary is quite inadequate, but he has been told that he cannot apply for any revision until he has served five years. We think that the quinquennial revision in principle may be right; but to begin with, after he has served a complete year, if he has a serious ground of complaint, he might raise the question then.

3731. But you must also give the right to the other side to raise the question?—Yes.

3732. At present his only remedy is to resign his appointment, I suppose?—Or to go on. There have been some cases, of which details can be given that have been brought before us, which we have thought rather hard.

3733. Can you give us one case?—You will find one in Volume II. of our Reports, page 292. I think Mr. Schröder will also be able to speak as to representations on this point from other coroners a considerable number of years ago.

3734. In the case of the larger coronerships you think the Birmingham plan satisfactory: a regular fixed salary which everyone knows before the office is undertaken?—Yes. There is a question involved in that, as to the basis of the salary, which we shall come to bye-and-bye.

3735. (*Sir Malcolm Morris.*) If you work all day long at this particular work and do nothing else, and are incapable of earning any other income, why should the salary be less than that of a county court judge or a stipendiary?—I wish it was made the same.

3736. You spoke just now as if you thought it was adequate?—I do not think there was a word about adequacy. The Chairman asked as to the plan of putting a fixed salary. A fixed salary is all right if the basis is all right; we shall come to that,

3737. (*Chairman.*) Do you think the existing payment by fees in the case of boroughs is a satisfactory or an unsatisfactory system?—It is unsatisfactory in this sense, that if payment is by fees it is based wholly on the 1*l.* 6*s.* 8*d.* per inquest with the 9*d.* per mile one way travelling, without regard to any no-inquest cases.

3738. When long inquiries may have to be made?—Yes, when inquiry is made and no inquest is held.

3739. It puts a premium on inquests?—Yes.

3740. You further think that when on revision a salary is increased there ought to be power to make it retrospective?—If the circumstances demand. That is to say, supposing, as has happened, the work has increased continuously over the five years, each year has been a little more than the last, and if it was right at the beginning it has become more and more inadequate as the five years have gone.

3741. The next suggestion is that there should be same basis for a minimum salary. I do not quite understand that?—That is a suggestion which is put forward with some vagueness; but there is in our Reports the account of the sitting of a committee, in Volume 3, page 5. We had a committee of ourselves to see if we could make a basis of payment, and the great difficulty was because of this diversity of condition up and down the country which is spoken of in a prefatory page. The point is this. Originally the coroner was only paid when he held an inquest.

3742. Originally he was an unpaid officer?—Originally he was an unpaid officer; but I mean under the two Acts of George II. and Victoria he gets 1*l.* 6*s.* 8*d.*, and my salary to-day is based simply on that. The salary Mr. Pemberton, my predecessor, had and I have now was based on the average number of inquests which Mr. Hawkes, Mr. Pemberton's predecessor, had been holding.

3743. (*Sir Malcolm Morris.*) Surely they have increased very much in number since then?—The number of inquests has not increased; it has slightly decreased. The number of inquiries has increased. But they simply took the 1*l.* 6*s.* 8*d.* on the average of the previous coroner, and it has so remained. That does not take into account the inquiries which are made where no inquest is held. In some cases county councils are now recognising that, and one of my neighbours in Warwickshire, one of the Warwickshire coroners, has a salary fixed on an average of the scale of 1*l.* 6*s.* 8*d.* for an inquest, with half that sum, 13*s.* 4*d.*, for an inquiry, and something else for a rough average of his travelling expenses. But in many cases that is not so, and what was thought was that it might be possible to say that in any case the salary should not be less than so much. What underlies it is that, if the amount cannot be agreed, the Home Secretary is asked to fix the amount; and in our Reports there are several cases where appeal has been made to the Home Office, and they have decided in their wisdom what should be done. But if you take away the old fee there is no basis left really.

3744. (*Chairman.*) Except the ordinary market price, so to speak, what is the man willing to do the work for?—Yes. Then how much time does it take, and how much an hour should he have?

3745. I think the ordinary test would be: can you get a fairly efficient man to do the work for the money?—Then comes in this point I have already mentioned: that when the office is vacant a professional man may think it will do him good to take it, and he does not look at the salary so much; but when he has had it a year and finds what the work is, he begins to count up whether the pay is sufficient.

3746. It is a case, in fact, of marry in haste and repent at leisure?—Hardly so bad as that.

3747. (*Sir Malcolm Morris.*) In some cases it costs a large sum of money to get the post at all?—Not now.

3748. It used to?—Yes, it used to cost as much as 1,000*l.* at one time.

3749. (*Chairman.*) Does not that principle apply to every man who takes a salaried appointment?—To some extent, yes.

3750. Then why do you say, specially in the case of a coroner?—This is the difference—the large majority of coroners are not whole time officers. I am a whole time officer, so is Mr. Schröder, and so are a great many others in large districts; but the ordinary country coroner is not; and therefore it is very difficult to assess the amount unless you get some sort of basis.

3751. Then your next point is that some arrangement should be made for superannuation allowances where a coroner has retired or ought to retire from age or ill-health; what is your point there?—The point is that at present the coroner cannot get a pension from anybody.

3752. But nobody gets a pension unless he is a whole time officer, does he? That is a general principle as regards pensions?—Probably so; but the point is raised in this way: that the corporations or county councils cannot, under present circumstances, admit the coroner even on his appointment to subscribe to a superannuation fund. The council invite their own officers to leave in a certain percentage of their salaries, and the council find the rest and pay a certain pension.

3753. Are those whole time officers?—No doubt they are usually whole time officers. At the same time, the coroner is the public servant of somebody. But there is a reference to that which I may give to you—it is my own statement in rather colloquial language—in Volume 2 of our Reports, page 208. There are only two bodies to whom we can look. One is our immediate paymaster, the corporation or the county council; and the other is the Treasury, and there are difficulties both ways. My own suggestion is that the local authority should have power, with or without direction, to pay a pension to the coroner if they think fit.

3754. (*Sir Malcolm Morris.*) On the Civil Service scale?—I hesitate to put a scale down, for this reason: the Civil Service scale implies that the man is giving his life to the service, and deals with a much longer period of service than some coroners might be at liberty to give.

3755. (*Mr. Bramsdon.*) The only coroners who are now paid by fees are borough coroners, are they not?—I believe that is so.

3756. (*Chairman.*) Are not franchise coroners paid by fees?—I do not know how the franchise coroners are paid. I think you have a statement as to that in the evidence of Mr. Brooke Little. In some cases, I believe, it becomes a payment from the lord of the manor; he gives a man 50*l.* a year, and says: "Do this "work for me."

3757. (*Mr. Bramsdon.*) Generally speaking, I think the only coroners who are paid by fees are borough coroners?—Speaking generally, I think that is so, because the county coroners come under the general Act now.

3758. Do you think it would be better to put the borough coroners on the same basis as county coroners, and that they should be paid by salary?—Yes, if the salary was commensurate with the fees. It is the experience, I believe, of all public bodies that it is much more desirable to pay by salary than by fees, and it is certainly being adopted in all departments.

3759. Do you think that any principle could be adopted of allowing a salary based on the population in the coroner's district?—I do not know how that would work out. I think myself I might get more than I am entitled to.

3760. You would not object to that?—I think others might get less.

3761. There are some districts in which there are hospitals, lunatic asylums, and infirmaries, where there is more work than there is in others?—Yes.

3762. But taking those special matters into consideration, as a general principle do you think it could be satisfactorily arranged to pay the coroner a salary based on population?—I have not considered that question, but I should doubt whether the relation is close enough. I think you want to base the salary on the work and the time occupied.

3763. You want to take special matters into consideration?—Yes, certainly. I am not sure that the relation is close enough between the figures of population and the figure representing the coroner's work. It might be fair or it might be unfair—I should hesitate to say.

3764. I think you and I are at one, though perhaps I cannot put my question quite satisfactorily. I except all special circumstances like those in the City of London, or in places where there are two or three hospitals or infirmaries to which people are sent, and then deaths occur there; but, taking it as a rule, and excluding those cases for which special consideration might be allowed, do you think that a general basis might be arrived at by taking the population?—I hesitate to answer; I have not considered the point. I have thought the question out on the basis of the work that the man has to do, rather than the mere accident of population.

3765. I want to know how you suggest that any authority could arrive at a satisfactory conclusion as to what the coroners ought to be paid?—I think the authority might say: "We will allow you so much for "each inquest you hold, so much for your travelling "expenses, and so much for the cases which you deal "with by inquiry without an inquest," so as to cover the whole area of deaths which are reported to him.

3766. Then you would have to start your basis on the number of inquests plus those other things?—Yes, but you would have to consider how much you would give him for an inquest.

3767. Do you think that the present fee is sufficient?—If you regard the 1*l.* 6*s.* 8*d.* as the present fee, in many cases it is not. I think I am right in saying that in London to-day the salary of the coroner is based on a slightly higher scale than that.

3768. Do you think that that is enough with the travelling expenses of coroners for counties?—No, I do not; I think it is distinctly inadequate. Take my neighbour Mr. Christophers; he is coroner for one of

the divisions of Warwickshire. He is not by any means the worst placed coroner in the county, but he has to make journeys in parts where there is no railway, where he has sometimes to stay the night and come back in the morning, or to get on horseback or his bicycle and go 15 miles, and in some districts it is worse than that. So that the 1*l.* 6*s.* 8*d.* is no basis for that. I can hold half-a-dozen inquests in an afternoon in my court in less time than he has to give for one.

3769. You think that higher fees ought to be given to the coroners of counties?—Yes. I do not pretend to judge of London; I do not know the conditions of London.

3770. Assuming that the county is not a thickly-populated county?—There again counties differ. One of the districts that adjoins mine, South East Staffordshire, is a county district, but it is full of railways. But then the district that joins on to me on the other side, in Warwickshire, has only the Great Western Railway cutting through the middle of it, and many places miles away from a station.

3771. At the present time do county councils take into consideration, or are they entitled to take into consideration, in sparsely-populated districts, the fact that the coroners have to go long distances?—They are clearly entitled to take everything into consideration, but sometimes they do not. Sometimes they are generous; sometimes they are penurious. We have had instances of both.

3772. (*Chairman.*) It all depends on the length of the foot of the county council?—Yes.

3773. (*Mr. Bramsdon.*) Can you tell us whether, since the fee 1*l.* 6*s.* 8*d.* was established, considerable extra work has been thrown upon coroners?—Yes.

3774. Can you enumerate those extra duties?—There are the Factory Acts, railways, mines, death registration, lunacy, cremation, infant life protection, explosives—all those come in from the outside, and impose further regulations which the coroner has to observe. For instance, in an explosives case, before one holds an inquest one must apprise the Explosives Department up here, and that Department uses its judgment whether it wishes to send some skilled person to attend the inquest. I have had several explosives cases in which the Department has not thought it necessary that they should send an inspector down. They have said: "You will send a report of "the case after it is over," or they will ask the factory inspector to attend—they will not send an inspector from here. But if it was an important case, and the Department thought they ought to send someone, then the coroner must adjourn the inquest and must lay himself out to give the inquiry its due effect with the inspector there.

3775. Have you enumerated all the cases?—Those are the principal ones—I do not say all by any means. The Chairman was good enough to mention 26 Acts.

3776. (*Chairman.*) Not necessarily creating new forms of inquiry, but dealing with the coroner's duties?—There is a sentence somewhere in the statement submitted by the Society about the coroner's duties increasing. "The tendency of modern legisla-"tion has been materially to increase the duties and "responsibilities of coroners," that is to say, in every highly civilised country we go more and more into detailed government year by year, and the coroner gets his share of it, just as the magistrate gets his share of it. You know the number of Acts that have been passed within the last 10 years of a social character that affects the police magistrate.

3777. (*Mr. Bramsdon.*) Taking the borough coroner's present fee of 1*l.* 6*s.* 8*d.*, that is a fee per case, is it not?—Yes.

3778. So that if a borough coroner holds an inquest that lasts 14 days, that is all he gets for it?—If he is paid by fees. Of course he averages it. Some boroughs have even objected to pay on the number of actual deaths in a big case that lasts like that. If there is a big case like that, it probably means some calamity in which many people are involved, and some coroners have had to fight to get the 1*l.* 6*s.* 8*d.* for each dead person.

3779. Whether it is a murder case or not, you only get 1*l.* 6*s.* 8*d.* over 20 adjournments?—Yes.

3780. Is it not also the fact, dealing with borough coroners, that they have to make an annual return of the number of inquests they hold?—That is so, an elaborate return.

3781. Involving considerable trouble?—Yes.

3782. And for which they get no pay?—Unless that is included in some way in the old 6*s.* 8*d.* The fees come to 1*l.* and 6*s.* 8*d.*, and the 6*s.* 8*d.* was added really for registration. But you do make those returns, and they are of a very elaborate kind.

3783. I think you will find that the return was instituted after the 6*s.* 8*d.*?—Very likely. I am under the impression that the 6*s.* 8*d.* was mainly on the registrations, because we became the informant to the registrar of deaths.

3784. There is just one other question. There is a system adopted now by the Registrar-General of requiring us to fill in forms in uncertified cases, which is an excellent system?—Yes.

3785. But although that is done by the coroner he gets no extra fee?—That is the "No inquest" case form. I held an inquest yesterday in a case of which I was informed by the registrar, on that form, but there was a casualty there, and other circumstances, so I held an inquest. But in many cases, they are small cases, in which you make the inquiry and sign that form at the foot.

3786. And you get no pay?—Yes, that is a no inquest case, the same as the pink form.

3787. (*Chairman.*) The next point is about alterations of a district; what do you wish to say on that?—There have been a number of hard cases which have occurred over a course of years, in which a part of a coroner's district has been taken away from him, and he has had no compensation at all.

3788. He has lost both work and fees?—Yes. I may refer to our Reports, Volume 1, page 57; Volume 1, page 183; Volume 2, page 90; and to a recent case in the Potteries. There is a typical case in Volume 2, page 90, the borough of Poole; you will find the details there. There was a case and opinion taken by the Society upon it. That was a case where the coroner had a certain district that included Poole, down in Dorsetshire. Poole was created a borough, and appointed its own coroner. The creation of the borough and the appointment of another person meant that the county coroner had a large part of his work taken from him and a large part of his fees.

3789. It must take away his fees if you take away his work?—Yes, and he had no sort of redress.

3790. But if he is not a whole time man he has to give less time to the coroner's work and gets less pay?—Yes; but the point is that when a professional man makes arrangements to hold a certain district, he almost inevitably limits himself in the groove of his practice. Then he does not get consulted, or he does not get informed as to the proposed alteration. Then just recently in the Potteries a very typical case occurred, of which I think this office may have knowledge; the Local Government Board have at any rate. A scheme was set on foot for unifying the Pottery towns.

3791. Making them into one borough?—Yes. The Local Government Board made a Provisional Order, one of the clauses of which said that the present coroner for the present borough of Hanley should be coroner for the whole of the new borough. Mr. Adams was coroner for that part of Staffordshire which included some of the other towns which were to be federated, and the federation would have meant taking away from him the greater part of his work and salary. He was never able to deal with that order. It was drafted and made by the Local Government Board.

3792. He is a salaried coroner; he is not paid the 1*l.* 6*s.* 8*d.*?—He is a salaried coroner. When the Bill came up to confirm the Order, the question was what was to be done, and I think Mr. Bramsdon is acquainted with the facts; I think he helped to advise. We all had a hand in it. We told him his only way was to petition to be heard against the Bill. He had to do that.

3793. As being injuriously affected by its provisions?—Yes, but he had to go to the expense of that; I do not know what it cost him, but Parliamentary work is dear. He had to petition, he had a *locus standi*, and eventually he got a clause by which he was not to be interfered with during his tenure of office. But there is a case in which the arrangements are made over his head, and unless he interposes in that particular way he is injured very considerably.

3794. You think that there ought to be some general power for compensation to be given by an arbitrator?—Either that, or to recognise his position while he holds office; because compensation would hardly be adequate. Supposing you gave him the ordinary sort of pension on the abolition of his office, it would not be nearly as good for him as to be permitted to go on with his work.

3795. On the other hand, you do not want to hang up the scheme for the whole new borough for 30 or 40 years?—I do not think it would hang up anything. His jurisdiction is marked out.

3796. It is a little anomalous when you have a borough to have a county coroner exercising jurisdiction within part of that borough, is it not?—Not as much as you think. That is what they are doing here anyway; that Bill has gone through now.

3797. And at any rate it would very often prevent their getting as good a man as they could otherwise for borough coroner?—I do not know that.

3798. Take this very case. Supposing there were a vacancy in the Hanley coronership, surely they would get a better man if the whole of the new borough is included, than if it is only to be a portion of the borough with a proportionate amount of fees.

3799. (*Mr. Bramsdon.*) But is not the point really, that injustice should not be done to a man by bringing up a Bill of this kind. The suggestion is to prevent injustice?—Yes.

3800. (*Chairman.*) What is your exact suggestion?—That the coroner should be recognised and that his district should not be altered without his own consent, or without some equivalent being made to him.

3801. Just on that point, what do you mean by some equivalent?—I use the word "equivalent," because it ought to be an equivalent.

3802. How would you arrive at the equivalent—by arbitration or how?—I should be willing to leave that, I think, to the Home Office or to the Treasury, if necessary. But our great point is the point that Mr. Bramsdon brought out in his last question, that no injustice should be done to him.

3803. You would say it is rather like compulsorily taking a bit of a man's land. If you compulsorily take part of his office, it is like compulsorily taking a bit of his land?—I will accept that illustration. If you take his land you have to pay him the full value of it, and if you take his office you ought to pay him the full value of it. In one or two cases which I believe are on record, a man has had quite a nominal sum given him for a plaster for his wound—not at all equivalent to what he has lost.

3804. (*Mr. Bramsdon.*) May I suggest another point. The coroner's appointment is a life appointment?—It is so assumed—for life or during good conduct.

3805. When a man is appointed to a position like that, he invariably sets himself out to adapt himself to the position and looks forward to retaining it for life?—That is what I meant by saying that a man who holds an important appointment must inevitably shape his practice out, if he has any, so as to enable him to discharge that new office. If he were a medical man or a solicitor he would almost inevitably have to take a partner, if he had not one before, in order to hold such appointment.

3806. (*Chairman.*) Have you any opinion on this point? Ought there to be any retiring age for coroners?—I should hesitate to make one, men differ so much in that. The judges are the classic illustration. Some judges are worn out at an early age; others retain their faculties in a marvellous degree. We all differ.

3807. You think they should be on the same footing as any other judicial appointments?—Yes.

3808. Which are all pensionable?—Yes.

3809. They are all whole time appointments and pensionable?—Yes. I should hesitate to fix a retiring age. I think you should deal rather with the facts than a mere arbitrary age.

3810. Under the Superannuation Act a man may retire with whatever pension he is entitled to, at 60, and must retire at 65?—Yes.

3811. You would hesitate to apply such a rule to coroners?—Yes, it is more a matter of the individual. It illustrates the remark I made just now, that a man entering the Civil Service is taking up the work of his life and probably serves a very long period; it is only in a few cases, and with high professional qualifications, that a man enters it late in life.

3812. (*Mr. Bramsdon.*) Do I correctly understand your suggestion just now of instituting a pension, to be partly based on the ground that it would be an encouragement to coroners as they get older to retire?—It is partly that. But there have been cases where a coroner has quite broken down in capacity, but he has held on and on for years. Apart from that, the coroner is in rather a difficult position because he has no allowance when he retires. The only suggestion I personally offer is that power should be conferred upon the local authorities to pension coroners. At present they have none, because the coroner is not their servant.

3813. Do you suggest that it should be on the coroner's voluntary application, or that the coroner should be compelled to retire at the suggestion of the local authority?—I would not suggest any compulsory retirement. I think if power were granted you would have to do the best you could with your local authority. What I am afraid of is that if you go into detail you will get a scale; as the Chairman said just now, one-sixtieth for each year of the man's service. When a man has not taken up an appointment until late in life that would not be worth anything to him.

3814. It comes to what I originally suggested, that it must be purely voluntary?—Yes, but I should give the local authority power at least to pay a pension.

3815. On the coroner's voluntary application?—If they have the power they have the power to do it anyhow. Not to dismiss him, but power to grant a pension.

3816. That is to say, on his expressing a voluntary wish to retire?—Yes.

3817. (*Chairman.*) Or it might be a matter of bargain?—Yes, it would become a matter of bargain generally. On the question of the alteration of a district, there is one other reference in our reports. One of our members drafted a little clause for compensation on alteration of district, which you will find in Volume 1, page 359.

3818. What is your other point about section 171 of the Municipal Corporations Act, 1882?—That is a provision which says that where a borough has a grant of Quarter Sessions, within 10 days after the receipt of the grant they shall appoint a coroner. Ten days in practice is too short a period.

3819. That refers to the creation of a new court of Quarter Sessions?—Yes, a borough with a court of Quarter Sessions has its own coroner; a borough that has not its own court of Quarter Sessions has not its own coroner; it is part of the county. That case occurred recently at Dudley. Dudley is a little island, a little part of Worcestershire planted in South-Staffordshire, but Dudley has just had a grant of Quarter Sessions, and the coroner for Dudley very nearly lost his position.

3820. How was that?—Because somebody got the notion that because he was a county coroner he was ineligible to be their borough coroner.

3821. At present he holds both?—They have appointed him now, and that has solved the difficulty. I think there was an appeal to this office about it; but the 10 days is really too short. It is a matter of detail, but if the town council has to make an appointment it has to give so many days' notice before it can hold a meeting, and then there is no time to advertise it or to make anything known. I should suggest three calendar months.

3822. Three calendar months as a reasonable time?—Yes.

3823. The next point is that at present it is nobody's duty, or statutory duty at any rate, to inform the coroner of such deaths as by law he ought to hold an inquiry into. What is your suggestion there?—The question is whether, seeing that you say that the coroner shall hold an inquest in certain cases when he knows of them, you would make it the duty of any persons to inform him. At present it is not anybody's duty to inform him of anything.

3824. At present you say that he shall make bricks but you give him no straw?—As a fact we do get cases reported to us; but it is a most interesting legal question whether there is any obligation on any single person of the community to tell the coroner anything.

3825. Under the Police Regulations the police are bound to do it, are they not?—But only because the man happens to be a policeman. Mr. Braxton Hicks, the late secretary of our Society, and I, and, I think, some others, argued that there was a common law duty, a duty of citizenship in itself, resting on any body to assist the course of justice and to inform the authorities of anything of which they require to be informed.

3826. How can you enforce that?—You cannot. But some of our body, including legal members who were on the council, did not agree.

3827. If there is a real common law duty the remedy for a breach of it would be indictment at common law?—Yes.

3828. You cannot do that?—We cannot do that. The medical profession, for instance, raise serious difficulties, and their arguments are entitled to very respectful consideration. A doctor says, "All I am "bound to do is laid down for me by the Registration "of Births and Deaths Act. If I have attended a "case which has resulted in death, I am bound under "that Act to give a true certificate of the cause of "death, and that is the only duty I have." The reply is, what was his position before the Registration Act? Was there, or was there not, any common law liability on him to inform the coroner of a case he knew of? He says, No. "Not only," he says, "do I dispute "your common law assumption, but my attendance on "a patient puts me in a confidential relation; I am not "at liberty by my relation with my patient to make "known anything respecting that patient to anybody "else." That is a very serious difficulty. He says, "The patient puts himself in my hands; the relation "is absolutely a confidential one, and I have no right "to make trouble by going out of my way to inform "somebody of something I have only seen in my rela-"tions as medical attendant." For instance, if a respectable girl, the daughter of a respectable man, had an illegitimate child and something occurred in connection with the death of that illegitimate child which was known to the doctor; the doctor says, "I am not at "liberty to betray anything that has come to me in "my professional relation." On the other hand, public justice demands that information shall be available if a wrong has been committed. There is an article from the "British Medical Journal" upon that cited in our Reports, Volume 2, page 79. The registrar is the only safeguard at present.

3829. He is instructed by the Registrar-General, I suppose?—Yes, but supposing a doctor certifies that a man died from a bullet wound in the head, the registrar will not register that death until he has referred it to the coroner, and then he puts the responsibility on the coroner. But the question is whether in the public interest you want to make a correlative duty to that of the coroner: as you say that an inquest or inquiry ought to be held in certain cases, whether you want something else to make it complete and ought to impose on somebody the duty of informing the coroner of any case which falls within the category of that section. The medical man has his own particular argument, but there can hardly be any argument as to the registrar of deaths, the police constable, or any person who has knowledge.

3830. As regards the police, the Police Regulations throughout the country are pretty complete, are they not?—Yes.

3831. Practically the police are your main source of information?—Yes, we get a good many reports from the police every day.

3832. I take it that most of the police regulations are taken from the Metropolitan Police Regulations?—They are made on the same lines. There are differences.

3833. Just on that point, are there any instructions to the police in Birmingham, when a man meets with a violent death, as to keeping the body *in statu quo* until it has been visited by the police surgeon?—There are instructions. The instruction roughly is this: that in a case of casualty the first duty of the constable is to try to preserve life, and every constable carries with him a couple of cards; when he is out on his beat, among his equipment he has two cards, one of which he is entitled to present to a doctor and which entitles the doctor to payment by the police for attendance.

3834. The nearest doctor?—Anybody, so as to give the patient the best chance. If he uses one, when he goes next on duty he has another given him. They are always carrying two. That entitles him to call in a doctor and entitles the doctor to be paid afterwards. As soon as he is satisfied that the man is dead he has to remove the body to the mortuary.

3835. Surely in a criminal case he would not remove the body to the mortuary without sending for the police surgeon?—He usually calls some doctor.

3836. Is he not bound to send for the police surgeon?—Not the police surgeon necessarily.

3837. In a case, for instance, of murder, it is most material, is it not, that the body should be seen by some skilled doctor before it is moved at all?—Yes, he would send for the doctor almost immediately, because he would not take upon himself to say that the man was dead.

3838. If I remember rightly, in London the instructions to the police are that the room is to be immediately sealed up, and a policeman stands on guard outside till the metropolitan police surgeon arrives?—And so would a Birmingham constable, if what happened was in a house; but it may happen outside a house. The officer usually summons a doctor in any case, unless the man was so mutilated that death was obvious.

3839. But are there express provisions as regards the constable keeping things *in statu quo*?—Yes. The policeman probably would stay in charge in a case of murder, and would send to his own station, and then I should probably authorise the removal. I have done that often. I say, "Now that doctor so and so "has seen the case, bring it to the mortuary and we "will have a post-mortem."

3840. (*Dr. Willcox.*) Has it been your experience that there has been delay because certain persons are not specified as bound to inform you of deaths?—Not delay; I do not think delay has been caused; it is through omission altogether of any information being sent.

3841. Has it been your experience that there has been omission to inform you?—Not in my own personal experience; but as I have said, my position is a much more favourable one in Birmingham than that of many coroners. I am bound to say my conditions are easier.

3842. In cases where the coroner is not informed of the death, do not you think that he would be in exactly the same position if certain persons were specified as being responsible for informing him?—I do not think so. I have had cases where some relative has called upon me and said: "Our relative is dead, and a certifi-"cate has been given by a medical man, but we are "not satisfied with this or with that." Then I have made inquiry, and in some cases I have stopped the funeral and held an inquest. In others I have satisfied myself that nothing of the kind was necessary.

3843. Would you suggest that those specified persons should be fined if they did not inform you?—You would have to impose some penalty, but if you imposed the duty you would at least have the Chairman's point: that if there is a legal duty, an indictment usually lies for a breach of it.

3844. Assuming that medical men were made responsible for informing the coroner, do not you think they would be entitled to a fee for it?—That is a detail. The larger objection on the part of medical men is the one I put, that the medical men object altogether.

3845. Assuming that the duty is placed upon him, do not you think that a small fee should be given him?—I think he deserves to be paid. He has to notify infectious cases, and he gets paid for that.

3846. (*Chairman.*) Something like what is done under the Notification of Diseases Act?—Yes, he gets 2*s.* 6*d.* for that. I think the doctor deserves to be paid.

3847. Would it meet your difficulty if a duty was imposed on the medical man, with or without fee, to notify the coroner, first in the case of a death where there was suspicion of crime or misconduct; and, secondly, in the case of a death under an anæsthetic—confining the doctor's duty to those two cases?—Personally, I should not object to that. As I have already said, I do not know that I personally have experienced any difficulty for the want of any such provision; but odd cases have arisen sometimes in which a crime could be covered up and never become known to public justice, where some criminal act has been done—for instance, some case of abortion, or some case of that kind, where the coroner may never be told.

3848. I think your next point is with regard to the number of the jury.—Before I go to that, I should just like, on the subject of deaths under anæsthetics or during operations, to refer you to our Reports, Volume 2, page 352, and Volume 2, page 384, where you will find expressions of opinion, the last one by Mr. Schröder, who expressed his own opinions to some of our members; but we entirely endorsed them, and they represent our view as to the line that coroners should follow in holding an inquest or not in any such cases.

3849. Now, I think we may come to the number of the jury. At present the jury must consist of any number between 12 and 23. What have you to say with regard to that point?—Coroners are not at one over this question of the jury.

3850. What is your opinion?—I think myself that a less number would suffice in ordinary cases, but others differ. I do not know that I should alter the maximum number necessarily, but I would alter the minimum number. At present there must be not less than 12 and not more than 23, and there must be a verdict of 12. I should be disposed to put the minimum at less than 12.

3851. Do you see any object in having a unanimous verdict?—No, because it is so difficult to get a unanimous verdict in many cases. My feeling is that if I had a big case, I should like a big jury, that is to say, to have a larger strength of mind on the case; but with the small cases which occupy us day by day—small in the legal sense—where no legal question arises or where there is no suggestion of crime or culpable neglect, I should not feel it necessary to have so large a number.

3852. But surely either two magistrates sitting in petty sessions, or the stipendiary sitting alone, can commit. Why do you want a jury?—That is my next sentence. Some coroners, including myself, but not all, are of opinion that it would be advantageous to empower the coroner to hold inquests in open court witnout a jury. I can commit a man for murder by going into another court adjoining mine, as a magistrate; but in my own court I cannot commit a man without a jury. Still, I am quite in favour, in a grave case of crime or criminal negligence, of retaining the jury.

3853. Why?—Because I think it is more satisfactory to the public. Although, as I said before, a jury is not always a very good tribunal, yet on questions of negligence and questions of conduct, I think there is something in the old English idea of the average opinion of a body of men.

3854. Exactly, when you come to the final decision; but the coroner's jury is one out of three, first the coroner's jury, then the grand jury, then the petty jury?—Yes, and the magistrate as well.

3855. Then the argument in favour of the coroner sitting with the jury is equally an argument in favour of the magistrate sitting with a jury?—It is a matter of historical interest. There is no other country like ours in the world except America, which has followed our example, where they will not only not convict a man without the judgment of his peers, but will not put him on trial or accuse him.

3856. Except in the case where he is committed by a magistrate?—Even then he gets the grand jury.

3857. But in the case of the coroner's jury you have three juries?—Yes. Personally, I should be quite content to sit by myself, but for the public mind. I think the public mind has to be satisfied to a great extent.

3858. Where do you draw the distinction between the magistrate and the coroner?—I do not know that I can draw a distinction.

3859. Except historically? — Except historically, and, as I say, for the satisfaction of the public mind.

3860. But surely you may have a much more serious case than manslaughter; you may have a very serious charge of rape, and in that case a magistrate acts without any coroner's inquest or any jury?—Yes.

3861. Is the public mind dissatisfied there?—The man gets a jury and he has his trial. I personally do not think so much of the jury as many do, but many of my colleagues have a high opinion of the jury, and are not prepared to depart from the principle of a jury.

3862. How often in your experience has the jury found a verdict which you would not have found yourself?—Several times.

3863. Which was right in that case?—I thought I was right because I am a lawyer, but in several cases of crime, where I should have committed for murder or manslaughter, the jury has refused to commit, and I have thought they were wrong.

3864. And have the police proceeded in those cases?—Yes, the police have proceeded as a rule.

3865. So that in effect the coroner's jury was rather a fifth wheel to the coach?—To a great extent, but there is this advantage, which you must bear in mind, that the coroner can proceed in a more advantageous way sometimes than a magistrate if it is a case of murder.

3866. I quite agree that you get information which is not evidence before a magistrate?—And not only that, but the coroner can begin on the dead body; the police can only begin on the prisoner. That is often very important.

3867. That shows the necessity of an inquest, but it does not show the necessity of a jury?—Personally I am not so particular about a jury, but many of my colleagues are. I am in this position: I doubt whether the Coroners' Society in any ordinary meeting would be willing to abolish the jury.

3868. I should like to get somebody to give me a reason for the jury?—It is largely a historical reason, and the historical reason is of some importance, because, I think, in a case of public justice public feeling has to be recognised. It is not always sufficient in an old country to do right in the abstract. It is desirable that the community on whose behalf justice is administered should feel satisfied with the method of its administration. You or I might settle a thing in our private room, and we might be perfectly satisfied that we had done perfectly right and done it properly.

3869. (*Sir Malcolm Morris.*) Do you think the public mind is satisfied in Scotland?—There is an instance. The Scotch people are hankering after a coroner's inquest because they have not got a jury, and there has been a recent Act for inquiry into accidents.

3870. You said just now that you would be satisfied with a less minimum number of the jury, but you did not state the number?—I myself have a notion of—not less than 7 or more than 23. What I feel myself on that is this—this is personal, not as president of the Society. I bring to the court day after day men who are brought away from their business for cases that really present no problem for the intellect to solve.

3871. (*Chairman.*) And also scientific problems which a jury would be wholly unfit to deal with?—Possibly; but they come, and by the time you have taken the evidence the verdict has found itself. There is only one verdict possible, so to speak, and it does not demand any judgment from the jury. On the other hand, a great many of my colleagues in the

Coroners' Society think that the principle of the jury involves the question of the liberty of the subject, which ought to be respected.

3872. I should quite understand that if the coroner's jury could do anything to the accused, but the coroner's jury can do nothing except commit him to two other juries?—That is so.

3873. And even if the coroner's jury acquit him, he can nevertheless be prosecuted before a magistrate and sent before a grand jury and a petty jury?—I have distinguished between my personal view and the view of many of my colleagues.

3874. (*Dr. Willcox.*) Does not the coroner's jury come to an actual verdict in the case of murder, say, and charge a man with murder?—Yes.

3875. They accuse a certain man of having committed a murder?—Yes.

3876. When a magistrate commits a man for trial for murder, he does not say: "This man is guilty of murder"?—And a coroner's jury does not say he is guilty of murder. The coroner's jury simply accuse him of murder.

3877. They find him guilty?—Not guilty in the sense in which lawyers use the word "guilty." The inquisition does say, after narrating the facts, "So do "say that so-and-so did kill and murder."

3878. The magistrate does not say that when he commits a man for trial?—But the man is charged. When the evidence has been taken before the magistrate, the prisoner is charged, and the clerk says to him: "You are charged with the murder of so-and-so. "Are you guilty or not guilty?"

3879. (*Chairman.*) Dr. Willcox's point, I think, is perhaps this—and it is quite correct. When a magistrate commits for trial the case necessarily goes before the grand jury?—Yes.

3880. When the coroner commits for trial the grand jury stage can be dispensed with?—It can be dispensed with.

3881. And the inquisition operates as a true bill of indictment?—Yes. As a matter of fact, it is never treated in that way. They always send up an indictment.

3882. There is always an indictment in addition, is there?—Yes.

3883. (*Sir Malcolm Morris.*) Is there any difference in the mode of procedure in cases which do not subsequently end in an inquest and in the mode of procedure before the Procurator Fiscal in Scotland?—Only this, that I think the Procurator Fiscal does not do anything except in criminal cases; in those cases he remits the matter to the sheriff, and prosecutes the case. He gets up the case, and prosecutes it if he thinks there is crime. But in the case of an accident, however important, until this recent Act the Procurator Fiscal would say: "I am satisfied that this was an accident," and nothing is done. The consequence is that many persons in Scotland are saying: "We think "this case was of such gravity that there ought "to have been some public inquiry, with evidence "called to show whether any person was guilty of "some culpable negligence."

3884. (*Chairman.*) The points that you have been raising do not bear on the question whether a public inquiry is desirable or not, but they merely go to the question of whether the coroner plus the jury is the best way of dealing with the matter?—It is largely a matter of tradition, but the tradition has its reaction, I think, in the way I have mentioned.

3885. Do you happen to have looked at the South Australian Act, 1907, which gives the coroner discretionary power to dispense with a jury?—I have not. Personally I should like that. For instance, the list of cases that I left behind me this afternoon, which my deputy has held by now, did not present anything that I thought wanted a jury to deal with. There ought to be a public inquiry into them and evidence formally taken, but I do not think a jury was needed.

3886. Practically nothing would arise on which the jury would have to exercise their mind?—I do not think so. The evidence finds the verdict almost.

3887. How are your juries chosen in Birmingham?—We take the burgess roll—the municipal register—and we take each ward in order and work out the whole of the wards.

3888. Excluding the ladies on the burgess roll?—Yes, they are in a special list at the end; but we do not take women, we take everybody except the absolutely labouring man. We get a good class of working men, tradesmen, merchants, stockbrokers, and everybody from one ward after another in order, so that we do not get to the same address for the same man for seven years.

3889. Is there anything to prevent a man being summoned to the coroner's court for one jury and on the same day being summoned to the assizes for another?—Nothing at all, because the assize jury is summoned from the jury list, which is prepared year by year by the overseers. We can take anybody. We simply use the burgess list as a long directory.

3890. When a man serves on a long inquest, do not you think he ought to be excused from serving on the other jury list? I think it would be fair. At present a man may be summoned on a coroner's jury, to the county court, to quarter sessions, and to assizes, and he may get the summonses in very rapid succession, and sometimes does.

3891. And sometimes contemporaneously?—It is conceivable.

3892. Do you think that there ought to be some means, so to speak, of checking one list by the other?—It would be desirable, but I do not want my choice of jurors to be narrowed.

3893. Is there anything you wish to say on the question of payment of the jury?—In Birmingham we do not pay the jury at all, and never have done so, and I only want to summarise the argument on both sides On the one hand, it is suggested that if the jury lose time they deserve some recompense. On the other hand, in practice where the jury are paid you do not always get as good a type of juryman. The officer has a number of people whom he knows, who are not always the best jurors, who are willing to come, and he gets them without any trouble. I have had that complaint made to me.

3894. They are, so to speak, jurymen in waiting, all ready?—Yes, a sort of half loafers, some of them. There is that question. It would be very expensive if you are to pay them anything adequate for their loss of time. Experience varies up and down the country, but we have never paid them, and personally I do not wish to begin. In the counties, on the other hand, it would seem to be much fairer to pay a juror who may have to come two or three miles from his home; but in a big town, where you can organise the summoning of jurors, I do not think you gain anything by payment.

3895. The next point is the question of the view, where coroners differ very much in their opinion?—They do.

3896. I take it that in your opinion the coroner himself ought to view?—That is my opinion. I think, if the coroner views the body himself, he is able to judge whether there is anything in the appearances to which the jurors' attention ought to be directed. Coroners are not agreed about that. Some coroners say that the view of the coroner is no more use than that of the jury; but I think the coroner should view, and then he is in a position to say whether the jury ought to view or not. I have had cases occasionally where the position of a wound or an injury has been of such great importance that I thought the jury ought to see it.

3897. Then you call the jury's special attention to it?—Yes. But unless there are special circumstances like that, my jury only see the face, you uncover the face.

3898. Is the body put in a coffin?—It is not in a coffin as a rule; it is open to view, and the jury could see it if they liked.

3899. Do jurors often ask to have a complete view?—Very rarely.

3900. Do you find much objection among jurors in Birmingham to view?—A great deal.

3901. On what grounds?—That it is unnecessary and disagreeable. I have had repeated representations made to me by my juries. I should think every three

months I get a formal representation at the close of the day's work.

3902. Do you find that the objections to view come from jurymen of a particular class or not?—No, from all classes.

3903. (*Dr. Willcox.*) Why do they object to it?—As I said, in the first place they say it is unnecessary; and in the second place, they say it is disagreeable and repulsive to them. Of course we see the body under great advantages, as a rule through glass only.

3904. (*Sir Malcolm Morris.*) Glass what?—A glass pane or a glass door.

3905. (*Chairman.*) It is not on any imagined sanitary grounds that the jury take objection to the view?—Not now; they might have done so some time back, because our arrangements were not as good years ago as they are to-day. If we go to a private house they have to go into the room and see the body, and then it is sometimes objectionable.

3906. From the point of view of smell, you mean?—Yes.

3907. I suppose you are pretty well satisfied that there is no actual danger in merely viewing the body even when the person died of an infectious disease?—I am not so sure. I think there may be danger, for instance, in the case of a person dying at an infectious diseases hospital.

3908. (*Mr. Bramsdon.*) Under what circumstances have you viewed the body of any patient dying at an infectious diseases hospital?—I have had several cases where a child suffering from burns has developed scarlet fever and been removed to a fever hospital and died there.

3909. Do you think that there ought to be power given to dispense with viewing the body where persons have died under such circumstances as in an infectious diseases hospital?—I do.

3910. Do I gather from your general evidence that you think all coroners ought to view the body?—Yes.

3911. But that there should be discretion given to the coroner and to the jury as to the latter viewing?—My personal view is that if the coroner views the body, with some preliminary knowledge of the circumstances, he is then able to judge whether he ought to insist upon the jury viewing. If he has not seen the body he is not in a position to say whether it is a case in which the jury ought to view or not.

3912. That practically, then, is answering my question in the affirmative?—Yes.

3913. (*Chairman.*) There is no unanimous opinion as to the view?—No, that is my personal opinion. Some coroners would dispense with the view altogether by both coroner and jury; and others would retain the present practice.

3914. (*Mr. Bramsdon.*) You would allow the jury to view the body when they express a wish to do so?—Certainly, in the same way as the jury now may demand a post-mortem if you have not had one made.

3915. (*Chairman.*) Supposing that some of the jury wished to view and some did not, would you require them all to view?—I should. Every juryman is an integral part of the tribunal.

3916. You would not let those who wished to view do so and excuse others who objected?—No, if only one wanted to view I think all should do so.

3917. (*Mr. Bramsdon.*) Would you kindly let us know what cases are reported to the coroner by the registrar?—The majority of cases reported from the registrar to the coroner are infants who die very shortly after birth. The remainder of the cases are where a doctor has given a certificate, but where the certificate discloses on its face some circumstance apparently demanding inquiry.

3918. There are instructions in the regulations of the Registrar-General as to what cases are to be reported. Would you kindly read the enumeration of the deaths which registrars are instructed to report (*handing a paper to the witness*)?—"(1) All deaths occasioned "directly or indirectly by violence; (2) all deaths "occurring under suspicious circumstances; (3) all "deaths the cause of which is stated to be 'unknown'; "(4) all deaths which are stated to have been 'sudden,' "and respecting which no certificate issued by a "registered practitioner is produced; (5) all deaths of "infants in houses registered under the Infant Life "Protection Act, 1872."

3919. You made a most important statement a little while ago, that you believed there were no deaths registered in Birmingham that had either not been certified by some medical practitioner, or into which inquiries had not been made by yourself?—I believe that is so, but I added that I did not think it was so in all parts of the country.

3920. It is important in this way: it would be reassuring to the public to know that there are really very few uncertified deaths in the country without inquiries having been made into them, as would be the case if your principle were adopted?—It is not so much my principle as the practice of the registrars in my district. I think Mr. Schröder could tell you that in some parts of the country there has been serious complaint that registrars should register a death on the slightest possible information.

3921. Let me come to this. If the same principle were adopted by other registrars as is adopted in Birmingham, there practically would be no deaths registered unless they were certified, or into which inquiries had been made?—That would be so. The registrars in Birmingham have adopted the practice of reporting every uncertified death to me; but the registrar is entitled, I believe—I have not the Act at my fingers' ends—to register, when there is no certificate forthcoming, on the best evidence available to him. He may take a statutory declaration from somebody, or what not.

3922. We have heard, in the course of our inquiry, a great deal about deaths that have been registered where no certificate has been given and no inquiry has been made. Would it not be practically a simple thing for all deaths uncertified to be reported to the coroner and for the coroner to cause inquiries to be made, to ascertain whether the death is natural or otherwise?—I think so. I think the registrar ought to be bound to report to the coroner every uncertified case presented to him.

3923. That would get rid of a great deal of the difficulty which surrounds the present question of uncertified deaths?—Yes.

3924. And would be a simple way of dealing with the question?—Yes.

3925. And if the coroner was not satisfied, he would hold an inquest or otherwise would make inquiry?—Yes, it would have been dealt with then by a competent authority.

3926. So that we have at present the machinery for dealing with the question in an effective way?—Yes, in that form.

3927. Have you ever had any difficulty in connection with the certificates which are sometimes given by the registrar in cases where the deaths ought to be reported to you. Do you ever find certificates that do not wholly state the facts of the case?—It is very rare for me to see the doctor's certificate.

3928. Let me put it in another way: do you ever get cases reported to you on the registrar's form, based upon a medical certificate, which upon inquiry turn out to contain some other facts that ought to have been disclosed?—No, I have not that difficulty. I have held an inquest in a case where a man had fallen downstairs and died from the consequences of that fall. The doctor gave a certificate, but he mentioned the fall as the origin, so the Registrar passed it on to me and I held an inquest.

3929. That is the kind of case I mean. Have you ever known instances of certificates in which the injury has not been disclosed?—No, and I am afraid I should not hear of them; because if the certificate appeared good on its face, the registrar would record the death without reference to me. If the certificate discloses anything out of the natural category, the registrar sends it to me.

3930. Then you may have some cases in which upon the face of it an injury would appear to have taken place although not directly disclosed, such as in deaths from septicæmia?—Yes; in that case the registrar would probably pass on to me any death from septicæmia.

3931. May I say generally that those regulations of the Registrar-General, as to the cases to be reported to the coroner, have had excellent results?—So far as I am concerned; but I still repeat that in some parts of the country there has been serious complaint.

3932. But the principle of sending these cases on to the coroner has resulted in excellent work being done?—Yes.

3933. (*Chairman.*) Have you had any practical difficulty as regards views where the body has been unrecognisable, or where you have only been able to obtain parts of a burnt body?—I have had some ashes of a man who threw himself into an iron cupola furnace. The ashes were in a box, but the evidence made it quite clear that they were the remains of that man's body, and I held an inquest on view of the ashes. I have had three cases in which the undertakers and a midwife had concealed somewhere, or stacked up somewhere, a large number of bodies of young infants that they had taken away to bury and had not buried.

3934. As stillborn, or as born alive?—Both. In those cases those infants could not be identified, with one or two exceptions. I had one case in which 31 bodies were in an undertaker's cellar—young babies. We could only identify two; but we held an inquest upon them, and went as far as we could. Some of the remains were fairly fresh and recognisable; others were not recognisable, and could not be identified. At the same time we held an inquiry and found as much as we were able to find.

3935. Was there any question there whether the children were stillborn or born alive?—I simply ordered the doctor to make the best post-mortem that he could, and he told me as much as he could; in the majority of cases he was not able to tell me anything; but I went as far as I was able to go, and so far as his professional observation would carry him.

3936. Was there any suggestion of crime in those cases?—No. It was a question of money.

3937. A question of avoiding a money payment for burial?—Yes, some payment had been made for burial, some few shillings, and the bodies had not been buried.

3938. It was merely fraud on the relatives?—Yes. In one case we prosecuted a man for embezzling the money. In another case we prosecuted a female undertaker for not burying the bodies, and she pleaded guilty on the advice of counsel.

3939. Was she indicted, or was it a summary case?—She was brought before a magistrate and committed to the assizes, and the woman pleaded guilty and was bound over to come up for judgment.

3940. (*Mr. Bramsdon.*) What was the charge against that woman?—It was for depriving the body of Christian burial, or preventing the burial.

3941. Was it a statutory offence or under Common Law?—Under Common Law, so far as I remember.

3942. Do you know whether there was any other offence mixed up with it?—No, there was nothing else in it.

3943. The charge was merely one of depriving the bodies of burial?—Yes.

3944. (*Chairman.*) But you could not have brought such a charge against executors, could you?—I think under certain circumstances you might.

3945. (*Mr. Bramsdon.*) Was an inquest contemplated in that case?—No, there was no obstruction of an inquest. There were 31 of them—31 babies.

The witness withdrew.

Adjourned to Tuesday next, at half-past 2 o'clock.

At the Home Office, Whitehall, S.W.

ELEVENTH DAY.

Tuesday, 23rd March 1909.

Present:

Sir MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir Horatio Shephard, LL.D. | Mr. Thomas Arthur Bramsdon, M.P.

Mr. J. F. Moylan (*Secretary*).

Sir T. Lauder Brunton, Bart., M.D., F.R.C.P., F.R.S., examined.

3946. (*Chairman.*) You are a Doctor of Medicine of the University of Edinburgh, an Honorary Doctor of Medicine of Trinity College, Dublin, an Honorary Doctor of Laws in the Universities of Edinburgh and Aberdeen, Doctor of Science of the University of Edinburgh, Fellow of the Royal College of Physicians, London, and also a Fellow of the Royal Society and a good many other medical and scientific societies both at home and abroad?—Yes.

3947. At present I think you are honorary physician to St. Bartholomew's Hospital?—Yes.

3948. But for many years you were on the staff?—For many years I was on the active staff of the hospital.

3949. And for nearly 45 years you have given much attention to the action of drugs and have lectured on the subject for nearly 30 years at the Middlesex Hospital and St. Bartholomew's Hospital?—I have.

3950. You are the author of a good many works on the action of drugs?—Yes.

3951. And those works have had a large circulation here and in America, and they have been translated into French, Italian, German, and Spanish?—Yes.

3952. I think in particular you are the author of a standard book on Pharmacology and Therapeutics?—I am.

3953. That has been adapted for American use as well as English use?—Yes.

3954. You also during your medical career have taken a considerable interest in and done considerable work experimentally?—I have.

3955. I see you have studied and worked in the laboratories of Professor Brücke at Vienna, Professor du Bois Reymond at Berlin, Professor Kühne in Amsterdam, and Professor Ludwig in Leipsic?—Yes.

3956. I think in 1889 you were a member of the Hyderabad Chloroform Commission?—Yes.

3957. That was the second Commission?—Yes.

3958. You went out to India and carried out a great many investigations there into the action of chloroform?—Yes.

3959. I do not know whether it extended to ether and other anæsthetics?—It extended to ether, but there were certain difficulties in determining the action of ether in Hyderabad, because the ether evaporated so

rapidly that we were not able to keep it at the high temperature.

3960. Would you tell us something about the second Commission, and how you came to go out to Hyderabad?—At the request of Colonel Lawrie, the Nizam of Hyderabad had instituted a Commission, consisting of men in his own service, to examine into the action of chloroform. They reported that it invariably killed by paralysing the respiration and not by affecting the heart. This conclusion was doubted, and a second Commission was instituted, of which Colonel Lawrie was President and Sir Gerald Bomford, K.C.I.E., now Director General of the Indian Medical Service, was secretary. I attended as the representative of the "Lancet." We made a number of experiments by giving chloroform to animals without any operation or without tying them up in any way.

3961. So as to get the pure normal operation of chloroform *per se?*—Exactly. Every one of those animals died by stoppage of the respiration, and if examined immediately after death the heart was found to be still beating.

3962. You say the heart was found to be still beating. Would it have been possible by artificial respiration to restore life in those cases, or do you mean cases which had gone beyond the possibility of restoration?—Almost certainly we should have been able to restore them by artificial respiration had that been done. We thus completely confirmed the finding of the first Commission, that death from chloroform, *per se*, is due to stoppage of the respiration, but we felt that it was necessary to imitate, as nearly as possible, the conditions under which patients are when undergoing surgical operations.

3963. That is, by introducing a new factor, namely, the operative factor?—That is, introducing the operative factor and the restraint of position. In operations thus performed upon animals, we occasionally met with, just as occurs in surgical operations on man, instances where death appeared to begin with stoppage of the heart and not with stoppage of respiration. It was, therefore, clear that death could not be said to be caused by the administration of the anæsthetic, although it occurred during the anæsthesia.

3964. We had some interesting evidence here the other day from Dr. Hewitt, whom you know very well as an eminent anæsthetist, and without discussing the theory he told us that in practice what he found to be expedient was this, that up to a certain stage of anæsthesia, even in operative cases, all you had to do was to watch the respiration. When once that stage had passed into still deeper anæsthesia, you had to watch the heart as well and attend to the pulse and the heart sounds. Have you any comment to make upon that?—Dr. Hewitt's experience is very much larger than mine, because he has given anæsthetics in so very many more cases. That is not quite in accord with what I should have imagined or what I should have deduced from our experiments upon animals. So long as the respiration is quite free, then I think there is very little risk from the heart, that is to say, from the heart provided that the anæsthesia be thorough and complete. But there is very great risk indeed from the heart in cases where the anæsthesia is imperfect.

3965. Because there surgical shock comes in?—There surgical shock comes in. Perhaps I may give you one illustration of this. A gentleman had a condition of the liver which made us suspect an abscess, and he was given an anæsthetic, and a puncture was made in the liver during deep anæsthesia.

3966. An exploratory puncture?—An exploratory puncture. It produced no apparent effect upon the patient. That was repeated again and again, and nothing was got out except a very small quantity of pus. But just as the patient was beginning to come out the operator said: "Let me try once more." He pushed in the trocar again. Immediately the patient's face became blanched, he became pulseless, and died. The case there was one clearly, I should say, of surgical shock. So long as the patient was completely under the influence of chloroform the operation repeated again and again seemed to have no effect, but the moment he was just beginning to come out he simply died under it.

3967. At that stage, coming out of the anæsthesia, would the shock be caused by the feeling of pain?—No, I believe he was absolutely unconscious; but the shock occurred before the sensation returned.

3968. Sensation returns rather late, does it not?—Very often it returns quite late.

3869. You may have analgesia without anæsthesia?—Yes, it seems to come on at the beginning, sometimes of the anæsthesia, and again to occur towards the end of the anæsthesia.

3970. Before we go on to your next paragraph may I ask you this. I daresay you read the report of Professor Gaskell's cross-circulation experiments?—Yes.

3971. Which to his mind showed that chloroform might act directly on the heart. Have you any opinion as to the validity of that view?—As I said at the time, it was a pity that his experiments were somewhat complicated by two things: one was by the injection of morphine, if I remember rightly; and the other was by the use of peptones, because peptones have a very strongly depressant action upon the circulation *per se*, so that I was not certain of the cruciality of the experiment. At the same time one can say perfectly well that chloroform, if administered in a sufficient quantity, will paralyse the heart. If you blow chloroform into the lungs of an animal you can stop the heart dead—paralyse it. But that is a different thing from inhaling chloroform; because when an animal inhales chloroform the respiratory centre is first acted upon and respiration ceases before the heart, and so the animal cannot take enough into its lungs to act upon its heart.

3972. To go on with the evidence that you have kindly sent us, you draw a distinction between deaths under anæsthetics and deaths from anæsthetics?—Precisely. Perhaps I may be allowed to give an illustration to make my meaning clearer. If a man is strangled in his sleep by a burglar, his death is not due to the sleep, except in so far as the sleep prevented him from noticing the entrance of the burglar, and possibly escaping. I have heard of a drunken man being drowned in two inches of water by falling on the road with his nose and mouth in a puddle. This man's death could only be said to be due indirectly to the alcohol he had drunk, although it happened during intoxication. In the same way, death may occur from choking, or possibly from shock, during chloroform anæsthesia. The death there is not due to the direct action of the anæsthetic, and yet it may have been induced by it, because the patient's unconsciousness hindered him from coughing and ejecting some substance which had entered his larynx and was choking him, or prevented the reflex contraction of the vessels, which in the waking condition might have saved him from shock.

3973. You draw the old distinction there between *causa causans* and *causa sine qua non?*—Yes.

3974. If I rightly understand you, when death occurs under an anæsthetic you may divide the cases into three classes: first, the anæsthetic may be the cause of death?—Yes.

3975. Secondly, the anæsthetic plus some other condition may be the cause. It may be a contributory cause?—Yes.

3976. Thirdly, it may be a mere accidental concomitant?—That is so, quite.

3977. For instance, I suppose hemorrhage may be the cause of death; surgical shock may be the cause of death?—Yes; very often I think asphyxia.

3978. What do you mean—mechanical asphyxia or asphyxia caused by paralysis of the respiratory centre?—Asphyxia, more or less mechanical; that is to say, it may be due to blood or regurgitated food falling into the larynx just as the patient is coming to, or it may be due to spasm of the larynx caused by a drop of blood or some saliva or particle of food getting into the larynx, not large enough to choke the passage but large enough just to bring on spasm, which, together with the action of the anæsthetic, would cause death. This spasm sometimes occurs from very slight causes

and is most distressing. The things that occur to oneself make a deeper impression on one than those which occur to others. Once I was very nearly drowned in a swimming bath, because a single drop of water had got into my nose and caused spasm of the larynx. Fortunately the water was not deep enough to drown me, and I stood up choking, gasping, trying to get the air into my larynx and chest; but the larynx was firmly closed and I could get nothing in. The same thing occurred to me once again when, walking along the street shortly after a meal, some food regurgitated, and instead of the whole being again swallowed, a minute particle seemed to have got into the larynx and caused spasm of the glottis; and I had to stand at a shop window trying to fill my chest with air and was quite unable for a while. At last the spasm yielded with a loud crowing inspiration, and I got relief. But had such a thing occurred when I had been partially under the influence of chloroform, I have very little doubt that I should never have recovered.

3979. On that question arises this: after administration of an anæsthetic, however carefully administered, the patient is usually sick, is he not?—Yes.

3980. Is that a source of danger?—That I believe to be a very great source of danger.

3981. No care in administering an anæsthetic can prevent it?—No.

3982. A patient operated on with an empty stomach, on return to consciousness is, very apt to suffer from sickness, is he not?—Yes. If the stomach be completely empty, sickness is not so liable to come on, and if they do retch they are not so apt to get up any food. It is when food gets up into the pharynx and then a deep inspiration is taken, a little is caught back, and that causes spasm of the larynx.

3983. Sickness, I believe, does not come on after nitrous oxide?—No.

3984. It is only after chloroform or ether?—Yes.

3985. So that in administering chloroform or ether there is always a possible element of risk?—Certainly.

3986. And that risk, I suppose, is very much mitigated if the anæsthetist is a skilled man knowing what to do under particular emergencies which arise?—Certainly.

3987. Is it known exactly what causes sickness on recovery from chloroform or ether; why some people are sick and others are not?—That is more or less hypothetical causation. It is supposed by some that it is due to the ether or chloroform being secreted by the mucous membrane of the stomach, in the same way that one knows that tartar emetic injected in the blood is excreted by the stomach.

3988. It is an attempt made by nature to get rid of the poison?—Yes, but so far as I know there are no exact experiments upon the subject.

3989. Before you go on, may I ask you a general question. Do you think that the whole subject of anæsthetics has been scientifically exhausted, or is there room for further experiment and further research as well as further clinical observation; do you think we shall learn more about it?—I think there is very great room still, especially in one department, and that is in the relationship of anæsthetics to surgical shock. I may say that that was one of the subjects that we proposed to do at Hyderabad, and I think, perhaps, we allowed our humanitarian feelings to interfere too much with the work we ought to have done. We felt that we did not wish to inflict any unnecessary pain upon animals, and in all the experiments that we did, even those on surgical shock, I think, perhaps, we did not allow the animal to come out sufficiently far sometimes from the anæsthetic; so that we did not get the effect of surgical shock so well manifested in the case of the animals upon which we experimented as we should have done possibly, and perhaps not so well as really occurs in the cases of men who are being operated upon for some reason. But I believe in that department, specially, there is room for a great deal more work.

3990. But still the surgical shock, as I understand, can be felt although there may be complete analgesia?—Certainly. That occurs when there is no sensation whatever; but one does not know exactly how far the anæsthetic interferes with it. One knows that if the anæsthetic is administered to such an extent as to stop all reflexes, then you do not get surgical shock, if it is sufficiently far pushed.

3991. But then you very often get death from the anæsthetic, do you not?—No, I think not. My own belief is that death is not so much from the anæsthetic as from the shock.

3992. You think that where there is not, so to speak, artificial asphyxia, the shock is more ordinarily the cause of death than the anæsthetic itself?—Yes. In saying this I am, of course, judging from experiments on animals, and perhaps my views might not be shared by men who have got more experience than I in administering anæsthetics in surgical cases, so that I should defer to their opinion. I only speak from what I have learnt from experiments upon animals.

3993. When anæsthesia is pushed sufficiently, do you hold the view that no pain is suffered or that no pain is recollected?—I was eight times under ether or chloroform in three months for surgical operations, and the question is very difficult to answer; but so far as I was concerned, it might have been a table or a chair that was being smashed; it was nothing to me whatever. But, at the same time, I believe in one or two of the cases I made a great noise as if I had been hurt.

3994. It is possible to have both movements and cries without pain?—Yes, I believe so. I went quickly under, but I cried while I was so far under that I did not feel. So far as I am concerned, I did not know. Practically, it seems to me that the question is unimportant. If a man does not recollect anything of it afterwards, it has no effect upon him so far as he is concerned. Only it is just possible that in that case when he is not thoroughly under, and apparently evidences sensation by a cry, he might evidence also the effect of injury upon him by shock.

3995. I suppose, to some extent, one can judge by this: that when a man comes back from anæsthesia he perfectly well remembers the sensations he experienced in going under?—Yes.

3996. But he has no recollection of pain?—No recollection whatever of pain.

3997. It is not a little piece taken out of his life, so to speak, but he recollects up to a certain point, and therefore probably there is no pain suffered?—There is no pain suffered. Speaking also from my own personal recollection of nitrous oxide, I had once a tooth out. I was told to go on counting; I counted to 11, and then was going on to 12, and they said: "Stop—it is done." Between 11 and 12 the thing had been done without my knowledge. Personally, I suffered no pain, and had no recollection of it afterwards.

3998. One further question. You can perhaps tell us about the administration of anæsthetics. Assuming that only very light anæsthesia is produced, I take it that the sensation of pain dies out gradually, there is just dulness and then complete loss of sensation; or does the sense of pain go suddenly?—Unfortunately, I cannot tell that from my own experience, because I have not been subjected to pain at the time I have gone over; but consciousness appeared to go suddenly.

3999. I was asking for this reason: supposing a man was too lightly anæsthetised there might be a great dulling of pain, but the actual pain of the operation might act in two ways—in the first place it might be greatly dulled; or you might, so to speak, wake him up absolutely from the anæsthesia by a sharp pain. It perhaps is not known how it operates?—I fear I cannot give a definite answer to that. One can say, of course to a certain extent, that when sensation has been abolished by opium, by very sharp pain you may succeed in waking the patient up.

4000. Entirely?—Not entirely, but to a considerable extent; because painful applications are the methods of awakening a patient from opium stupor. The application, for example, of a strong electric, faradic current to the skin is one of the methods of waking a patient from the opium coma; another is flicking him with towels; another is striking the forehead with the nails. But all these painful applications, although they wake him, to a certain extent do not wake him completely;

you have to repeat them again and again, and as a rule you can wake him to half-consciousness, and he will lapse again into coma unless you keep up continually repeating the painful application. And then when they do come out I doubt if they are conscious of it.

4001. But on other grounds, on the ground of avoiding shock, which in your opinion is quite distinct from the conscious feeling of pain, you think anæsthesia as a matter of safety ought to be pushed to a certain point?—I think so. May I say that my attention was first drawn to this by Snow's book on chloroform, where he recorded a number of cases in which chloroform was first used, and I was struck by the fact that so many deaths occurred just after they had begun to inhale.

4002. Before any operative procedure had begun?—Before any operative procedure had begun. Emotion has a great power, of course, in causing people to faint and sometimes to cause fatal syncope. I was told that on the voyage out to South Africa a great number of young officers fainted when they were being vaccinated. And what is the most curious instance I have ever known, there were two brothers—I think you probably know both of them—who fainted always if they saw a drop of cold blood; they fainted, and dropped on the floor unconscious. Yet both those men got the Victoria Cross in the Afghan war. Hot blood did not matter.

4003. To resume—I fear I led you rather astray, before the introduction of anæsthetics do you know of any deaths from shock?—Before the introduction of anæsthetics many patients died from shock, but now such cases are rarely recorded. Almost the only case of death upon an operating table that I have ever seen was not due to an anæsthetic, but to shock. It occurred in the case of a man in whom the upper jaw was being removed for cancer. The preliminary incisions were made under chloroform, and then the anæsthetic was allowed to pass off lest the man should be choked by the blood from the wound running into his larynx. The operation was a long one, and it was only during the first few minutes that the patient was under chloroform. The pain which occurred after the anæsthetic had passed off caused shock, which proved fatal before the operation was completed. But death through shock may happen during partial anæsthesia, and the period of danger usually is before the anæsthesia has been completely established, or just when it is commencing to pass off. There are certain arrangements of the nerves and circulation in the body which tend to prevent death. When consciousness is complete, they all act together and fulfil their function well. When consciousness is entirely abolished, no one acts, more than another, and, again, there is little risk. It is when the relations to one another are disturbed in imperfect anæsthesia that danger comes in.

4004. May we pause there a moment. When death occurs under an anæsthetic (I am not saying from it) is it a difficult and delicate inquiry to determine the actual cause of death?—Very much so. Perhaps I may illustrate this by a similar thing to being under anæsthesia, that is, drowning. I had occasion to study this subject a good many years ago, and I was very much struck with the fact that half the people killed by falling into the water are not drowned in the ordinary sense of the term. When you come to examine the bodies post-mortem, instead of finding the signs of asphyxia, namely, a loaded venous system and distended right ventricle, the heart is found empty. These people have died of shock, fright, not from the water.

4005. Do you mean emotional shock or shock of cold?—I cannot say; but they have died from shock, or, as Caspar terms it, neuro-paralysis. This neuro-paralysis, as Caspar terms it, is just a sudden stoppage of all the functions of the body.

4006. Or take the case one often hears of, of a good swimmer suddenly going down. Is that not probably caused by syncope or cramp?—I think a great many of those cases may be due to cramp, but I think they are very often due really to want of breath. When a man begins to find his powers are flagging he is very apt to throw up his arms. That seems, if Robinson be right, to be a curious example of what may be called atavism; that as man was very probably descended if not from monkeys, at least from arboreal apes, when safety was gained by hanging from trees or clutching a branch overhead, so man in his greatest extremity throws up his hands. That is shown in the case of Webb, who was drowned in the Rapids of Niagara. He was seen, just before he went under finally, to throw up his arms.

4007. The finest swimmer, perhaps, that ever lived?—Yes.

4008. I want to raise one further question on this point. You say that the inquiry is necessarily a complicated one. Does a post-mortem throw much light on it or not?—A post-mortem examination throws light upon it in this way, that it would show whether the death was due to asphyxia or to shock, but the shock or the neuro-paralysis may be due to many things. What I mean is this, neuro-paralysis might be due to the actual shock of the operation, but it may be due, as in the case of a man falling into water, really to spasm of the glottis. Caspar examined not only people who had been drowned, but people who had been throttled, and the man who had been throttled or hanged often died of shock and not of asphyxia.

4009. Actual shock?—Yes.

4010. Without, of course, the neck being in any way fractured?—Certainly, there was no fracture of the neck in the case where it was done by throttling.

4011. I was asking rather for this reason. In the case of death under chloroform or ether, under an anæsthetic, is a post-mortem by anybody but a very skilled expert of any use? Are the post-mortem appearances sufficiently well known and sufficiently well marked for anybody to make an effective post-mortem?—Even a man who had no special skill could distinguish between the condition of the heart in asphyxia and in neuro-paralysis; but the deduction to be drawn from that is one of very considerable difficulty.

4012. You want, then, a very careful post-mortem plus certain, what I may call, clinical evidence, the evidence of people who saw the actual symptoms preceding death?—I think so. I think it would be very difficult indeed to be quite sure of one's conclusions from the post-mortem evidence alone. For example, to take one of Caspar's observations, you examine a body, you find the symptoms of shock, and unless you knew that that man had actually been throttled, or unless you found upon his neck the marks of the burglar's fingers, you could not tell that that man had been throttled.

4013. You would simply say he died from shock?—That he died from shock, but the nature of the shock must be shown *aliunde*.

4014. Do you think it is important in every case of death under an anæsthetic that there should be a skilled inquiry? Do you think there is much to be learned from that?—That is a question I have really not considered.

4015. Perhaps I may ask you this one further question on that. Do you think, as regards the tribunal to examine into these deaths, that the coroner with a jury is the best tribunal, or would you prefer the coroner assisted by an expert medical assessor?—I should think the better of the two would be the coroner with the expert assessor, because the coroner naturally can hardly be expected to have a thorough knowledge of all those minutiæ, and the jury would generally have no knowledge whatever.

4016. You think an ordinary jury would not be likely to appreciate even the expert evidence?—I think not. I do not think that an ordinary jury would be likely to understand the difference between shock and syncope or shock and asphyxia.

4017. A great many coroners, as you know, hold that as a matter of law, when death occurs under an anæsthetic used for operative purposes, they are bound to hold an inquest. Assuming that their view is correct, you do not think a jury is the best tribunal to get at the cause of death. You would prefer the coroner with an expert assessor?—Certainly.

4018. Would there be in the country generally a sufficient number available of sufficiently skilful assessors?—I should doubt it very much. I should think probably you would want one or two assessors

who have studied the subject specially and could go from one place to another.

4019. There being about 150 deaths a year from anæsthetics, you think there ought to be something like a small panel of very skilled assessors?—I think that would be the best arrangement.

4020. In your opinion, representing an important medical view, do you think that if these skilled men were called as witnesses, that would do equally well; or do you think they ought to be in the more intimate position of assessors to aid the coroner?—I think it would be much better to have an assessor who had really studied the subject and was constantly at work upon it. I think we have somewhat the same in regard to cases of poisoning for instance; there are only a few men called upon to give expert evidence in case of poisoning, and it would be better that experts should be employed in cases of death from anæsthetics as well. Because after all if death is due to an anæsthetic, it is due to the action of a toxic agent.

4021. I suppose it is a difficult problem, when death occurs from anæsthesia, to determine whether there is any blame attaching to the administration or not. That is a further difficulty?—Yes, that is a point of the utmost difficulty. I do not think it can be solved by post-mortem examination.

4022. There you want the clinical evidence?—Yes.

4023. Now perhaps you will come back to your evidence. You were going to point out to us that in the case of all general respirable anæsthetics there are four stages?—Yes. The first is the stimulant stage where all functions, bodily and mental, seem to be increased. This is best observed after a moderate dose of alcohol or a few whiffs of chloroform. Next comes the narcotic stage, when the relations of man to the external world are impaired. He is no longer completely conscious of what is going on, nor can he direct his movements with the same precision that he would when conscious. The third stage is the anæsthetic stage, when consciousness and voluntary motion are completely abolished and only the heart and respiration go on uninterruptedly. The last stage is the paralytic stage, when the respiration and circulation also become affected, the breathing stops, and the heart ceases to beat.

4024. Then I suppose when a man is coming out of the anæsthesia, the stages are reversed?—Yes, they are reversed, though very often when a man is coming out of what we term the narcotic stage, it is so very short as hardly to be noticeable. As a man is going under the anæsthetic he perhaps will struggle and cry, but in coming out he simply seems to come out without any struggling.

4025. Like awakening?—Like awakening. Very often they are drowsy and sleepy for a while after they come really out.

4026. And sometimes analgesia exists for a long time, after complete consciousness has been established?—Yes.

4027. You say that, subject to modification, these stages are characteristic of all general respirable anæsthetics?—Yes. In the case of some, like alcohol, the stages are prolonged, and a very large quantity of the substance is required to produce the paralytic stage. It is, therefore, very easy to stop the administration of the drug at any time, so as to prevent one stage passing on to the other. In the case of chloroform, on the contrary, the action is quickly produced, the stages succeed one another rapidly, and considerable caution is required to prevent one passing into the other.

4028. You have less margin?—You have less margin. Alcohol is, therefore, a much safer anæsthetic than chloroform, but it is so slow as to be inconvenient. Chloroform, on the other hand, is very rapid and very convenient, but its administration is not without a certain amount of risk.

4029. On that we have had evidence that chloroform in Scotland is very much more largely used than in England?—It is so.

4030. Is that due to the influence of the Simpson tradition?—Not entirely. This is only hearsay, and I cannot give any very definite evidence about it, but I have been told that ether had been introduced, and after being employed for a while was again given up on account of the secondary effects of ether, because ether is much more liable than chloroform to give rise to bronchitis and to a prolonged stage of vomiting; and these secondary effects were so discouraging, that ether was given up and chloroform used.

4031. On the other hand, in America, where ether was first discovered, they stick largely to ether, do they not?—Yes, I think they still do, but how far it is due to the personal influence of the introducer I cannot say.

4032. In England we use various anæsthetics?—Yes.

4033. They come into vogue and go out again?—That is just it. Various anæsthetics, such as ether or a mixture of ether with chloroform, usually known as a.c.e., chloride of ethyl, &c., have been employed with the idea of finding one which was more convenient than alcohol and safer than chloroform.

4034. Are we likely ever to get an ideal anæsthetic, do you think, as chemistry improves?—It is quite possible.

4035. You think it is a long way off?—It is a long way off.

4036. Then you come to the question of the mode of action of these anæsthetics?—They all act—alcohol, ether, and chloroform—by affecting the nervous tissue directly, in all probability at least; but chloroform in addition to acting on the nerves, also acts on every other tissue of the body, and especially upon the heart. If applied to the skin, chloroform will blister it. If it be injected into the arteries of a limb, it will destroy the vitality of the muscles, and render them as hard as a piece of board. If a frog's heart be dipped into it, it will become rigid, like any other muscle.

4037. Then as a local anæsthetic it would be rather objectionable?—It is very objectionable. It is one of the painful anæsthetics. Then, as I mentioned before, if blown into the lungs by artificial respiration, chloroform may stop the heart; but if inhaled in the ordinary way the respiration fails first, and thus the inhalation of chloroform stops before enough has been taken in to stop the heart. But, whenever respiration ceases, the heart is bound to stop a little while afterwards, and if the cessation of respiration be caused in other ways than the mere administration of chloroform, the heart will also stop shortly after respiration.

4038. Is there anything known as to the mode in which these anæsthetics affect the nerve tissue?—They all seem to have a special tendency to combine with nerve tissue. This was shown in the case of alcohol many years ago. If you give an animal a large dose of brandy or spirit, and examine the brain afterwards, a good deal of alcohol may be got from the brain, more than from the same weight of any other tissue of the body. Practically it would seem as if the fatty bodies of which nervous tissue is largely composed have an affinity for alcohol, ether, and chloroform.

4039. Which are mostly of the carbo-hydrate series?—Much more specially the lecithine compounds. These seem to have a special affinity for alcohol.

4040. It directly poisons the nerves; it does not deprive the blood of oxygen, but poisons the nerves?—Yes, it poisons the nerves distinctly.

4041. Just as other poisons affect the spinal cord?—Yes, it would seem as if all those poisons had direct affinities for certain tissues. It is impossible to notice it with the great majority of poisons, but we can see it perfectly well with the different aniline dyes. There are certain aniline dyes which, when applied to any tissue, will pick out parts of that tissue and stain those, leaving others uncoloured, and it is through this particular property of aniline dyes that we have been able to stain bacilli of tubercle, and so on—the minute organisms which, but for staining, would not have been distinguished under the microscope.

4042. You think we may find some analogy in investigating the influence of alcohol on particular tissues of the body?—I feel sure that the analogy is a correct one.

4043. You say that respiration may be impeded in other ways?—Yes, by the tongue falling back so as to cover the opening of the windpipe, or by blood or saliva flowing into it when the patient is too deeply over to

cough. A heavy weight, such as that of the arms of an assistant pressing on the thorax or abdomen, may prevent respiratory movements. I have seen the respiration impeded considerably by the thoughtless pressure of the arms of the assistant upon the body of the patient. Or a spasm of the glottis, due to blood, saliva, or regurgitated food, may cause the vocal cords to close and prevent the ingress of air. Spasm will not occur when the patient is thoroughly under, but will happen when he is only partially under, and probably this is one of the reasons why imperfect anæsthesia is dangerous.

4044. All this points to the fact that, for surgical purposes, anæsthetics ought to be administered by skilled people, does it not?—I think so.

4045. I am not speaking of nitrous oxide, I was thinking of the longer anæsthetics?—Yes. Yet it is very curious that when I was a student, anæsthetics were invariably given by unskilled people. At that time, I speak of 1862 to 1866, there was no instruction in giving anæsthetics. My old teacher, Professor Symes, said: "We have never had any death from "chloroform in Edinburgh, and the two reasons are "that we always use the best chloroform and always "give plenty of it."

4046. We had some evidence the other day from Professor Littlejohn, Professor of Forensic Medicine in Edinburgh University, who told us that he had investigated lately several deaths from chloroform. As knowledge has increased, apparently success has not increased?—Yes. It is curious that by giving the best chloroform you do not cause spasm of the glottis, because the best chloroform is free (at least if kept properly from light) from chlorine compounds which are irritating, and might cause spasm of the glottis. Then by giving plenty of it, you avoid the risk of surgical shock. There are two ways of giving chloroform—one is to give it very gently, gently increasing the percentage of chloroform that is being inhaled; the other is the very opposite, just to cram a lot on the nose at once, and let the patient inspire. I have had both forms tried upon myself, and I certainly did not like the form of having the chloroform crammed over my nose. You feel as if you were going to be killed, and you struggle with the utmost endeavour to pull away the mask and get a breath of fresh air; whereas when it is given gently, you simply go under without any feeling of discomfort whatever. But, oddly enough, rabbits are easily killed by chloroform; they are particularly sensitive to it, and yet there are two ways in which you can give it which are with perfect safety, which are these two different kinds—by giving it very gently, or as they do at the Institute Pasteur, simply by taking a sponge filled with chloroform and cramming it over the rabbit's nose. The rabbit stops breathing entirely, and the heart stops.

4047. For a moment or two?—I should think probably for 10 seconds or more, and then it takes one deep inspiration and falls over, completely anæsthetised. That is a very rapid method. But it is when you mix the two methods that you get mischief. If you begin with a gentle effort, and then, when you have got the anæsthesia pretty well developed, you cram on the chloroform, you seem to get the damage done, though I cannot tell precisely how this occurs, whether it is through the respiration or the heart, but certainly you seem after the first deep inhalation or two to get death occurring. I think it is quite possible in this case that it is due to partial anæsthesia having made the person or animal more or less insensitive to the chloroform vapour, and that you may thus manage to get, as it were stealthily, into the lungs enough chloroform to paralyse the heart.

4048. Is it advisable, do you think, to use mechanical appliances for measuring the percentage of chloroform?—Theoretically it seems advisable, but I should doubt whether there is any practical advantage.

4049. You would rather trust to the eye of the skilled anæsthetist?—I think so. There is now, I believe, some method introduced by Professor Waller which shows the exact percentage of chloroform. I ought to have seen it, but I have not been able to get to see it.

4050. Idiosyncracy, of course, comes in very much?—Very much.

4051. An alcoholic subject or a heavy smoker will take it differently?—Yes, an alcoholic subject especially will take it badly.

4052. Or take it well; he will take a great deal without going under?—Yes, he will take so much that you really run the risk of passing him into the paralytic stage before you get him thoroughly into anæsthesia.

4053. Then I suppose individual idiosyncracy comes in?—Very markedly, especially the nervous condition of a man.

4054. Does that enable him to take it more easily, or if a patient is very nervous and frightened of the treatment, does he take it more easily or is he more resistant?—I think a nervous person is very much more liable to shock.

4055. Does he require a big amount of chloroform before he goes under or a longer time?—That I cannot tell, but I think a nervous person is very much more likely to die. When a person is very much afraid of the anæsthetic, the mere fear may kill him, just in the same way as one knows that in India men die of snake bite, from snakes which are not poisonous.

4056. On the other hand a great many remedies have been very effective when a man has been bitten by a non-poisonous snake?—Yes.

4057. Also is the outside temperature of much importance as bearing on risk?—I think it is, but I have not been considering that for a length of time. I did some years ago work at the effect of temperature on chloroform as an anæsthetic, but it is so long ago that I have forgotten it.

4058. I think you told us on the Vivisection Commission that one result of administering anæsthetics to an animal was that the heat-regulating apparatus was put out of gear?—Yes, the instance that I then gave was that of chloral. When you give chloral to the extent of producing complete anæsthesia, the heat-regulating power of the animal is completely abolished.

4059. But you have not investigated the subject with reference to respirable anæsthetics?—No.

4060. Then the next point, I think, is that you are going to compare ether with chloroform. Ether is less dangerous than chloroform?—Yes, it seems to me that the difference between ether and chloroform in anæsthesia is very much like the difference between a blunt and a sharp knife in the surgeon's hand. Unless accurately guided, a sharp knife is the more dangerous and if it slipped would do more mischief than the blunt one, and yet the advantages which the sharp knife possesses when properly used are so great as to make surgeons invariably prefer it to a blunt one.

4061. Have you ever had ether yourself?—Yes.

4062. Pure ether?—Yes.

4063. The sensations in going under are very much more painful, are they not usually?—I did not distinguish much difference between the two in going under; but in coming out of ether there was a most disagreeable feeling of nausea discomfort and perhaps, shall I say, utter misery—a sort of indescribable misery which I did not experience after taking chloroform, and this condition lasted much longer.

4064. The patient struggles much more when taking ether?—So I think.

4065. Is that partly from idiosyncracy or would it be the general rule?—I think it is the general rule. But here also my very small experience of administration to man prevents my giving any very definite answer.

4066. Does a mixture of ether and chloroform mitigate the painful symptoms of ether?—I have never had it, and from my own experience I cannot speak. Judging from the fact that the mixture of a.c.e. was at one time very largely used and it now seems to have fallen into disuse, I suppose its advantages were not great.

4067. Now you are going to call our attention to nitrous oxide?—Yes, nitrous oxide is a very useful anæsthetic for short operations. The stimulant action of this gas, when only a few whiffs of it are taken, is so extraordinary that it is generally known under the name of "laughing gas," but when steadily pushed it

produces complete anæsthesia. The disadvantage of it is that, owing to its preventing the proper oxidation of the blood, the patient becomes completely cyanosed and the anæsthesia can only be continued for a short time. By mixing oxygen with nitrous oxide, the anæsthesia may be kept up for a longer time.

4068. That is to say, up to nearly a minute?—I do not know how long, but I know for a longer time than nitrous oxide alone. If care be taken to allow the respiration to go on easily and completely during inhalation nitrous oxide is almost completely free from danger, but even, with it, it is to be remembered that shock is more liable to occur in an upright than a more or less recumbent position. I may also say that with nitrous ether as with anything else, if the respiration be embarrassed, there is a certain amount of risk. Some years ago, at the time when we were performing experiments on chloroform at Hyderabad, I think a lady died from nitrous ether. It was then found that the stays were so tightly laced that she could hardly breathe at all. We repeated the experiment upon monkeys, putting a bandage round the chest to correspond with stays, and we found that they died very much more rapidly, that it was an exceedingly dangerous thing to interfere with free respiration.

4068*a*. Then you say the position has some effect?—Yes, because when persons are standing upright they are much more liable to suffer from shock than when they are lying down.

4069. Is the tongue more liable to slip back in that position?—I do not think so. It is the shock; it is practically the difference between the flow of blood in a horizontal and in an upright position. For instance, if a man is going to faint, you put his head down and keep it down. The ordinary method of preventing fainting that one has at the hospital is to ask the patient to put his head between his knees.

4070. Now you are going to deal with some other drugs which abolish pain but which are not usually classed as anæsthetics—opium, for instance?—Opium is more usually classed as a narcotic; in some rare cases it is a stimulant.

4071. Just like other anæsthetics?—Yes, but in large doses it is a narcotic disturbing the relationship between man and the external world, and then producing profound sleep with complete unconsciousness to pain; so that an animal entirely under its influence might be cut to pieces without making the slightest movement or indicating the least sensation. Morphia is a convenient anæsthetic for animals, but it is not convenient for man, because the quantity required to produce anæsthesia would also be sufficient to cause danger. The pain would be quite abolished, but the patient might never awaken from the state of unconsciousness. It is, however, a useful adjunct to ether or chloroform where the operation is to be very long, and especially in such cases as I have already mentioned of excision of the jaw, where the anæsthetic cannot be continued during the whole operation.

4072. That is a desperate operation, I suppose, to save life?—It is an awful operation, when there is cancer involving the jaw, but it is not only to save life but to save the man from most awful torture.

4073. It is a necessary operation, but only to be resorted to as a last hope?—Yes. In cases also where an anæsthetic cannot be administered, a subcutaneous injection of morphine may prevent much pain. For example, I was told by a German professor that when serving in the war of 1870, he was stationed beside the ambulance waggon which was to convey wounded men from the field to the hospital at the base, and as each wounded man was lifted into the waggon he received half a grain of morphine by subcutaneous injection; this quickly took effect and the wounded men, having been saved the excruciating pain they would otherwise have experienced in being carried to the hospital, arrived in a much better state for the amputation or other operation to be performed than they would have done without an anæsthetic.

4074. There is just one point I was going to ask you about nitrous oxide, to go back. How is it that when you administer oxygen with the nitrous oxide you do not, so to speak, make it into laughing gas?—That I cannot tell.

4075. If you mix ordinary air, which is oxygen and nitrogen, you get laughing gas?—Yes.

4076. If you administer pure oxygen without the inert nitrogen you get a useful anæsthetic?—I think it is because to the ordinary mixture with air the nitrous oxide is much more diluted. One of the most curious points I know about it is this. If you take two or three whiffs of laughing gas, the pure nitrous oxide, and then throw it down just as it is beginning to take effect, the effect is continued. I was once lecturing on laughing gas as an anæsthetic, and after the lecture was over I went to a side room and I took two or three whiffs of it. I then began to feel a curious sensation in the fingers, a pricking sensation. I laid the mask down, but all at once, after I had ceased to inhale, I felt as if an electric shock had passed through my spine and I jumped up and, quite against my will, began to jump about, throwing my arms out in one direction and my legs in another. Then suddenly the whole effect passed off and I sat down again. But this was an entirely involuntary action on my part and began after the inhalation ceased. I have had laughing gas for a dental operation and there was none of this exciting action whatever when it was given in that way; I simply passed under without any excitement either in going under or coming out.

4077. You are going to tell us about some other drugs which are rather important as local anæsthetics?—Yes, perhaps I should say merely that the other anæsthetics I have mentioned—laughing gas, ether, chloroform, and morphine—probably prevent pain chiefly by deadening the sensorium in the brain. Other drugs prevent pain by acting either on the nerve fibrils at a point of injury or the spinal cord through which the painful impulse has to travel before it can reach the brain. There are a great number of drugs which have a more or less local anæsthetic action, but in many of them this is combined with an irritant effect which prevents their employment.

4078. I suppose carbolic acid is one?—Carbolic acid is a very efficient local anæsthetic.

4079. It is also escharotic?—Yes, so that you cannot employ it as a local anæsthetic except in cases of toothache, where, when applied to the cavity of the tooth, it acts as a very efficient local anæsthetic.

4080. Almost instantaneously?—Yes. The most important local anæsthetic is cocaine, and various modifications of this drug, such as eucaine, holocaine, novocaine, stovaine, acoine, and orthoform. These are employed in solution by applying them to the part as in the case of operations on the eye, nose, throat, gums, or other parts where the solution can be easily applied, or by injecting them subcutaneously where an incision has been made as in the case of a boil or abscess, or into the gums for dental purposes.

4081. I suppose, when applied by simply painting them on, that can only be done in the case of the mucous membrane; it is no use painting them on uninjured skin?—No, it has no action at all.

4082. When injected subcutaneously how deep does the anæsthesia go; does it go any depth?—It does not go beyond the point reached by the drug. I have had this also unfortunately tested upon me. In the case of a severe boil, when an injection was made of cocaine, the part to which the cocaine had been directly applied by injection was anæsthetised, but as soon as it passed beyond that point the tenderness was just as acute as ever.

4083. Does the cocaine infiltrate? If you only inject cocaine on to a definite spot, does it anæsthetise a certain space round?—Yes, a certain way round, but not much deeper. It extends a little way round the periphery, but it did not seem to extend deeper beyond the point at which the point of the subcutaneous syringe had penetrated. The action of the local anæsthetics has been found to be increased by mixing it with a solution of adrenalin, which contracts the blood vessels.

4084. That is quite a new discovery?—Yes, within the last few years.

4085. We heard a good deal about it on the Vivisection Commission?—Yes, local anæsthesia has

also been produced by putting the positive electrode of a battery soaked in a solution of the cocaine on the part, and placing the negative electrode on some other part of the body. The connection then passes through the skin and subcutaneous tissue and produces local anæsthesia.

4086. Is that what is called ionization?—Yes.

4087. You can administer many drugs in that way?—Yes, a number.

4088. That is a comparatively new procedure, which has not yet come into common use?—No, it is just beginning to be used.

4089. But it may be very helpful in the future?—I think it very likely it will be. Another method which has lately come into vogue is to inject solutions of local anæsthetics into the spinal canal. These act locally upon the spinal cord and prevent the transmission of painful impressions made upon the nerves below the point of injection to the brain in much the same way as cutting a telegraph wire stops the transmission of messages by it.

4090. There are difficulties and dangers connected with that method, are there not?—Yes, certainly.

4091. There have been two deaths reported in England from the injection of stovaine?—I do not know the comparative mortality, but at present I believe it is rather higher than from general anæsthetics, although possibly, when we get more used to it and the technique is perfect, the mortality may be less.

4092. Are there not often troubles afterwards, spinal paralysis and certain brain trouble?—Those may be obviated, however, by more perfect technique. I do not think they are necessarily associated with it.

4093. One objection, I suppose, to local anæsthetics for operations will be this: that the patient will be conscious, and fear of the operation will be operating upon him, although he will be free from the sense of pain?—So far as I know, patients do not seem to fear the operation much. In cases of operation on piles, for example, patients have told me that they felt nothing.

4094. But afterwards there have been ill effects from the administration of novocaine or stovaine in a large number of cases?—I have not seen any cases myself.

4095. It is in Paris that they have been using it chiefly, is it not?—I believe so, but I do not know.

4096. But you have hopes that when the difficulties have been overcome it will be a new and powerful help to medicine?—I think it may, but I cannot express any definite opinion about it.

4097. It is only, I suppose, within the last two or three years that this spinal injection has been introduced?—It is four or five years, I think, now since they began.

4098. Can you tell us anything about your own hospital, St. Bartholomew's, as to the training the students get in the administration of anæsthetics?—I am afraid I cannot give any information about that; I believe they get a fairly good training.

4099. Then passing from that to the question of the proposed legislation, you have some opinions as regards that, I believe?—I think that to say that unqualified persons are to be absolutely prohibited from administering general anæsthetics for operative purposes is impracticable.

4100. General respirable anæsthetics?—Yes; because if that legislation were passed in that sweeping form, students could not give anæsthetics until after they had taken their degree.

4101. Surely under medical supervision, as long as you have got a qualified medical man present, it would not be excluded?—Does the Bill allow that?

4102. The proposed Bill seems to contemplate it as long as a qualified medical man is present. It is absolutely necessary in the country, say, where a man has his foot crushed by agricultural machinery and the nearest medical man must amputate it at once, and he would get anybody under his supervision to give a sponge of chloroform to the patient?—Yes, if it were under the immediate supervision of a medical man it might be done. I think that great care must be taken to secure that in cases where it is absolutely necessary or unqualified people to administer anæsthetics they should be allowed to do so, as in the instance you just gave of a man's foot being crushed by agricultural machinery in the country.

4103. I think the real question is whether putting aside nitrous oxide, to which different conditions apply, the longer general anæsthetics, like chloroform or ether and that series, should be allowed to be administered except under the supervision or direction of a qualified medical man for the purpose of a surgical operation; what is your opinion upon that point?—I think not; because there ought to be no operator who is not qualified.

4104. Let me put one illustration to you—I do not know whether it is an apt one. Supposing that a bone-setter wanted to do a painful operation, do you think he ought to be allowed to administer a general anæsthetic?—No, I think not.

4105. Or a beauty doctor who wanted to do a painful operation for some beautifying process?—No, certainly not.

4106. You would support Dr. Hewitt's Bill up to that point?—I think it is advisable that anæsthetics should be given either by persons thoroughly qualified to do it or under the supervision of some one thoroughly qualified.

4107. But you would confine that at present to the longer general respirable anæsthetics?—Yes.

4108. Now take the case of nitrous oxide. Of course existing dentists have given it for years, and they must be allowed to go on giving it?—Yes.

4109. What do you think about future dentists who now have to go through a considerable medical training?—I think that future dentists ought certainly to get some sort of training in the use of anæsthetics, and that it should be made part of their curriculum.

4110. Under those conditions, you would allow them to give nitrous oxide?—Yes.

4111. How about ether and chloroform—do you think that they require a qualified medical man to give them?—I think not. It seems to me that the administration of anæsthetics generally should be part of the ordinary curriculum of the dentist.

4112. You have told us that you must examine the patient and that the administration of an anæsthetic depends upon the general health and condition of the patient?—Yes.

4113. Do you think they would have sufficient training to enable them to do that?—I think so, quite easily, because a dentist, of course, is not at all like a man who does not know anything about anatomy and physiology, and I should think that the administration of anæsthetics might well be taught as part of their curriculum.

4114. And if it was taught as part of their curriculum, then they should not be prohibited from administering anæsthetics?—I think not; then, of course, a rule as to how much knowledge was required would be made part of their examination.

4115. We had some rather remarkable evidence last week from what I may call the unregistered dentists, a society who call themselves the Extractors and Adaptors of Teeth. There are about 1,000 members of this society, which has collected figures of the administration of anæsthetics by these unregistered people, and they informed us, I think, that their body had administered anæsthetics 1,249,167 times without an accident, or I think with one accident, in the case of ethyl chloride. Those are very remarkable figures?—They are very remarkable figures.

4116. Have you any comment to make on them?—Statistics are proverbially treacherous; that is all I could say.

4117. What is your opinion on this practical point; do you think that a person who is not on the dental register and is not a medical man ought to be allowed to administer a general anæsthetic, either nitrous oxide or any other?—I think not.

4118. I rather gather that your opinion is confined to the administration of anæsthetics for the purpose of a surgical operation?—Yes.

4119. Take this case: you may administer an anæsthetic, I think you said, to a person suffering from an aneurism or any illness which causes very acute pain?

—It is quite possible to administer an anæsthetic in the case of angina pectoris, gall stone, aneurism, or any severe neuralgia with, I think, no risk whatever when it is given in a certain way. It is a mode that I learnt from the late Mr. Image, of Bury St. Edmunds. A piece of blotting paper is put into the bottom of a tumbler; a few drops of chloroform are sprinkled on it, and then it is given to the patient, who holds the tumbler before his nose and inhales it. The moment the anæsthetic begins to act the hand falls; as the effect of the anæsthetic passes off and the pain comes on, he again raises the tumbler. The only risks in that way of giving chloroform are first, if more chloroform should be put into the tumbler than the blotting paper will absorb. I once saw a nurse fill a tumbler one-third full of chloroform and hand it to a patient; but if the tumbler is always inverted first before giving it to the patient, there is no risk from that cause. The other risk is, if the patient should get hold of the bottle, and then he would spill it on his pillow and his head would go down on the pillow and he might be chloroformed to death. But when it is given in that way as I have described I do not think there is any risk.

4120. And you think that you must reserve the right to allow a nurse, or whoever is attending a patient, to give chloroform, not for the purpose of a surgical operation, but for diminishing pain?—Yes.

4121. And that is very important, is it not, in the case of a woman in childbirth?—Yes, for example I know a country district where the doctor's beat is 25 miles in one diameter and it is absolutely impossible for such a man to be present at the whole confinement; and unless some provision is made for giving an anæsthetic to a woman in labour in some other way than by his own personal administration or under his immediate supervision, the woman must go without the anæsthetic and suffer all the pains.

4122. So that you think Dr. Hewitt's Bill ought to be strictly confined to the administration of anæsthetics by inhalation for the purpose of some surgical procedure?—That is so; with that limitation, I think it would be all right.

4123. I suppose at St. Bartholomew's, for instance, when a doctor orders a patient an injection of morphia, it is the sister or the staff nurse who injects it?—I think at St. Bartholomew's it is generally the house physician; but I may say that very frequently I have had occasion, along with other doctors, to see patients who were suffering from intense pain, and we knew that the pain would continue for hours, and it was impossible for the doctors to come back again in time to give the second injection to relieve the pain, so that in such cases the hypodermic syringe has been left with the nurse ready charged and she is told, "Whenever the "patient begins to suffer the pain again you give this "injection." I think some provision of that sort must be carefully made.

4124. Sometimes, for instance, in the last stages of cancer it is necessary continually to administer injections of morphia?—Yes.

4125. And any legislation that interfered with that you would not approve of?—It would be most objectionable.

4126. Have you any opinion as to whether there ought or ought not to be any restriction on hypodermic injection, especially intraspinal injection, by unqualified persons?—Certainly; intraspinal injections should only be done by thoroughly qualified persons.

4127. At the present time they are very unlikely to be done by anybody else?—Yes.

4128. A hypodermic injection of cocaine sometimes results in accidents, does it not?—Yes.

4129. Would you confine that to qualified dentists and qualified medical men, or would you leave it outside the scope of the legislation?—It seems to me that to legislate for that might perhaps be a right thing, but it would be an awful interference with the liberty of the subject.

4130. You cannot prevent a man from giving himself a hypodermic injection, and you cannot punish a man for it as a criminal offence?—The Bill would include that, would it not?

(*Sir Horatio Shephard.*) No, it is "to any other person."

4131. (*Chairman.*) But still most harm is probably done by people who administer it to themselves?—Yes.

4132. (*Mr. Bramsdon.*) I take it that you speak from having administered anæsthetics a great many times yourself?—Not to men; my experience, as I have tried to make quite clear, has been entirely from experiments upon animals.

4133. I did not gather that it was entirely; but you say so now?—Practically entirely.

4134. Still you have had considerable experience, have you not, in watching the administration of anæsthetics by others?—Not a very large experience; that is the province of the surgeon or of the anæsthetist; my practice is that of the physician; and the reason why I came to be particularly concerned in investigating the action of chloroform was from the physiological point of view, and from the point of view of a lecturer on pharmacology and therapeutics. As a lecturer to students on the mode of administering and the action of drugs, I was forced to investigate the action of drugs, and it was from that point of view that I took it up.

4135. You will not mind my asking this question: do you feel yourself thoroughly competent to express opinions upon the action of drugs and the administration of anæsthetics to human beings?—In so far as I have already guarded myself.

4136. But still I take it that you do feel able by the aid of your great experience in investigations?—Yes.

4137. Have you observed that last year and the year before, I think, there were a number of deaths in the London hospitals from anæsthetics?—Yes.

4138. Was that due in any way, do you think, to the fact that they were administered by unqualified persons?—That I cannot say, because I do not know.

4139. Your attention was directed to that fact?—Simply in a general way, not particularly.

4140. You did not go into the question at all?—No.

4141. In regard to the question of childbirth, I observe that the Bill would enable a person who is not a legally qualified medical practitioner to administer an anæsthetic if delay would endanger life?—Yes.

4142. Do you think that that would enable a nurse to administer an anæsthetic to a woman in childbirth?—I do not think so, because in many of those cases of labour, the labour would go on as it did before, before anæsthesia was ever introduced; only the woman would be suffering all the time.

4143. When a woman is in that condition, is she more tolerant of anæsthetics than any other person?—My belief is that she is, though I cannot tell you the exact reason why.

4144. With regard to dentists, do you think that if they were to administer nitrous oxide that would be sufficient for all practical dental purposes?—No, I know that it would not.

4145. What do you think ought to be permitted in addition?—I had an experience once of going to a dentist who gave me nitrous oxide and extracted, as I supposed, the tooth; but when I asked what had happened—I thought I should like to see the tooth—he said that the top had broken off and it was necessary to extract the fang, and in order to do that he had to summon another man to give me ether.

4146. Then, I suppose, a medical practitioner was called in?—I cannot tell whether he was a medical practitioner or another qualified dentist.

4147. But in ordinary dental cases, nitrous oxide, I take it, is sufficient?—In ordinary cases.

4148. And in a complicated case would it not be advisable, if ether or chloroform were administered, to call in a medical man?—I should think, if provision were made for the proper teaching of the proper administration of anæsthetics to dentists, they might quite well, just as much as a medical practitioner, learn all that was necessary.

4149. But taking the present position of affairs with regard to dentists, do you think that they should

be instructed with the administration of any other anæsthetic than nitrous oxide?—I think, upon the whole, it would be quite unnecessary to interfere with the present position of properly qualified dentists.

4150. You would give them *carte blanche* for the administration of all anæsthetics?—I think I should; if they had an accident, I suppose, perhaps more attention might be directed to it than if they were medical men.

4151. You know that a number of registered dentists have had no scientific experience and no teaching; they were simply men in practice prior to 1878?—That again introduces rather a curious question; that is, that it is since the teaching of the administration of anæsthetics has been introduced that the number of deaths under anæsthetics has risen so much.

4152. Is that due, do you think, to the increase in the number of administrations, or to any other cause?—That is just the point that I think ought to be discovered. I have been kindly provided with one of those diagrams* of Dr. Hewitt's, and you will notice that there is a tremendous increase of late years; 1866 and 1867 was just the time when I was a student. At that time there was no instruction in the administration of anæsthetics, and you see the death rate is excessively low; then it rises very much, beginning with a great rise about 1887.

4153. Have you any idea as to the increase in the number of administrations during that period?—I think it must have been very great. A point that is worth investigation is how far this tremendous increase coincides with the very much greater number of major operations that are now performed throughout the country, because it was in 1877 that Lister came to London, and then it took a good number of years before the antiseptic surgery made its way. As soon as the antiseptic surgery was taught generally, men in the country performed major operations which before they never would have done. The number of major operations has increased tremendously in all the London hospitals, so much so that the operating theatres have been quite inadequate of late to the requirements of the hospitals; and not only is that so, but all throughout the country men in general practice do operations now of a character that would only have been undertaken by very thoroughly trained surgeons when I was a student.

4154. Is it not also a fact that anæsthetics are administered in minor cases very much more largely than they used to be?—That I cannot tell; I do not know; it does not come within the scope of my knowledge.

4155. I take it that a patient who is about to undergo an operation has to be very carefully prepared before the anæsthetic is administered?—The chief thing is not to give them food for some time before, because if you give them food within a short time of the operation they are very likely to be sick just as the anæsthesia is passing off and to bring up their food, and then there is risk of choking.

4156. So that there is naturally a good deal of careful preparation required?—I do not know that I should call absence from food careful preparation.

4157. Perhaps I should not use the word "careful." A good deal of preparation is required; the patient has to be watched, and it must be seen that he or she is in a proper condition to have the anæsthetic administered?—Yes, care is certainly required about the feeding; but I do not know that there is anything else specially. The special care, of course, that is wanted before an operation is rather preparation in relation to antiseptics than preparation in relation to anæsthetics.

4158. Have you any personal experience of post-mortem examinations in the case of deaths under anæsthetics?—No.

4159. (*Chairman.*) There is one question I want to ask apropos of Dr. Hewitt's diagram.* There was a sudden rise of deaths in 1897?—Yes.

4160. I was wondering whether in 1897 any new class of operation came into existence, any fresh abdominal operations or anything of that kind?—I do not know.

4161. I take it that in the last few years an enormous number of operations are done as a matter of course which in old days hardly any surgeon would have dreamt of undertaking?—That is so.

4162. For instance, all this abdominal surgery?—That is quite new.

4163. That may account for a certain number of deaths through the necessary shock?—I do not know in what year Sir Frederick Treves pointed out that the removal of the appendix was so free from danger.

4164. When did Sir Spencer Wells' abdominal operations begin?—That was quite early; he was before 1870, I think.

4165. Then his operations soon began, I suppose, to be copied by others?—Yes, but I cannot give you any very definite opinion.

4166. But it is possible, I suppose, that the rise in the number of deaths may be due not to a more lethal effect of anæsthetics, but to the number of operations that are now undertaken?—I think it is probably due in the first place, to a greater number of administrations; and, secondly, to a different class of case, the very much greater number of major operations which are now done.

The witness withdrew.

Mr. CHARLES S. TOMES, L.D.S., F.R.C.S., F.R.S., examined.

4167. (*Chairman.*) You are a Fellow of the Royal Society, Fellow of the Royal College of Surgeons, and Licentiate in Dental Surgery?—Yes.

4168. And you are Crown Nominee upon the General Medical Council, and its senior treasurer?—Yes.

4169. How long a practice had you as a practising dentist?—About 29 years.

4170. You have retired now?—Yes.

4171. But you still do certain honorary work?—I do a certain amount of public work, on the Medical Council for instance.

4172. You, of course, have administered anæsthetics yourself very often?—I administered anæsthetics to a certain extent in the early days of my practice.

4173. But you have had them administered for your patients?—I have had them administered to a very large extent, and in the early days of nitrous oxide I assisted Sir John Burdon Sanderson, then the Professor of Physiology at University College, in his experiments. He was afterwards Regius Professor of Medicine at Oxford, but he was at that time Professor of Physiology at University College. I helped him in the early days of nitrous oxide with a number of experiments that we made on blood pressure and other effects on animals.

4174. So that you have considered not only the practical but the scientific side of anæsthetic administration?—Yes, but I do not feel competent to speak about the later investigations, and it is a good many years ago since I administered nitrous oxide.

4175. In your opinion the administration of anæsthetics calls for special knowledge?—Yes; it calls for special knowledge and training.

4176. Will you develop that a little?—I should say that the average medical man who has not received special instruction in administering anæsthetics is probably and usually a very bad anæsthetist. He needs to understand the peculiarities of each of the bodies that is used as an anæsthetic, and to have had considerable experience in watching the gradual development of their effects.

4177. Let us take first nitrous oxide. That is by far the safest general anæsthetic?—That is by far the safest general anæsthetic.

4178. We had some rather extraordinary figures given us the other day, which perhaps you have not seen. They were given us by the secretary of the

* *See* Appendix 4.

Society of Extractors and Adaptors of Teeth, whom, I suppose, I might describe as unqualified dentists?—Yes; they are a body who have formed themselves practically for the purpose of getting behind the words of the Dentists Act and infringing its spirit.

4179. He informed us that he knew of one accident with ethyl chloride, but apart from that, the subscribers to that association had administered anæsthetics in 1,249,167 cases without any ill result?—That appears to me a very unlikely figure, because in the whole number of years that the Dental Hospital in London has gone on, speaking without book, my impression is that that is about the figure that they have arrived at after an existence of some 40 years. And may I say one word about that case with ethyl chloride? That is an instructive case for the present purpose, because at the inquest on that case the most gross ignorance was displayed by the man who had administered it as to the dosage, its effects, what it was, and all about it.

4180. But we were told also as regards that one particular case that the gentleman in question had administered ethyl chloride something like 2,000 times without accident?—But if you refer to the evidence (I could have given you chapter and verse, only I came up at short notice) he displayed the most gross ignorance of its properties, dosage, and all about it. He knew nothing about it, in fact, judging from newspaper reports of the case.

4181. In your opinion, taking the ordinary registered dentist, do you think he ought to be allowed to administer nitrous oxide. As we know now, they all have a good medical training?—They have a partial medical training. It is a very difficult question. My own feeling leads me to just the conclusion I would rather not have to arrive at: that if it is to be a matter of legislative enactment and there is to be strict prohibition, I do not think they should be allowed to do so. It is perfectly true that they are medically trained up to a certain point—that they have seen a great deal of nitrous oxide administration, and that the fatal cases under nitrous oxide are few; but the emergencies, when they do arise, are such as to call for the very utmost resources of medical and surgical skill.

4182. But there we get into another difficulty. Take the case of a dentist in the country. Supposing that he was compelled by law to call in a medical man, it is very unlikely that the medical man that he could get for the necessarily small fee would rise to such an emergency?—Perhaps not, but he may be supposed to be better equipped to meet it. For instance, I have myself seen at the Dental Hospital a case where tracheotomy had to be resorted to.

4183. Dr. Hewitt had a case in which tracheotomy had to be resorted to?—I am speaking of a different case. I am speaking of a case of Mr. Clover's, the anæsthetist, who is now dead. If you are going to say by statute that this person shall administer anæsthetics and this one shall not, it seems to me that you can hardly logically stop short of a full medical qualification.

4184. But with nitrous oxide are not the accidents so few and far between that you may practically eliminate them for legislative purposes?—They are very few.

4185. A certain number of people every year break their legs or necks from tumbling down stairs; but one could hardly legislate against people walking downstairs?—No, the amount of mortality from nitrous oxide is exceedingly small.

4186. If you take the total number of people who travel by rail and the total number of people who take nitrous oxide, would you not find that the fatalities are about in equal proportion?—I cannot answer that. I believe at the Dental Hospital there have been only two fatal cases.

4187. Two accidents in 40 years?—Two fatal accidents; but I have seen patients in a condition to cause the very greatest apprehension.

4188. At the Dental Hospital is the anæsthetic always administered by a medical man?—Yes, by anæsthetists appointed.

4189. By special anæsthetists?—Dr. Hewitt, for instance, was one, and Dr. Dudley Buxton another.

4190. That is, of course, preferable where it can be obtained; but London conditions do not exist everywhere, that is the difficulty; you have to deal with very poor people in the country districts. Must you not risk a little?—There a great difficulty comes in; but as to that, I should like to say this. I do not think that whoever administers the anæsthetic a medical man or a dentist or anybody else, should administer the anæsthetic and operate; and that necessitates the presence of another competent person. So that it does not seem to matter so much whether that other person is a medical man or a dentist so far as expense goes.

4191. Does not this sort of case often happen—a dentist has an assistant or partner, and that assistant or partner can perfectly well administer the anæsthetic while the other man operates?—Yes, and it is a very great convenience that he should.

4192. And that assistant or partner acquires very great skill in the administration of the anæsthetics by constant use; whereas the ordinary medical practitioner in a country town or village perhaps does not administer an anæsthetic once in two years?—And if he administers nitrous oxide he probably does not produce anæsthesia at all.

4193. He produces the phenomena of laughing gas?—Yes, but that, we hope, will be altered by instruction in anæsthetics being made a regular part of the medical curriculum.

4194. Do not you think it could be made part of the regular curriculum of future dentists. You could not interfere with the existing dentist; but as regards the future dentist, could not the administration of anæsthetics be made part of his normal training?—Yes, it could. The question is his capability on meeting with severe emergencies. For some reasons I should like to see a dentist allowed to administer nitrous oxide, but it seems to me logically that nothing short of a full medical qualification is quite adequate where issues of life and death may arise.

4195. Is there any authority which could prescribe a rule providing that when the dentist operates some other person must administer the anæsthetic?—There is none.

4196. The General Medical Council could not do it?—No, our powers are strictly limited by statute to dealing with certain matters.

4197. As a member of the General Medical Council may I ask you one side question: has not some instruction or recommendation been made by the Council with regard to the training of all medical students now in the administration of anæsthetics?—Yes, that was done rather more than two years ago, before there was any question of this Bill. A recommendation was sent to all licensing bodies, and the vast majority of them have adopted the recommendation and put it into force. There are a few that have not, but they are only delaying because of the peculiarities in their own statutes or ordinances. Some Scotch Universities cannot alter anything without a good deal of form and ceremony, but they are all in line as regards adopting it, and a very large majority have already done so.

4198. Will you kindly give us the exact terms of that recommendation?—The additional recommendations as to medical education of the General Medical Council (originally passed on November 29, 1906, and communicated by circulation of the minutes) were again forwarded in a separate form to all of the licensing bodies on June 27, 1907, and contained *inter alia* the words, "Every candidate for the Final Pro-" fessional Examination at the end of the fifth year " should be required to give evidence that he has had " sufficient opportunities of practical study, and in " particular that he has received instruction in the " administration of anæsthetics." On December 7, 1908, a circular letter was addressed to each of the licensing bodies inquiring how far they had given effect to the recommendations. The result up to the present is that, with the exception of three, all have made the requirement, or are taking steps to obtain the power to do so. From the three bodies no formal answer has been

received as yet, but there is reason to suppose that they are disposed to adopt it.

4199. Does that recommendation in any way operate as a command; can it be enforced in any way?—By indirect process only. If they do not pay any attention to it, we can only report to the Privy Council, and the Privy Council, if they see fit, can suspend the registerability of the diploma issued by that body.

4200. It would cease to be a qualification?—It would cease to be a qualification.

4201. Practically they will all come into line soon?—They are all willing to come into line, and they mostly have come into line to-day.

4202. But the General Medical Council could not pass any regulation affecting, say, dentists administering anæsthetics and operating at the same time?—No.

4203. Once a man is qualified he is beyond the sphere of those regulations?—He is beyond our sphere of action unless he brings himself within it by committing acts of a kind which are disgraceful from a professional point of view.

4204. As, for instance, advertising?—Yes; for instance, advertising, or, in this particular connection, administering anæsthetics for an unqualified person.

4205. Do you mean that if a qualified dentist administered anæsthetics for an unqualified dentist, that would bring him within the scope of the General Medical Council?—A registered medical practitioner must not countenance, or to use a technical expression "cover," unqualified practice. But as the administration of anæsthetics by dentists has not been recognised, although it has not been interfered with, the resolution of the Medical Council speaks of "registered medical practitioners," and does not precisely touch the question asked.

4206. I take it that in spite of the general safety of nitrous oxide you have no hesitation in saying that an unqualified person ought not to be allowed for any operative purpose to administer general anæsthetics?—Certainly not.

4207. Even though he had had all the experience of this particular Society we had before us?—Yes, even if they have had that experience that they say. In the only case that we know of, we are aware that one of their body showed the most complete ignorance of what he was about and of the agent he was using.

4208. That was in the case of death from ethyl chloride?—Yes.

4209. (*Sir Horatio Shephard.*) The Nottingham case?—Yes.

4210. (*Chairman.*) The next point, I think, is that the present Medical Acts are so worded as to be singularly inefficient in preventing unqualified persons from undertaking serious medical practice. What do you say on that point?—That as the Medical and the Dentists Acts are worded there is no prohibition in England of the act of practice. The only prohibition applies to the use of a title which implies that you are a qualified medical man. That was not so prior to 1858. The 1858 Bill as drafted and introduced forbad practice by unqualified persons, but it was emasculated in several Parliamentary Committees, and now the prohibition extends merely to the use of a title; so that the act of practice in England is not directly touched by the present Medical Acts, with the partial exception of the Apothecaries Act.

4211. An unqualified dentist cannot sue for fees for work done?—No.

4212. But he can sue for materials supplied?—Yes.

4213. And he can lawfully take a ready money payment?—Yes; or a man may practise medicine or surgery without let or hindrance, except that he does it at his own risk of being held guilty by a coroner's jury of manslaughter for having undertaken something that he is not competent to do.

4214. That must be on proof of the dentist showing negligence?—Yes, I suppose so. At all events for the mere act of practice he could not be punished in any way.

4215. You wish to see the Act strengthened, do you not?—I do.

4216. Do you think that much mischief is done by unqualified practitioners, both dental and medical?—Yes, perhaps especially in the Midlands and in the North. Ours is almost the only country that has such an inefficient Medical Act. Some of our Colonies have followed the wording of our Act, and they have also got inefficient Medical Acts, but a good many of our Colonies have broken away from it and made stronger Acts, and so have France, Italy, and more European countries, as well as most of the American States.

4217. I suppose you would only prohibit the practising of medicine or surgery for money.

4218. You could not prevent one man telling another to take some form of saline waters?—As long ago as the time of Henry VIII. it was recognised that you might out of Christian charity prescribe, but you must not do so for gain.

4219. May you operate for Christian charity, or do you confine Christian charity to mere prescribing?—I should not like to submit to an operation that was performed for Christian charity.

4220. The result is, is it not, that certain people have acquired very great skill, such as bonesetters, and they have often done a great deal of good, though they may have done some harm?—A few, no doubt, may have done good, but on the whole bonesetters have done a great deal of harm. Now and again there may have been individual bonesetters who have really done a good deal more good than harm.

4221. Under foreign laws would they be prohibited from carrying on their occupation?—In many countries they would. In some countries, for instance, you must not only not practise, but your professing yourself to be ready and willing to practise is held to be an act of practise.

4222. Holding yourself out to practise?—Yes.

4223. At present, however, we are only concerned with a Bill dealing with anæsthetics. Would you say that qualified dentists should be authorised to administer any anæsthetic other than nitrous oxide?—Nitrous oxide may perhaps be put in a category by itself.

4224. You are inclined to answer the question in the negative logically?—Yes, I am inclined to answer it in the negative.

4225. But affirmatively, as a matter of convenience?—As a matter of convenience, I should not mind dentists being allowed to administer nitrous oxide, but not any of the more dangerous anæsthetics.

4226. Have you any opinion on this point as regards the use by dentists, first qualified and then unqualified, of local anæsthetics such as cocaine?—I think probably it would be inconvenient to attempt to deal with that by any enactment; it would be very difficult to draw the line where local anæsthetics begin. There have been some very dangerous cases, of course, with cocaine.

4227. I suppose there have been just as many dangerous cases with cocaine as with nitrous oxide, or even more?—I cannot answer the question as to comparative numbers. There have been one or two deaths. There was a death in Russia from a rectal injection of cocaine; but I am not aware of any deaths having happened from the administration of cocaine used for dental purposes.

4228. There was a case about a year and a half ago of a Russian unqualified dentist who used cocaine?—Yes. I was wrong. I remember that case perfectly well.

4229. Cases of death are rare, but dangerous conditions, you think, are not rare?—Not very rare.

4230. But you think that on general grounds legislation should not touch local anæsthetics?—I think it would be very difficult to legislate effectually on the subject.

4231. Even in the case of a hypodermic injection?—Yes.

4232. And nobody for dental purposes, or for any purpose, is likely to take to intraspinal injection?—Certainly not for dental purposes, because the anæsthesia of intra-spinal injection does not extend high enough up.

4233. Your teeth are not below your spine?—No.

4234. I suppose that unqualified practitioners generally are not at all likely to take to that mode of administering anæsthetics?—I should think it was

exceedingly unlikely; it is difficult to do, and obviously has great risks unless it is done with great care.

4235. So that as a question of practical politics what one is dealing with is the administration of general respirable anæsthetics for operative purposes?—Yes, I think so.

4236. Is there any further information that you have to give us?—I think I have gone very nearly through what I had noted down, but there is this one point. If an anæsthetic which is capable of causing death is administered by a person who is not a fully qualified medical practitioner, he cannot give a death certificate.

4237. You do not wish that he should?—No, I should like to see that matter of certification very much tightened up.

4238. Do you think that a medical practitioner should certify the cause of death when he has not seen the body?—If he has a sufficient acquaintance with the case. If a medical man, for instance, knows that some one else has a severe aortic disease and is liable to sudden death and that man dies, I think he is perfectly justified in certifying to that effect, if the man has died suddenly under circumstances that are consistent with his known disease, though he may not have seen him for a fortnight or more, and has not seen the body.

The witness withdrew.

Mr. Morton Alfred Smale, M.R.C.S., L.D.S., examined.

4239. (*Chairman.*) You are a member of the Royal College of Surgeons, and a licentiate in Dental Surgery?—Yes.

4240. You hold a double qualification, medical and dental?—Yes.

4241. And you have had some considerable dental practice?—Yes. I was for 20 years Dean of the Dental Hospital in London.

4242. That is the Dental Hospital in Leicester Square?—Yes, I was Dean there for 20 years, and I was for 16 years dentist at St. Mary's Hospital, Paddington.

4243. And also, as we know, you have had a large private practice?—Yes.

4244. You know that certain legislation is in the air?—Yes.

4245. And I believe you have formed an opinion as to what lines that legislation ought to take?—I have. My own feeling is that it is hardly desirable to legislate for one portion of quackery—it all wants dealing with. The question has been referred from the General Medical Council, I think, for a Royal Commission to be formed, and it seems to me that it would be better if the whole thing were put into the pot together.

4246. So that the question of the unqualified practitioner should be dealt with as a whole?—Yes.

4247. Not merely as regards dentistry, and not merely as regards anæsthetics, but the whole question of qualified and unqualified practice should be reconsidered *de novo*?—That is my idea.

4248. We as a Committee are asked by the Secretary of State to report especially on the question of deaths under anæsthetics; and incidentally we are considering the proposed Bill. Will you tell us first of all, whether you think that dentists ought to be prohibited from administering nitrous oxide?—Certainly not.

4249. In your opinion nitrous oxide is a very safe anæsthetic?—A very safe anæsthetic.

4250. And is the necessary skill in administering it very easily obtained?—Not so very easily. It is there for a man to obtain who wants to obtain it. For instance, they are giving it at the Royal Dental Hospital in 10,000 cases a year at least, and perhaps more.

4251. For the last 30 years?—Yes, I should say certainly at that hospital it has been given in half-a-million cases in the last 40 years without any death.

4252. Are you referring only to nitrous oxide, or to other anæsthetics?—I think other anæsthetics are given. Lately they have been giving chloride of ethyl a little. I suppose about 100 cases of nitrous oxide and chloride of ethyl combined have been given this year, and perhaps 3 or 4 cases of ether, but very seldom. Chloride of ethyl has only been given for a few years.

4253. As regards future dentists, do you think that the administration of anæsthetics ought to be made a branch of their training, and that they ought at any rate to be allowed, without a qualified medical man being present, to administer nitrous oxide?—Yes, I think so, certainly, but two qualified persons ought to be present.

4254. Will you give us your opinion as to the more enduring anæsthetics, ether, chloroform, and the mixtures of ether and chloroform?—I think there you are dealing with a much more difficult problem. I think the giving of chloroform, for instance, is a much more difficult process. The dental student has no opportunity, or a very small opportunity, of learning how to give that anæsthetic, because it is not given in English Dental hospitals. They give it pretty freely in Edinburgh, I believe.

4255. Do dental students give it?—In Edinburgh they do not seem to think anything of it. They would not hesitate about giving chloroform in dentistry, I think. But that is not so in the South, and there is no opportunity for a dentist to learn at the Dental Hospital how to give chloroform. He would have to learn it in the surgical department of the General Hospital if he learnt it at all.

4256. Apart from learning how to administer it, before chloroform or ether is given you require a pretty careful medical examination of the patient, do you not, or at any rate a knowledgeable examination?—Yes, you want to be able to examine the man's heart and respiration.

4257. To be sure that there is not valvular disease of the heart, and that his respiratory organs are in good order?—Yes, but I think they give chloroform in these days without very much examination. If there is a severe operation to be performed, a man would have chloroform if necessary, without his state being examined into very carefully.

4258. To come to the practical point, do you think that legislation would be on right or on wrong lines, which prohibited future dentists from administering ether and chloroform?—I think it would be quite right.

4259. You do not think it would inflict any hardship on the poor who may have to undergo a somewhat long operation?—I do not think so at all.

4260. They would either go to a dental hospital or a medical man would give his services?—Yes; but you can prolong nitrous oxide anæsthesia for two minutes, and can do all that you want to do in two minutes.

4261. Does no dental operation last more than two minutes?—Practically none.

4262. You mean two minutes on successive days perhaps, taking the operation in stages?—Yes; unless for some very urgent reason you would not clear a mouth of 25 teeth in one operation—it is a severe operation.

4263. The shock would be too great?—Yes. I do not think it would be desirable to do so, but by the administration of nitrous oxide through the nose you could certainly take three minutes if required.

4264. With safety?—Quite with safety.

4265. That amount of time in your opinion is sufficient for any ordinary dental operation?—Yes.

4266. Have you considered the question how far a dentist ought to be allowed to administer local anæsthetics by way of a hypodermic injection?—I do not think it ought to be allowed at all by an unqualified person.

4267. Are you referring to cocaine?—Yes, I think it is a most dangerous drug.

4268. Local anæsthetics are very commonly administered, are they not?—Yes, and there have been some very nasty results with them.

4269. Would you prohibit the use of cocaine?—I would prohibit hypodermic injections of cocaine.

4270. By a qualified medical man?—No, not by a qualified medical man. I should leave it to a qualified medical man to use it if he liked.

4271. But you would prohibit its administration by a registered dentist?—By a registered dentist, but not by a qualified dentist. I think that any man who has had a certain medical education, such as a dentist has had, should be permitted, if he thinks it desirable, to inject cocaine hypodermically. I think he is very unwise if he does.

4272. It is not a question, you think, for legislative prohibition?—I do not think it is.

4273. How about the unqualified dentist?—I do not think that any unqualified man ought to be allowed to inject a drug that cannot be restricted locally. If you inject it into the gum it is no longer a local anæsthetic, it is all over the system within ten minutes. It is the same as if you administered it intra-venously. Practically it is the same as a hypodermic injection of morphia; there is no difference at all.

4274. Can you get a mucous surface like that?—When you inject it into the gum you inject it just the same, and it cannot be restricted in its action.

4275. If you inject it under the skin in your arm, as Sir Lauder Brunton was telling us just now from his own personal experience, the effects are localised, and you feel great pain as soon as the knife goes beyond the local spot?—Yes, that is quite true. I have injected it into myself many times. I had it given to me by an ophthalmic surgeon very early in the use of cocaine, and I have used it myself, and I have had a very unfortunate experience with it. I injected it into a personal friend, and he was unconscious in my chair for over an hour. I injected half a grain of cocaine. I made the solution at the moment I used it—it was not a standing solution—and injected it, and I thought he was going to die. I had to have recourse to artificial respiration, and I had a very anxious time for an hour; but he fortunately got better.

4276. Was that injecting it into the gum?—Yes.

4277. Did it act, do you think, by paralysing the throat, or by the general intoxicating effect?—I think it acted directly upon the heart.

4278. So that the injection of cocaine is a dangerous operation?—I think it is a very serious heart depressant, and you never know how it is going to act. There are many cases on record; I am not in a position to give you the number, but I am quite sure in my own mind that we could provide you with a number which would convince you that deaths from cocaine are very much more numerous than deaths from other anæsthetics.

4279. (*Sir Horatio Shephard.*) On injection?—Yes; you may be able to get evidence on this point, but I am quite sure that there have been a great many deaths from the injection of cocaine.

4280. (*Chairman.*) Another point on which you have a strong opinion is that no dentist or medical man should administer anæsthetics and at the same time operate?—I feel very strongly about that.

4281. In cases of emergency it may be absolutely necessary, but that would hardly arise in the case of a dentist?—No, and I think it is most dangerous. I believe that practically 11 out of the 13 cases of deaths recorded under nitrous oxide gas anæsthesia were due to the fact that the operator had no assistant and that he was doing the operation and administering the anæsthetic.

4282. From your own long personal experience you think that a man cannot efficiently watch the operation of the anæsthetic and do the necessary operation on the patient?—I could not do it.

4283. Coming to a rather different subject, I suppose you hold strongly that no man ought to give a general anæsthetic unless a third person is present?—Certainly under no circumstances. There ought always to be someone there for his own protection.

4284. Difficulties have arisen in those cases as we know?—There are many of them on record.

4285. There was one in the Midlands where a false charge was made in perfectly good faith, by a married woman against the dentist?—Yes, and I myself have known of a case within my personal experience.

4286. (*Mr. Bramsdon.*) Do you think that for all practical dental purposes nitrous oxide is sufficient?—Yes.

4287. You do not think that dentists would be under any serious inconvenience or perhaps any inconvenience at all if they were restricted to the use of nitrous oxide in dentistry?—Personally I do not think they would, but other men might think so.

4288. I was only asking your own personal view?—I never use anything else myself and I do not have anything else used.

4289. That brings me to my next question: have you ever had occasion to want any other anæsthetic than nitrous oxide in your practice?—No; I have had other anæsthetics used at the patient's request. Patients, for instance, will request chloroform when they want their mouth cleared, and I have given way and had it administered, but not because I wanted it.

4290. (*Chairman.*) Was it given then by a medical man?—I always have an anæsthetist, either Dr. Buxton or Dr. Hewitt. The last chloroform case was given by Dr. Hewitt.

4291. (*Mr. Bramsdon.*) My point is, that in all cases, whether any other anæsthetic has been given or not, you think that nitrous oxide would have been sufficient for the purpose?—I think quite, especially as it is given now with a nose piece. I think in two minutes you can practically do anything in extracting teeth.

4292. Is nitrous oxide very largely administered thoroughout the country, and the operation performed by one man?—Do you mean by a qualified man?

4293. Certainly?—I do not think it is very largely by qualified men; it is very largely by unqualified and non-registered men. I should say the majority probably of those gentlemen, the extractors and adapters of teeth, do the two, because no doctor would dare to give it for them—he would be struck off the register if he did.

4294. But you think among registered dentists they invariably get a second person to administer nitrous oxide?—I should think nearly always, or that they have someone there. If they administer it, they have a doctor there. Doctors do not administer nitrous oxide very well, unless they have had some experience, and they have not had that until quite recently.

4295. It is a fact, I think, that dentists have considerable experience of the administration of nitrous oxide?—Yes.

4296. And the general medical practitioner has not?—That is so.

4297. So that you would prefer the administration of this anæsthetic by a dentist, rather than by an ordinary general practitioner?—Most certainly.

4298. (*Chairman.*) On that may I ask, supposing any accident happened, would it be a useful thing to have a medical practitioner there who would know what to do in case of emergency?—Yes; in case of arrested breathing, or in case of heart stoppage, that is the advantage of having a doctor there.

4299. Having a skilled anæsthetist there?—Yes, he is looking after the patient while you are doing the operation—that is the point of it; and I do not think it is possible for any man to do the two. I could not possibly do an operation that required any skill in doing it, and also watch the patient's respiration and pulse, it is impossible. You will admit that the border line between death and life is a very narrow one, and if they have once gone over the border line, you cannot bring them back again.

4300. (*Mr. Bramsdon.*) In the case of a general medical practitioner being present when nitrous oxide has to be administered and an extraction made, who generally would administer the nitrous oxide?—Do you mean a medical man who is not in the habit of administering it?

4301. Yes?—Probably the dentist.

4302. Then the doctor would watch the patient?—Yes, he would watch the respiration and the pulse. I

think, of course, he is very valuable in that position, although personally, I would much rather have a doctor who was skilled at giving anæsthetics to give it, so that the dentist should have nothing to do but his operation, and no other thought but his operation. That is the ideal condition.

4303. But that is an expensive one, and you cannot always get it realised for the very poor?—No, you cannot now, but I think the future of nitrous oxide has to come. I believe very largely it will be the anæsthetic of the future—it is so safe an anæsthetic.

4304. You think that as time goes on, probably one will be able to lengthen out the administration?—Yes. I do not know whether you happen to have known Bailey, the anæsthetist, one of the best anæsthetists 20 years ago. Before he died he had administered gas for 40 minutes.

(*Chairman.*) Dr. Hewitt told us that in a case of an animal, the administration had been kept up for 24 hours, I think.

4305. (*Mr. Bramsdon.*) Do you know anything about the Society of Extractors and Adaptors of Teeth?—Yes, I know something about them.

4306. Have they some knowledge of the administration of this drug?—I do not see how they can have it.

4307. (*Sir Horatio Shephard.*) By constant practice?—They have never had any hospital training—all that they have ever done is to be apprentices to a dentist, and to have worked in his workshop as mechanics.

4308. What about constant practice?—How do they get their constant practice? Only in their own practice.

4309. In their own apprenticeship?—They do not see the practice there; they are in the mechanical workroom. All dentists have down in the basement, or somewhere out of view, a workroom in which they deal with metals, vulcanite and so on, and make artificial teeth.

4310. (*Mr. Bramsdon.*) Is it possible that these apprentices see the extractions, and also the administration of nitrous oxide?—I should say, certainly not.

4311. (*Sir Horatio Shephard.*) But these people actually see the operations?—But they actually ought not to do so.

4312. It is not merely a question of mechanical operations done in the basement?—But the point I wish to make is that all their experience and all the education that they have had, they receive in the dentists' workroom—they have had no hospital career of any sort—they have never been inside a hospital either dental or medical as students.

4313. (*Chairman.*) Some of them, I think, have had a certain hospital training, but failed to pass the examination?—Very few, I think.

4314. And some have had a long hospital training in America, but have been unable to qualify here?—

4315. (*Sir Horatio Shephard.*) Or at some university that is not recognised?—If they cannot qualify there they must be very poor hands at their work.

4316. (*Chairman.*) No, they have qualified there, but they could not qualify here and get on the register?—But the majority of these men are mere dental mechanics—they are just as much servants as a lawyer's clerk is to a lawyer—that is the position. You would not expect a lawyer's clerk to practise as a solicitor.

4317. (*Mr. Bramsdon.*) But some of them get a very considerable legal knowledge?—Yes, they do.

4318. What I wanted to ascertain was whether you suggest that in many instances in connection with these men about whom we are talking, they go straight as it were into the room and administer anæsthetics without any previous experience?—I do certainly. I do not see how they are to have had any experience.

4319. You do not think it is probable that they go into the room with their principals and learn it in that way?—I should not think so.

4320. You do not know, I suppose?—No, I do not know.

4321. It is only what you surmise?—Yes, it is impossible to say that it is not so, but it seems to me that it is impossible that a man should have his mechanical pupil up to teach him to give anæsthetics, because he does not intend him to be a dentist.

4322. What does he intend him to be?—He wants him to be a tradesman—a mechanic.

4323. The same as he is himself?—Yes.

4324. (*Chairman.*) What I rather understood when the Secretary of this Society came here was that an unqualified dentist who somehow or other has acquired great experience, has another unqualified person apprenticed to him, and for two or three years he trains him up doing practical work, though not of course going through a medical curriculum and not passing the general Medical Council's examination. In that way very considerable skill might be obtained, might it not, in the administration of anæsthetics?—It might, but I think it is most improbable. You mean that an unqualified practitioner teaches another?

4325. Takes an apprentice and teaches him?—Yes, that of course is possible, but certainly it does not seem to be a thing that should be recognised.

4326. Is it not a fact, and would not that account for the very successful way in which so many of these people apparently do administer anæsthetics?—Possibly.

4327. (*Mr. Bramsdon.*) How long has the Dentists Act been in force?—The Act was passed in 1878. In 1859 the Royal College of Surgeons first granted its dental diploma as a voluntary diploma.

4328. What I wanted to know was this—nitrous oxide has been in existence for a great number of years, I suppose?—Yes, I think for about 30 or 40 years.

4329. What was done with regard to general dentists prior to the Act of 1878 as to the administration of nitrous oxide—where did they get their experience?—The only place was the dental hospital.

4330. But the ordinary medical practitioner, I take it, used to administer nitrous oxide before the Act of 1878 came into operation, although he was not a licentiate in dental surgery?—The actual date when the first administration of nitrous oxide gas was given I cannot tell you.

4331. Let me try and put my question in another way. I want to find out in reference to these Extractors and Adaptors of teeth, what was the method or manner in which dentists before the Act of 1878 used to acquire their knowledge of administering nitrous oxide?—They acquired it at dental hospitals.

4332. But many of them did not go to dental hospitals?—Then there were men giving anæsthetics, as there are now, such as Clover and Brain.

4333. Were not the circumstances prior to the Act of 1878 with a large number of dentists exactly what apply to the Extractors and Adaptors of teeth now?—Not with regard to anæsthetics.

4334. Why not?—The thing is not of that length of time—it takes us 40 years back, does it not?

4335. I did not say 40 years—I said prior to the Act of 1878—that is 31 years?—Before I answer that question I should like to go home and find out exactly the date when nitrous oxide was first given at all.

4336. You said at least 40 years?—I should say about 40 years—I should think about 40 years—it may be only 30 years—it is quite a new anæsthetic. When I first went to the dental hospital as a student, there were only two men there who gave nitrous oxide at all—one was Clover and the other was Brain—and then it was all in the experimental stage. I actually saw with my own eyes nitrous oxide given with a face piece covering the mouth only, and a clip on the nose.

4337. With reference to the dentists who were registered as being in practice prior to 1878, how did they after that date get their experience in the administration of nitrous oxide?—Only from seeing it administered by invitation at the dental hospitals, and also by seeing it administered at demonstrations given at meetings of the British Dental Association—that is the way they learnt the general principles, and then for the rest of it they must have used it themselves.

4338. And you think that those dentists that were registered prior to 1878 availed themselves of those

methods of ascertaining the means of administering nitrous oxide?—They did certainly—not all of them, of course.

4339. (*Sir Horatio Shephard.*) There is a danger with regard to nitrous oxide, is there not, in recovery from it sometimes?—Very seldom.

4340. We have heard of tracheotomy?—I believe there is one case on record and that is all. Dr. Hewitt performed it once.

4341. And it is with a view to that possibility that you would want a man present with a general medical qualification?—Yes.

The witness withdrew.

Adjourned to Friday next at half-past two o'clock.

NOTE.

Mr. Morton Smale submitted the following Memorandum to supplement his evidence.

MEMORANDUM by Mr. MORTON SMALE.

I consider that no unregistered practitioner is entitled to practise as a dentist or to teach others to evade the provisions of the Dentists Act, or that he is justified in administering anæsthetics.

The admission on to the register of the 2,000 (in practice before the passing of the Act) was not because they were fit to be admitted, but because the Legislature does not allow vested interests to be injured.

The solicitor's clerk, clever though he may be, is not permitted to practise as a lawyer. A dental mechanic, who corresponds in a dental practice to a lawyer's clerk in a solicitor's, ought not to be allowed to practise as a dentist. Before 1878 apprenticeship was the only method by which a pupil could learn his profession. The framers of the Dentists Act were fully aware how inadequate that education was, and an education at both a general and dental hospital extending over four years was prescribed by the Act as necessary for Registration.

If education, qualification and registration were made compulsory before a person could practise as a dentist, there would be plenty of qualified dentists to treat the poor just as there are plenty of doctors, but while the uneducated are permitted to evade the Act and to practise, the less desirable among young men are content to drift into that class rather than undertake the curriculum and examination that enables them to become registered.

The result of letting things drift will be that Great Britain's dental service will be demoralized and her reputation with regard to scientific dentistry be hindered. Many of these young men, if they were compelled to go to hospitals, would learn the enthusiasm for their profession that is found there, and instead of becoming merely adaptors of teeth, circumventing the Dentists Act, they would become honourable men practising honourably a profession to learn which they had devoted some years of their life.

Nearly all those who are now practising as so-called adaptors and extractors are quite young enough to have properly qualified themselves. Four years carefully supervised study can have no other result than to render the student more expert. Why not insist upon it? and see that it is not evaded by those wishing to be dentists.

It is much to be regretted that persons whose medical knowledge of the problems of life and death is infinitesimal should be allowed to produce anæsthesia, attendant as it is with certain dangers to heart respiration, and it is against my conscience to admit that those whose medical education is practically nil are capable of or justified in producing it. Many a case of malignant disease of the tongue or cheek has first been recognised in its early stages by the dentist, and the patient's life saved for years in consequence; this could not be done by those who have had no proper education or hospital experience.

Those who have had no scientific dental or medical education are not in a position to judge of its value; their assertion that the uneducated are as good dentists or doctors as those who have had a hospital career should be received with reserve.

If the Committee could see its way to advise the Home Secretary of the need of legislation prohibiting unregistered and unqualified practice of medicine and surgery and its specialities, it would confer a great benefit upon the public, which urgently needs such protection, as is shown in the December 5th, 1908, number of the "British Medical Journal."

Such legislation should be restricted to a one clause Bill without any definitions or qualifying words that would enable lawyers to find a method of evading it. The fact that such legislation would protect the profession can have no weight in the balance against the cruelty and rapacity of charlatans so well shown in the "British Medical Journal" to which I have before referred.

At the Home Office, Whitehall, S.W.

TWELFTH DAY.

Friday, 26th March 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S. Edin.
Sir HORATIO SHEPHARD, LL.D.
Mr. WILLIAM H. WILLCOX, M.D.
Mr. J. F. MOYLAN (*Secretary*).

Mr. AUGUSTUS J. PEPPER, M.S., M.B., F.R.C.S., examined.

4342. (*Chairman.*) You are a Master of Surgery of London, a Bachelor of Medicine, Fellow of the Royal College of Surgeons, Surgeon to St. Mary's Hospital, Surgeon to the London Fever Hospital, and a Fellow of University College, London?—Yes. University College, as you know, is now incorporated with London University.

4343. And you are consulted by the Government in important criminal cases?—By the Home Office, by the Director of Public Prosecutions, and by the Commissioner of Police.

4344. Is that a formal appointment or informal?—It is all informal.

4345. Among other interesting cases where I think the Home Office suggested your help should be given, was the Druce case?—Yes. I may add that I have had very wide experience of making post-mortem examinations and giving evidence at inquests for more than 25 years.

4346. And you still, do you not, make post-mortem examinations in important cases yourself?—Yes.

4347. You are still, so to speak, in full practice?—Yes, I do not make them for coroners now, and have not done so for some years. I do for the Police.

4348. At the request of the Home Office or the Director of Public Prosecutions?—Yes.

4349. More especially with reference to cases where criminal proceedings may ensue?—Yes.

4350. And you are also, of course, in practice yourself as a practising surgeon, as well as holding your Hospital appointments?—Yes.

4351. I think you have a suggestion to make that expert pathologists should be appointed by the Home Office, and should act under their directions. Will you kindly explain what is the meaning of that suggestion?—I mean that expert pathologists, that is to say, pathologists who are officially connected with the large hospitals, should be appointed; and I think it would add to the value and importance of the appointment if it was made by the Home Office.

4352. There should be, so to speak, a list of expert pathologists nominated by the Home Secretary?—I suggest that they should be nominated by some well known representative Institutions.

4353. And then appointed by the Home Office?—Yes.

4354. Recommended by the Institutions?—Yes, selected by them.

4355. For instance, the President of the Royal College of Physicians and the President of the Royal College of Surgeons?—I suggest the Presidents of the Royal Colleges of Physicians and of Surgeons, the Senior Official Analyst of the Home Office, and in the case of London the Medical Officer of Health to the County Council.

4356. All over England?—Yes, the Medical Officer of Health to the borough or county council.

4357. How do you suggest these pathologists should be availed of? Do you mean that every post-mortem should be made by one of these men?—Oh dear no. I am dead against that.

4358. Will you kindly tell us what your idea is?—In the vast majority of cases, the general practitioner is quite capable of conducting the post-mortem examination and giving the necessary evidence.

4359. Even more so, I suppose, in the case of London, the Metropolitan Police Surgeon, who is frequently making post-mortems?—Certainly, the better his qualification of course, the better he is. One very strong reason I think why that practice should be continued, and, where possible, carried out, is that the general practitioner frequently knows a good deal of the antecedent conditions of the person who is dead; very often he has attended him.

4360. Very often, as I understand, the post-mortem would give merely negative results unless it was illustrated by the clinical history?—Yes, and if the person who is making the post-mortem has some knowledge of the clinical history it may at once guide him to find out the actual cause of death. It makes the case simple; instead of having to investigate, probably without any previous knowledge, the general practitioner who has perhaps attended the patient would know what to look for.

4361. (*Sir Horatio Shephard.*) And go straight to it?—And he would not be likely to misinterpret other things that come in.

4362. (*Chairman.*) I suppose in certain cases you have made a post-mortem and you have been unable, even with your great experience, to say definitely what the cause of death was?—I have never made a post-mortem where I could not find a sufficient cause of death, but frequently there are many conditions that have been present each one of which might have contributed to the death.

4363. Can you give us some examples?—For instance, a woman took her little child into a chemist's shop; the chemist gave the child a draught for a cough. As they left the shop the child fell down on the pavement and died. Of course suspicion was aroused at once that the child had been poisoned, that the chemist had given it something wrong.

4364. You made the post-mortem?—I made the post-mortem, and at the post-mortem I found a small tubercular abscess in the chest that burst into the wind-pipe.

4365. Causing asphyxia?—Yes, asphyxia—death from asphyxia.

4366. It had nothing whatever to do with the cough mixture?—Nothing whatever; it was absolutely a mechanical cause of death.

4367. Supposing that the post-mortem had been made by an ordinary intelligent doctor who was not in the habit of making post-mortems, would he have been likely to have discovered the cause of death?—He would have discovered it if he made a careful and complete examination; but I must say that from a very large experience where I have examined bodies which had been previously examined, where the post-mortem is supposed to have been complete, it has been very incomplete; that is the great fault; it sometimes happens that only a cursory examination is made.

4368. Which discloses nothing?—Yes, supposing that in this instance a careful post-mortem had been made, a person with an average amount of medical knowledge and skill would have found out the cause of death then, but unless he very carefully examined the body he would have missed it.

4369. Did you find what the cough mixture was?—No, or I do not remember it, but it was quite a simple thing; it could have no bearing upon it.

4370. Supposing the post-mortem had been made by an unskilled person, would not that chemist have been in great danger of its being suggested that something had been given instead of the cough mixture that he intended to give?—Undoubtedly, and the chemist was suspected, and naturally would be.

4371. A post-mortem by an unskilled person would have done nothing to remove those suspicions?—It might not have done so.

4372. Will you give us another instance?—A second case is still more instructive. A servant girl, aged 18, was found unconscious in a chair in the nursery, and she died. There was no evidence of any antecedent illness; a post-mortem examination was made, and nothing could be found to account for the death. A rumour, of course, got about that there was some reason why the girl's life might have been taken—it was pure rumour.

4373. Given the circumstances, the rumour was sure to arise?—Yes, quite so; it turned out that it was absolutely unfounded. I was requested to make a second examination; I did not make the first. The body smelt strongly of acetone. The urine which I drew off from the bladder was loaded with sugar; it was a typical case of diabetic coma.

4374. At the time the first post-mortem was made would you have had the smell of acetone?—Yes, even stronger.

4375. That is, is it not, a pretty well known symptom and concomitant of death from diabetes?—That is so. But I think it is quite likely there would be some difficulty with the general practitioner. He might never have noticed it before. If he had not he would not know what it was. It was not known that the girl had diabetes. It was not known that there was anything the matter with her health before.

4376. But in the case of a post-mortem on a person who has died from diabetes you would very often find no particular post-mortem symptoms, would you?—Quite so.

4377. You would find apparently no cause of death?—You might not.

4378. (*Dr. Willcox.*) And if you had a cold you would not smell the acetone?—No.

4379. (*Chairman.*) What put you on to that was your previous knowledge in similar cases of the smell of acetone?—Yes.

4380. What is the smell like?—It is a peculiar sweet smell.

4381. Something like chloroform?—Something of that kind. It is a more fruity smell than chloroform. It is an apple-like smell; it is very characteristic.

4382. When you had come to that conclusion, could you get any history that confirmed it?—No, nothing transpired; at the inquiry there was nothing forthcoming to show that the girl was known to have suffered in any way.

4383. (*Dr. Willcox.*) In many cases of diabetes there are no symptoms?—That is so. I remember another case of a man who was brought into St. Mary's Hospital partially comatose, and he died, and at the post-mortem (this is nearly 30 years ago) the physician in charge of the case said that he did not know what the cause of death was, and he could not say even at the post-mortem. I said, "The body smells strongly of acetone." He said, "I do not smell it; I do not think so." I drew off some urine from the bladder of that body and examined it in his presence in the post-mortem room.

4384. Then you found sugar?—It was simply loaded with it. And then, harking back, one recognised that the peculiar character of diabetic coma had been present.

4385. The post-mortem explained the ante-mortem symptoms?—Yes.

4386. Have you any other case to give us?—A man about 55 years of age—I cannot say exactly, between 50 and 60—a working man, had his breakfast as usual before going to work. He was believed to be in good health. He was suddenly seized as he was going to his work with violent pain in the abdomen, and with vomiting, that continued until his death 25 hours later. The post-mortem examination was made by two medical men. They reported that there was inflammation of the bowel or stomach, I forget which word, and peritonitis. I was requested to make a second examination, and I found a typical condition of twist of the bowel, pure and simple. The congestion which had been taken as evidence of inflammation was merely a passive mechanical condition due to the twist. In that case, they had not only not found the twist, and of course they had not undone it, but there were four or five feet of intestines just twisted up into a knot.

4387. It was a case of death from obstruction?—Absolutely. The bowel below that was normal, it was not congested at all.

4388. Was that a case which, if it had been diagnosed before, could have been saved by an operation?—Certainly.

4389. But, as a matter of fact, did no great pain come on until actual death?—Yes, it did; it continued 25 hours, but the man did not go to any institution, I believe. Those were the two symptoms, intense pain and vomiting, so intense that it killed him in 25 hours.

4390. Really the death was due to shock, was it not?—Absolutely to shock. Of course the twist ought to have been found; it was so manifest. The fourth case, and the last I have to mention, was that of a young woman. The medical man who made the post-mortem examination thought she had died from some poison, and said he found two pills in the stomach. I made a second examination in that case, and what he had taken for pills were two common shop currants. She had died really from perforation of the gall bladder—gall stones, and that had not been found.

4391. The examination probably had not been carried far enough in that case?—No, it was faulty, inasmuch as that had not been found, a very evident thing, an abscess round the liver, with perforation of the gall bladder. And what the medical man did find, the two shop currants, he mistook for two pills.

4392. Which were wholly immaterial?—Quite immaterial; but he suggested from their presence that it was a case of poisoning. I do not wish it to be inferred that because I have noticed such cases (and I could give you several others) it is a common thing for general practitioners to make such mistakes. These are exceptions, of course.

4393. But take that very last case: If you had not made the examination, were there any circumstances which might have thrown suspicion on any innocent persons?—Certainly.

4394. An innocent person might have been accused of poisoning this unlucky girl?—Undoubtedly.

4395. Before we pass from that subject, I should like to ask you one general question. When a post-mortem is made by an ordinary general practitioner who may be a good man in his medical work, are there often any appearances that might lead him wrong, for instance, that might lead him to think that an irritant poison had been used?—Yes, frequently.

4396. Would you kindly tell us what those are?—The condition he is most likely to make a mistake about is as to the cause of death and the mode of dying. A number of patients may die from the same disease, but the mode in which they die may be different in different cases. One may die suddenly from cardiac failure, and you will find conditions indicating that. Another may have a violent death struggle.

4397. Which might produce post-mortem appearances that might lead the man wrong, you mean?—Yes, quite so.

4398. Leading him to suspect violence?—That, generally speaking, is the reason why so many mistakes are made—mistaking the cause of death for the mode of dying.

4399. Are there ever any appearances in what I may call a perfectly natural death which might lead an inexperienced person to think that poison had been used when it has not?—Yes; supposing a person had vomiting, which may arise from many causes, say disease of the kidney, and it had been persistent, one frequently finds small hæmorrhages in the stomach purely as the result of the vomiting.

4400. The straining of the vomiting?—Certainly; I have known cases where that has been taken as evidence of irritant poisoning.

4401. Suggesting arsenic or some such poison?—Yes, quite so. Another condition which I have known mistaken is the congestion of the stomach at the cardiac end, the most dependent part. That one expects to get, and in some cases it is very marked. It is a purely mechanical condition; the blood gravitates to that part; and I have known it several times mistaken. "Here is the stomach, there has been some irritant. Here is a patch of irritation," whereas it is merely a post-mortem patch of congestion. When you find in addition to that a number of minute hæmorrhages into and beneath the mucous membrane, one can understand an inexperienced person mistaking it as evidence of irritation of the stomach.

4402. Then, as I understand, your practical suggestion is that the coroner should always be able to call in one of a series of nominated experts?—That he should be compelled to call in an expert where there is any doubt as to the cause of death, and also where there is any suspicion of foul play, the merest suspicion and mere rumour, I should say.

4403. Would you allow the coroner to choose an expert from what I may call the Home Secretary's panel?—Yes.

4404. How would you deal with country cases? Do you think that men of sufficient pathological experience could be found throughout the country? Of course, their services would only be required now and then?—Not in a country village.

4405. Take the case of a county coroner who has to go long distances. Would he have available within call a sufficiently accomplished pathological expert?—No.

4406. Do you think it would be necessary to send a man down, say, from London or Manchester or Liverpool?—Yes.

4407. Wherever you have a medical school?—Or wherever you have a large medical institution. That means that the man, of course, is in contact with a great number of cases, and he makes the post-mortems on those cases.

4408. But you agree that ordinarily, in what I may call an ordinary straightforward case, the right thing for the coroner to do is to employ the man who has been called in unless he has some reason for not doing so?—With those two exceptions, where there is any doubt as to the cause of death, I mean to say any

serious doubt, or where there is any suspicion of foul play, I think the coroner should then be instructed to call in a pathological expert, but in the vast majority of cases I see no reason why an expert should be called in.

4409. As the law stands at present the expert gets one guinea for performing the post-mortem and one guinea for giving evidence?—Yes; and he also can be compelled to make an analysis of the contents of the stomach.

4410. That is practically always done by sending them up to the Home Office, is it not?—It is done, but supposing there is only a mere suspicion of anything wrong, the coroner may say to the medical man who makes the post-mortem, "Just make a rough examination."

4411. Sometimes, I suppose, a rough examination is quite enough?—Yes.

4412. You get a confirmation at once of what you suspect?—Yes. Still, I think on the whole, where it is necessary or even desirable that an analysis should be made, it should be made by an expert.

4413. It is often a most delicate and difficult work?—Yes.

4414. And it is of the utmost importance?—Yes.

4415. Because chemical changes take place by decomposition?—Yes, if there is any trouble or suspicion about the case, I do not think it ought to be left to the coroner to use his discretion. The coroner's summons at the present time contains a clause that the medical man shall, if necessary, make an analysis of the contents of the stomach.

4416. Your suggestion, which is a very valuable one, would, I suppose, entail a certain amount of extra expense?—It would. In one case, the late Dr. Hardwicke, coroner for Central Middlesex, gave me an order to make a post-mortem examination and to attend the inquest, for which I received the usual fee of one guinea for each. It was necessary in that case to make a chemical analysis, and I did it.

4417. You did it yourself?—Yes.

4418. You did not employ anybody else?—No, he paid me a fee of five guineas, and I had to refund that fee.

4419. Because he was surcharged?—Because the magistrates would not pass it.

4420. Possibly they could not?—Well, I have known many cases where magistrates have passed such extra fees.

4421. What is your opinion on this further point: where a post-mortem is made and the expert who makes the post-mortem is called, as to calling in the doctor who has attended the patient clinically?—I think that any medical man, whether he has attended the case previously or has simply known the person, or has been called at the time of death or immediately afterwards, should always be called in.

4422. You think his evidence is essential?—I do, undoubtedly.

4423. Of course it is hardly fair, so to speak, to take his evidence and not call him?—(*After a pause*) I was trying to think of a term strong enough to express my opinion on that subject. It is perfectly monstrous.

4424. (*Sir Malcolm Morris.*) Are there many cases in which it does occur?—Frequently.

4425. (*Dr. Willcox.*) In a certain proportion of cases where a post-mortem is made, there are no distinctive post-mortem signs such as epilepsy or morphia poisoning?—Quite so.

4426. And diabetes, if there happened not to be any smell of acetone?—Yes.

4427. And in such cases the clinical evidence would be of the utmost value?—Most important. In the case of that girl you mentioned, supposing she had been under treatment for diabetes then, the cause of death would have been perfectly clear at once?—Yes.

4428. Also in a case of vomiting, with a little hæmorrhage into the stomach, the clinical evidence would give that history?—Yes.

4429. (*Chairman.*) Have you any opinion on the present state of the law, under which any doctor who gives his services at a hospital for charity can be summoned by the coroner to give evidence without a fee?—I think he certainly ought to be paid a fee, and all the more because his time is so fully occupied; he has as a rule much more work than he can properly do with justice to the institution and himself.

4430. At present it is only the good feeling and good sense of the coroner that prevents him from calling the senior surgeon or physician from any hospital to give evidence at an inquest without fee?—Yes.

4431. That is hardly a desirable state of the law, is it?—No.

4432. Or a defensible one?—No. That the coroner should have power to compel the evidence of the house surgeon of such institution to give evidence and not pay him I think is quite unfair.

4433. But there is nothing to prevent the coroner, except his good sense and good feeling, from calling the physician or surgeon in whose ward he was?—If he got to the ward. A great many do not get to the ward.

4434. I am taking the case where a man dies twenty-four hours after admission to the hospital. Is not that a monstrous state of affairs?—Yes, I think it is.

4435. Your next point is one on which we have had a good deal of evidence. You think that coroners ought to be allowed to order and pay for a post-mortem before they necessarily decide to hold an inquest?—Yes; it would save an enormous expense, and I am quite sure that there would be a great number of cases in which an inquest would not be held.

4436. If a man dies suddenly in the street and has not been regularly attended by a doctor for some specific illness, most doctors would hesitate to certify what the cause of death was?—Yes, they would not take the responsibility.

4437. But you could get evidence pointing to a natural death, and then the post-mortem would make it absolutely clear?—Yes, or it might be even without a post-mortem.

4438–41. But there are many cases in which a post-mortem, plus the clinical history of the deceased, would make it absolutely clear?—Yes, or even in some cases when it is accidental.

4442. Are you familiar with the law of Scotland?—I cannot say I am thoroughly conversant with it.

4443. Do you know how the Procurator Fiscal manages there in a question of a doubt, when he is making his inquiry, what he does about a post-mortem?—No. I am not sufficiently conversant with it to help you. I say that the coroner should be allowed to hold a preliminary inquiry, and order a post-mortem to be made and pay a fee for the same, without being obliged to hold an inquest.

4444. (*Dr. Willcox.*) With regard to the expert pathologists, do you think one guinea is an adequate fee for making the post-mortem?—I do not think you would get men of standing and ability to act. You might occasionally, but you could not rely upon it. You want a system which will work well; one guinea is totally inadequate for an expert pathologist; he can earn much more in private work nowadays.

4445. Would you suggest any fee?——

4446. (*Chairman.*) Ought it to depend on the nature of the case, or would you suggest a fee?—I think it would, perhaps, be better if there was a fixed fee, because that would cover cases which do not give rise to much trouble and others which do.

4447. At any rate, a man who allowed himself to be put on the rota of experts would know the exact conditions?—I should not make it a large fee, because he gets something from his position; he gets a certain amount of what I should call moral payment.

4448. You mean that it is rather like a man who is appointed surgeon to a big hospital; although he gets no fees he gains in reputation, which brings practice?—Yes. I do not think it ought to be a large fee.

4449. (*Sir Malcolm Morris.*) Would it be possible to arrange a sliding scale of fees? It seems to me that there is a difference between a case in which an expert pathologist only gives an opinion on a pure anatomical and pathological question, and one that requires analysis, and so forth?—Clearly. I would not make it cover an analysis.

4450. Or other investigations? — Bacteriological investigations, for instance; no. I think there should be an extra fee for that.

4451. Would you suggest a scale?—I think a fair fee would be three guineas for making the post-mortem, and, say, a guinea for each day's attendance at the inquest. Sometimes one has to attend two or three times.

4452. And so much extra for an analysis and for an expert bacteriological investigation?—Yes, bacteriological and simple chemical analyses, examination of the urine, and so forth. I would distinguish what I would call an analysis for poisons.

4453. Supposing it went further than that, and there was a question of investigation by the use of the excreta on animals, like aconite poisoning, then toxicology requires an extra scale of fees again?—I suggest that if it reaches that stage, he ought to be specially trained in the matter. I should leave those cases, undoubtedly, to the Home Office.

4454. Because of cases of murder?—Yes. The pathological expert, a man such as you would get, would in all probability not be competent to carry out such an analysis; it is more than one could expect of him.

4455. (*Chairman.*) It is quite outside ordinary pathology?—Yes, I think, most decidedly so.

4456. I do not know whether you have any experience on this point, but when experts are called in in civil cases by the parties, is there any scale of fees applicable; do you know what kind of fees they get?—There is no fixed scale, but an expert would expect five guineas for a qualifying fee.

4457. That is to qualify to give evidence?—To examine the patient and to report; and 25 guineas for each day's attendance in court.

4458. (*Sir Malcolm Morris.*) What court?—The High Court. If not subpœnaed you pledge your word. It frequently happens that the expert is not subpœnaed; they know that you will attend, and you give your word that you will. Then they warn you when the case is likely to come on. A very important point arises there. Frequently, when there are two or three cases ahead, they cannot tell when the individual case will come on; sometimes the parties do not turn up and a case is struck out, or an application is made for postponement, and other cases collapse. You may have three or four cases before yours, so that you do not expect to be called perhaps for two days, but the solicitor who employs you, knowing how cases may collapse or otherwise be rapidly disposed of, warns you to be in readiness, which means that you are practically confined to your own home till you get notice.

4459. (*Chairman.*) You must be within telephone call?—Yes, certainly.

4460. Now, I want to take up another class of case—civil cases, I am asking to test the difference between the fees in civil and criminal cases. It very often happens in workmen's compensation cases or accident cases that a point may arise as to whether death was really caused by the accident, or was due to some wholly natural cause?—Yes.

4461. Do you know what scale of fees is allowed in these cases or are given to experts?—I gave evidence in a case of that kind only a short time ago. In that case I had three guineas as qualifying fee, and 25 guineas for giving evidence before the county court. There there was no question of delay: the day and hour were fixed for the inquiry.

4462. You stand in a different position from what I may call many other experts, but take the case of much younger and much less known men—what fees do you think they would get?—Ten guineas in the county court; they would be glad to go for that. I have done it many times.

4463. As a young man?—Certainly.

4464. In a case of an expert, if I may say so, one has not only to pay for the actual work done but for the man's reputation?—Yes.

4465. The guarantee that you get. You may have equally good work from less known men, but you get the guarantee of a man's name, and that you have to pay for?—Yes.

4466. (*Dr. Willcox.*) Where there are are several adjournments of a coroner's inquest, you said that the expert should have one guinea for each attendance?—Yes.

4467. Do you consider that that rule should apply to the ordinary medical man who has to attend each adjournment, who has to attend several times?—Yes, he has to leave his work.

4468. (*Chairman.*) Is it common in a coroner's inquest that the expert witness, whether he is an ordinary man or a specialist, should be required to attend more than once?—I have on numerous occasions attended more than once.

4469. Partly, I suppose, to watch other evidence?—That is the chief reason.

4470. Your next point is the question of death certification, which is not altogether within our inquiry. What is your opinion as to the present system of death certification?—I think it is most unsatisfactory. I think it is criminal.

4471. In what respect?—I do not mean criminal on the part of medical men, but the system.

4472. With danger to the public?—Undoubtedly.

4473. The special point being that the medical man certifies the fact of death without having seen the dead body?—I should say undoubtedly that a medical man before certifying should make an examination of the body. I use that word in place of inspection. That is very strongly insisted on in France, that there shall be a proper examination, and that he shall have satisfied himself of the fact of death, if necessary by an examination of the body.

4474. Have any actual cases come under your knowledge which induce you to give this evidence?—I think only by repute, by my reading. No actual case has come under my own observation.

4475. What particular danger do you aim at by your suggestion?—The danger is, supposing a child is weakly, and those who have legal charge of the child call in a doctor, and he attends for a while, and perhaps a few days after they tell him the child is dead. The doctor says, "Oh, yes; from my knowledge of that case "I am not surprised that the child is dead, and from "what you say I am convinced that it died from that "disease." It is quite possible that the child's life might have been insured and, in the meantime, the child's life sacrificed.

4476. (*Sir Malcolm Morris.*) How would you manage in the following case. Supposing a child is brought to a hospital, seen by the house surgeon or house physician several times, the child gradually getting worse and worse, and the mother comes one day and says, "The child is dead, will you give me a "certificate"?—That would be just one of those cases for inquiry by the coroner where he might settle it without holding an inquest.

4477. (*Chairman.*) You think any death of that kind ought to be reported to the coroner?—Certainly.

4478. (*Sir Malcolm Morris.*) I mean an outpatient, of course?—Yes.

4479. (*Sir Horatio Shephard.*) In that case would the physician or surgeon at the hospital certify?—Oh, no.

4480. He would not, as a matter of fact?—He would certify if the coroner sent him a letter (I have had cases like this) to say, "From inquiry I have made "I am satisfied that this was a natural death."

4481. I mean, apart from the coroner, supposing it happens just as Sir Malcolm Morris put it—would any doctor certify?—No.

4482. He would refuse?—Yes.

4483. (*Chairman.*) What is the present practice in such a case of the general practitioner?—To give a certificate.

4484. Do you consider that in future it would be wise to make a change?—I should say it ought absolutely to be forbidden.

4485. What change do you recommend?—The change I recommend is that it should be compulsory for the man who has attended the child to report the case as he knows it to the coroner. It is then on the coroner's authority and responsibility; he does what he likes.

4486. (*Dr Willcox.*) And in such a case another medical man might certify as to the fact of death?—Yes, certainly. I think that is important in the case of large institutions; because in a case like that there seems to be no reason why the house surgeon or house physician should be compelled to give a certificate as to the cause of death, even on the ground of his having attended the child previously.

4487. (*Chairman.*) Take this case: a man may have advanced heart disease, but he may go home and take poison?—Quite so. I think that the real harm is done in the case of children; that is where the danger lies, the insured children; that is one main source of danger to them.

4488. What is your opinion on this point? Under the present system of death certification, is there any real danger of anybody being buried alive?—In my opinion, none. I think one may say practically none.

4489. In what class of case would it be a possibility—catalepsy?—A case where a patient may have had some very severe loss of blood and where there is cardiac failure. One knows occasionally of cases like that going on for a day or two with very slight evidence of life. I do not think it is likely to happen when the case is properly observed; but where it is only seen casually, a medical man just sees the case once, the patient is in a case of great collapse, the friends come and tell him that the patient is dead, and he goes and does not perhaps examine the body very carefully, but from the condition of the body and the report he has received he believes it is death, and certifies death.

4490. And supposing he has not seen the body at all, and only the unskilled relatives have seen it?—Then I think I would admit the possibility, but not more. Nearly all these cases of reported live burial are myths.

4491. There was a case in which a question was asked in the House of Commons the other day?—Yes, I saw that. The man who made the most minute investigation into these cases, the late Professor Brouardel, who was the very greatest authority undoubtedly——

4492. Of Paris?—Yes; he admitted the possibility.

4493. As a possible hypothesis?—Yes. In some parts of Germany, I believe, they have a plan of attaching a bell rope to the hand of the dead person.

4494. That is in Munich?—Yes, and Brouardel said that ever since that was instituted that bell never rang, whereas before there were reports of such cases.

4495. (*Sir Malcolm Morris.*) Assuming the possibility, is there any scheme you can suggest as to what should be done in doubtful cases?—I think with a competent medical man there would be no danger at all.

4496. (*Chairman.*) You think that with a view of the body such as they have in Paris, where the *medecin des morts* examines every case before burial, there is no such danger?—Not by way only of inspection of the body, but by a careful examination. The ordinary methods of examination are quite sufficient.

4497. Without, for instance, opening a vein?—Yes. I have done that on a private patient.

4498. That is not one of the ordinary methods of examination?—No, and in my opinion it is not necessary, especially, of course, in this country, where bodies are not buried very soon. In hot countries, and in cases of some acute specific disease, like cholera or plague, it may be different, but in a country like this there is no danger at all, in my opinion, if the body is examined by a competent medical man.

4499. You think that the present scare which is going on in England is absolutely unfounded?—Baseless.

4500. Take the case of a person whose symptoms simulate death after great loss of blood; supposing that person was buried he would not recover consciousness, I suppose?—Those cases of revival in coffins, of course, are purely mythical.

4501. Are there any possible cases where you might have a movement of the corpse, a muscular movement, after death?—It may happen.

4502. That may give rise to the idea of burial alive?—Certainly, that is quite possible. For instance, contraction of the diaphragm, which might go on for a long time after death, may give rise to fluid escaping from the mouth and nose.

4503. And might be accompanied by some noise?—It is quite possible. Just the same as you blow water through a gas pipe. Supposing that is not seen up to a certain time, and then is seen afterwards, that by ignorant people would be taken as evidence that the patient was not dead when he was supposed to be dead.

4504. Could you have any muscular movement which might produce sound in the coffin?—I do not think so.

4505. It is not a possibility?—I believe not.

4506. I may sum up your opinion on this point by saying that it comes to this: first, that no person ought to be buried or otherwise disposed of until the corpse has been seen by a qualified medical man?—Yes.

4507. And, secondly, that where a death is reported a medical man ought not to certify unless he himself sees the corpse?—Yes.

4508. And under the present system of the English law, if a medical man has not seen the corpse the matter ought to be reported to the coroner, who would make such inquiries as he thinks fit?—Yes.

4509. Which might or might not lead to an inquest?—Yes.

4510. And would by no means necessarily lead to an inquest?—No. I have seen a case of the wife of a medical man who had been under a physician for heart weakness, and he had not seen her for months. I was fetched one night—I was a friend of the family—told that she had died suddenly; and from the appearance I had no doubt in my mind that she had an attack of cardiac failure. I wrote to the coroner, telling him what I knew of the case from my own knowledge—that she had been attended by a physican for cardiac weakness, that I knew she had cardiac weakness, that I saw the woman within an hour or two of her death, and I had no doubt she died from heart disease. He wrote back to me, "I am quite satisfied—certify."

4511. And you certified?—Yes.

4512. You had seen the body?—Yes.

4513. You think that no medical man ought to certify the cause of death without seeing the dead body?—Yes.

4514. And that every uncertified death ought to be reported to the coroner?—Undoubtedly. I should be inclined to make the penalty a very severe one for certifying without having seen the body.

4515. Do you think that among certain classes of people there would be any feeling about a doctor being called to see the body after death?—I do not think so; not the slightest. I think it would give some comfort or solace to the family to know that a doctor can say, "It is death." I do not think there would be any objection from the public at all.

4516. (*Sir Malcolm Morris.*) Do you see any difficulty from the point of view of identification of babies?—I see what you mean, and it is a very important matter. It had not struck me. I can quite understand the possibility, but I think a medical man would be relieved from any responsibility. If he had attended a child which a woman had taken to his house, and then he goes and sees such a child which he believes to be the child, I think he would be absolutely safe, and quite justified in certifying.

4517. It is a conceivable thing that they might palm off the same baby twice?—Yes, I know what you mean. I do not think it will ever be possible to legislate for every case.

4518. But it is a difficult thing?—Yes, it is a difficult thing, undoubtedly.

4519. (*Chairman.*) Your plan, although it would be far more efficient than the present system, would involve considerable extra expense, would it not?—But surely, when it comes to be a matter of life and death, it is the duty of the country to provide against such a condition.

4520. But as a matter of fact your plan will increase expenditure, that is to say, in the case of people who can afford it, they will have to pay a medical man for seeing the body after death?—Yes.

4521. In the case of the poor who cannot afford it, some State authority will have to pay some medical man to make a visit of inspection after death?—But I do not think it need be very expensive, because he has attended the person during life.

4522. He may not have done so?—Supposing he has done so, he has been paid for the attendance.

4523. (*Sir Malcolm Morris.*) He would be paid for a visit in the ordinary way?—Yes.

4524. (*Chairman.*) In the case of the poor, who do you think ought to pay for what I may call the post-mortem visit; do you think the parents ought to pay, or the State?—I think the State ought to pay.

4525. You think it desirable as a question of public policy?—If the State does not pay, it will be carried out in a very perfunctory way.

4526. Because in the case of the poor, there are six-penny visits, and every sixpence is of importance to them?—Yes.

4527. But you could hardly expect a medical man to come and certify a death for sixpence?—He should be paid one fee for certifying, and for having seen and inspected the body. I think in the case of the poor they ought not to be called upon to pay it.

4528. (*Sir Horatio Shephard.*) At present, in the case of the poor, is there a fee for the certificate?—No; as a rule, none.

4529. (*Sir Malcolm Morris.*) How would a house surgeon recover from the State if he had to go and inspect the body?—I do not think that the fee ought to be a large one at all.

4530. It would be similar to the fee under the Notification of Infectious Diseases Act?—Yes, certainly. I think a certain duty is cast upon a medical man; he ought to undertake part of the duty of the State and not expect to make a profit out of it.

4531. (*Chairman.*) I think you hold a strong opinion that the inquest, as in England, should be conducted in public, and that a private inquiry, as in Scotland, is not so satisfactory?—I am quite sure, when you consider that the great majority of inquests which are held are on people in the lower classes of society, where in many cases of illness they have not been attended by a medical man—in many cases of bronchitis and its consequences—antecedent to death, it is most important that everything should be done in public.

4532. In order to let the public know how people live and die?—I think the main thing is to prevent crime.

4533. You think that a jury of not less than twelve is still desirable?—I think so, certainly.

4534. Would you agree that the verdict should be given by a majority of the jury, without requiring unanimity?—No, because it so rarely happens that there is any difficulty in getting a verdict from the jury. If there is a difficulty in getting a verdict from the jury it is obviously a case for adjournment.

4535. In the ordinary simple case, such as are 99 out of 100 cases, where a man is eventually found to have died from absolutely natural causes, what is the object of having a jury?—You are speaking after the event, but this is not known beforehand in many cases. A coroner could not sit and say, "Well, I find now there is "something more in this case than I thought there was; "we must adjourn and have a jury."

4536. (*Sir Malcolm Morris.*) He does say that *primâ facie* before he has an inquest held?—That, I think, is quite right; but he is not sitting officially in his court.

4537. He has a *primâ facie* inquiry first behind the scenes?—Yes, but that is on a report to himself. His officer makes inquiries and reports to him. That is very different from the coroner sitting in court.

4538. But he has made a preliminary inquiry first, and he has decided that there should be an inquest because there was not sufficient evidence before him as to the cause of death?—Yes.

4539. (*Chairman.*) You think that necessitates a jury, then?—Yes, because it shows that even in the mind of the coroner, who is superior in education and judgment to the ordinary juryman, there is a doubt. That in my opinion is a sufficient reason for its being submitted to a jury.

4540. I do not see myself for the moment why the coroner, sitting in open court, is not as good as a jury. Supposing that any man is accused, he goes before a magistrate, and he eventually goes both before a grand jury and a petty jury: why have three juries?—I do not think you can give too much protection to the accused person.

4541. Is a coroner's jury any protection?—I think so, undoubtedly.

4542. If a coroner's jury find that the accused is not guilty of manslaughter, or was not negligent, that is no bar to a prosecution?—It is no bar to a prosecution, but it is a very great bar to a conviction; and if convicted, in my opinion, it would almost certainly reduce the sentence. At the present time it is very important.

4543. I want to put this further point to you. You agree that a charge of rape against a man may be just as serious as a charge of manslaughter?—Yes.

4544. Why should a man charged with manslaughter by accidentally or carelessly running over somebody with a motor car have the protection of a coroner's jury, while, when a man is charged with rape, he is immediately taken before a magistrate and has only the grand jury and the petty jury?—In a case of manslaughter, one of the parties is no longer a party to the situation, that is to say, the dead person; an inquest is held, and the body is buried. But a woman who is alleged to have been raped is living, and something may transpire which would cause a further examination of that woman or her clothes, or whatever it might be, which might throw further light on the case and still further protect the accused person.

4545. On the other hand, if the deceased person could give evidence in a case of manslaughter, his evidence would often be very strong against the accused?—That is so.

4546. It cuts both ways?—It cuts both ways.

4547. (*Sir Malcolm Morris.*) You are very strongly in favour of the jury system?—Yes, I am very strongly in favour of the jury system, and of retaining it in its present strength of twelve men.

4548. (*Chairman.*) The next question is as to the view. I suppose you think that the coroner ought in every case to have a view?—I think the coroner ought in every case to have a view, and I think that a view generally by the jury is desirable, but I would not make it compulsory. The objection now in most cases are not so valid as they were now that mortuaries are better provided with death chambers and bodies are put in coffins with a glass lid or shut up in a building with a glass window through which you can make an inspection.

4549. (*Sir Malcolm Morris.*) You think that is enough inspection?—I think it is enough for the jury, because it is all they get.

4550. (*Chairman.*) Are there not cases where a question may arise as to whether a wound has been self-inflicted or has been inflicted by someone else, and is it not material then that the actual position of the wound should be seen by the jury?—I think so. Any little fact, it does not matter how minute, possibly might be seen by the jury, which others might not see. If twelve men in addition to the coroner, the medical man, and a mortuary keeper see that body, it is just possible that they might notice something special which might be of value during the subsequent inquiry.

4551. You think, then, that the jury should always be entitled to see not only the face, which is the present practice in London, but, if they wish it, the whole body?—If they wish it, undoubtedly.

4552. Or do you think that that should be a matter to be left to the coroner?—If the jury wish to inspect the whole body, I say that it should be compulsory that they should be allowed to do so.

4553. At present the inspection shows nothing, as a rule?—Very little.

4554. And it is sometimes painful to jurymen?—Yes.

4555. But you think that the coroner should have a general dispensing power when he thinks it unnecessary?—Yes.

4556. But that any juryman who wished to view should be allowed to do so?—I should say that a discretionary power might be given to the coroner and the jury as to the fact of viewing the body.

4557. Do you mean that the coroner might say, "I think you ought to view," and the jury might say, "We think we ought not"?—No. I think that the coroner should be empowered to say to the jury, "It is "a case in which you must view the body," and I think the jury ought to be allowed if they wish, supposing it is a question whether they wish to see it or not, to see it even if the coroner thinks it is not necessary.

4558. Do you mean the whole jury, or supposing some wish to see it and some do not?—I mean the whole jury.

4559. You think that if one juryman wishes to view, the whole ought to do so?—Yes, otherwise one juryman might be forming his opinion from facts unknown to the other eleven. I am in favour of not missing any possible chance of arriving at the true cause of death.

4560. For scientific reasons and for the general reason of public safety?—Yes, and in view of any possible criminal charge.

4561. Do you think that, for what I may call statistical reasons and not scientific reasons, it is important to have the causes of death of the whole population carefully collected and tabulated?—I think it would be of very little value. There are very few medical men who consult statistics.

4562. Do you not think it is important, for instance, to know as regards the country generally, whether a certain disease, say diphtheria or typhoid fever, is becoming more prevalent?—Certainly, I think that is desirable, because it would move those in authority probably to take measures in order to prevent or, at any rate, treat such conditions.

4563. Take such a disease, which is rather a rare one, as cerebro-spinal meningitis. Do you think it is important to know the exact number of people who actually die from cerebro-spinal meningitis, and to find out whether it is an increasing or a decreasing factor in the death list?—From that point of view I see value in it, because if it was shown to be increasing it would put medical men more on the alert to look out for it. In that way it would be valuable; but statistics generally to ordinary practitioners are non-existent.

4564. (*Dr Willcox.*) With regard to the system of employing experts to make post-mortem examinations, do you think it is desirable that a report should be sent to the Home Office by the coroner as to the experts employed?—I think that should be compulsory, not only as regards the fact of his having employed an expert, but that there should be a report of the experts employed by him from time to time.

4565. You said that you thought that the number of the jury should be twelve. In a case of murder the coroner's jury comes to a verdict?—Yes.

4566. What is the nature of the verdict?—That the man is chargeable with the death.

4567. (*Chairman.*) He is charged with having caused the death of A.B.?—They find that he is responsible for the death, and he is chargeable with it.

4568. Which operates as an indictment?—Yes.

4569. (*Dr. Willcox.*) Do you regard that verdict as a stronger conclusion than that of the magistrate who sends the case on to trial or of the grand jury who find that the case is one that is suitable for investigation?—Yes.

4570. (*Chairman.*) The advantage of the inquiry before the coroner is this, is it not, that when the inquiry starts no one is accused?—Yes.

4571. And therefore you can get evidence which is material as to the cause of death, which would not be admissible in the restricted inquiry before a magistrate where you have a definite person charged?—You can take any amount of hearsay evidence, which is often very important indeed as giving a clue.

4572. (*Sir Malcolm Morris.*) Can that be used as evidence against a man at his trial?—No.

4573. Not even hearsay?—No, but you get evidence, and it is surprising how valuable it may be; I have no doubt about it at all. I have known things crop up which were not suspected by the coroner or anyone out of such evidence, which would not be admitted if anybody was on his trial.

4574. Are not the notes read again at the trial?—No, not the depositions. The judge has a copy of the notes, but counsel are not allowed to put questions unless they come within the rules of evidence.

4575. (*Dr. Willcox.*) Dying declarations are frequently accepted by coroners when they would not be accepted in a court of law through some faulty taking of the declaration?—Yes, certainly, the coroner can take anything.

4576. You are speaking from your personal experience?—Yes.

4577. (*Chairman.*) I think we have dealt with your points till we come to your twelfth suggestion. You think that the Home Secretary, the Director of Public Prosecutions, in London the Commissioner of Police, or, out of London, any Chief Constable, should be empowered to order a medical jurist to attend a post-mortem. What exactly do you mean by that?—I used that expression rather than a pathological expert, because I think that in a very important case a man in a superior position like the Official Analyst at the Home Office should be called in. I put those two persons in contradistinction to a pathological expert if it is necessary to call anyone in to assist in making the examination.

4578. Do you attach importance to that?—Yes, because I know that on not a few occasions difficulty has been met with where a coroner has said, "The body is "in my possession, and no one has any right to do "anything in the case except under my orders." It may be important in a criminal case that a medical jurist of high standing should be present at the post-mortem and should assist if necessary.

4579. Take the case of other big towns like Liverpool or Manchester, what would you suggest there? Would you suggest that the Home Office analyst should be sent for?—No. In all big towns there would probably be someone to whom the term "medical jurist" would apply.

4580. (*Sir Malcolm Morris.*) The professor of pathology?—The professor of pathology or of medical jurisprudence.

4581. (*Dr. Willcox.*) Or the professor of forensic medicine at the University?—Yes.

4582. (*Chairman.*) Now we come to the question of anæsthetics. You know that at present some coroners hold that as a matter of law whenever a case of death under anæsthetics is reported to them, they are bound to hold an inquest; while other coroners, on the other hand, think they are bound to make inquiry, but not necessarily to hold an inquest?—Yes.

4583. What is your own view?—I am very strongly of opinion that an inquest should be held in every case.

4584. You agree that in case of death under an anæsthetic very complicated questions may arise?—Certainly.

4585. The death may be due to the anæsthetic?—Yes, wholly or partially.

4586. Or it may be wholly independent of the anæsthetic?—Yes.

4587. It may be due to shock or hemorrhage or to any other cause?—Yes.

4588. And supposing it to be due to the anæsthetic it may be due either to the anæsthetic *per se* or to defective administration?—Yes.

4589. Those are difficult and delicate inquiries, are they not?—Yes, and there are cases, of course, where death occurs sometimes a few days after the administration of the anæsthetic.

4590. You think that in all those cases an inquest should be held?—Certainly.

4591. Do you think that a coroner's jury are fit to determine those difficult and delicate questions?—I think so, with the aid of the medical evidence which is given and the direction from the coroner.

4592. You think it is better in that case that you should have the coroner and his jury rather than the coroner assisted by a medical expert?—I am a very

great believer in the jury system. Everything comes out then; the question is considered by a greater number of people; and I believe the general public put great faith in the jury system.

4593. Do you think that faith is always well-founded?—In the majority of cases I think it is. I would not leave it to the decision of the coroner's jury except under the conditions under which the inquiry is carried on.

4594. You mean under the direction of the coroner?—Yes.

4595. Founded on expert evidence?—Yes.

4596. Take the case of a legal coroner who may be very well able to weigh evidence; do you think he ought to have a medical expert associated with him as assessor or not?—Either as assessor or that he should give evidence.

4597. In which capacity do you think that the coroner would get most assistance, from the expert as assessor, or from the expert as a witness?—I do not think there is much in it, because the coroner in those cases can and he does ask all manner of questions of the expert.

4598. But when there is, say, a considerable body of expert evidence, which may not always be in accord one with the other, and the coroner and the jury have to judge for themselves, do you think they are competent to weigh one expert against another?—I think they are competent practically to take a broad view of the case.

4599. As to whether anybody was to blame or not?—Yes.

4600. And you think, apart from that question, it is not very material?—I think not.

4601. You, of course, have operated a great deal?—Yes.

4602. Do you hold the opinion that nitrous oxide on the whole is a very safe anæsthetic?—Yes.

4603. What about accidents?—They are extremely rare, I think almost negligible.

4604. Practically negligible?—Yes.

4605. If one comes downstairs and trips, one may have an accident?—Yes. I am assuming, of course, that it is given by a qualified man.

4606. I am coming to that presently. You mean the risk of accident where nitrous oxide is given by a qualified man is practically negligible; it is like the ordinary risks of life, for instance, a fall downstairs or an accident in a train?—Yes, but an unqualified man probably would not consider the question of removing a tooth plate, loosening the clothes properly, or inquiring whether the patient had just taken a hearty meal.

4607. When you say a qualified man, do you include dentists?—Yes.

4608. Registered dentists?—Yes.

4609. Do you include unqualified dentists?—I should absolutely forbid them to give any kind of anæsthetic whatever.

4610. I do not suppose you have seen the evidence that we had the other day given on behalf of the Society of Extractors and Adaptors of Teeth?—I should abolish them as regards anæsthetics.

4611. I asked whether you had seen the evidence?—No. I mean as regards anæsthetics. If a man likes to go to one of those men to have a tooth out, by all means let him do it on sufferance, that is, let him put up with the pain.

4612. I asked you at the moment whether you had seen the evidence?—No.

4613. The evidence given was this: that they had kept an account of the anæsthetics administered by their body, which number about 1,000, and that they had administered general respirable anæsthetics in 1,249,167 cases without an accident?—It is quite possible.

4614. That being so, is not any risk of accident a negligible one?—I do not think the risk is great, but I should say it would be greater where the anæsthetic is not given by a qualified man.

4615. Everybody would agree there. You have no guarantee in the case of the unqualified man whether he is skilful or not?—Of course you have not, and I have just given you instances where very likely an unqualified man would not think of things conducing to the patient's safety that a qualified medical man would think of.

4616. You think in the case of dental surgeons that they ought to be allowed to administer nitrous oxide?—Yes, I think so. I should be inclined to require that they should produce a certificate of proficiency in administering anæsthetics; there would be no difficulty in getting that.

4617. As a condition of being registered as a dentist under the Act of 1878?—Yes.

4618. With that safeguard you would be prepared to suggest no change in the existing law?—I think so. I say that for two reasons: firstly, because there are an enormous number of people who could not afford to pay for an anæsthetist, it would drive a good many to the hospitals; and secondly, it would also prevent a great number of people taking anæsthetics at all and add greatly to human suffering.

4619. (*Sir Malcolm Morris.*) Is the administration of nitrous oxide properly taught now; is it part of the curriculum at dental schools?—Yes, it is not compulsory, but there would be no difficulty in carrying it out. Every dental surgeon must have seen many hundreds of cases of administration; and when he is attending his course there would be no difficulty in having instruction from recognised anæsthetists, who would certify him.

4620. (*Chairman.*) Have the General Medical Council power to require that before a man gets his L.D.S. qualification he should bring a certificate that he has acquired proficiency in the administration of nitrous oxide?—I do not know whether they have the power or not.

4621. But if dentists are to continue to have the power of administering nitrous oxide, you think it ought to be made a condition that every man in future before he gets his certificate to practise should have passed through an anæsthetic course?—Yes, and should have a certificate of proficiency.

4622. Now we come to other anæsthetics, ether and chloroform, and the like. In your opinion should a dentist be allowed to administer those anæsthetics, or should they always be administered by a duly qualified medical man?—I think they should always be administered by a duly qualified medical man.

4623. As involving a much longer period of anæsthesia?—Yes, or even where it is a shorter period, as in ethyl chloride, it is more dangerous than gas.

4624. And requires more medical knowledge in dealing with the emergencies that may arise?—Yes.

4625. I suppose dental operations, when they are likely to last a long time, do not require to be performed with great urgency?—No.

4626. Therefore it would always be possible to postpone an operation of some length until the services of a qualified medical man can be obtained?—Yes, in nearly all cases. There are very few emergencies in dental surgery.

4627. A man with violent toothache would wish to have the tooth out, and nitrous oxide enables it to be done?—Yes, I mean that apart from the patient's suffering you have not the emergencies that you have in general surgery.

4628. (*Sir Malcolm Morris.*) If a dentist is also a qualified medical man, that does not apply?—No.

4629. And there are many?—Yes.

4630. (*Chairman.*) There are many dentists who have the L.D.S. and M.R.C.S.?—Yes; then, of course, they come into the category of qualified medical men.

4631. In your opinion, as a surgeon in long practice, do you draw any distinction between the safety of ether and that of chloroform, or mixtures of ether and chloroform?—I think the potentialities for danger are much greater in the case of chloroform, but administered properly and carefully I think the danger is almost nil.

4632. As a surgeon, I suppose, for many purposes you would prefer chloroform to ether?—Yes. I never interfere with the anæsthetist; I say, "You are the "man at the wheel, you must choose which you like."

If he says to me, "It is quite a matter of indifference "whether I give ether or chloroform in this case," I may say, "I would prefer chloroform."

4633. But the anæsthetist chooses?—Yes.

4634. Then you, of course, explain the nature of the operation and what you want in the way of production of immobility and muscular relaxation?—That is the main thing—immobility and muscular relaxation.

4635. (*Sir Malcolm Morris.*) But the nature of one anæsthetic depends to some extent upon the nature of the operation?—Yes; then the anæsthetist knows what the operation is.

4636. (*Chairman.*) You consult together?—Yes.

4637. For the sake of the life of the patient, the determination of the anæsthetic is left to the skilled anæsthetist?—If the patient happens to be unusually rigid, and it is, say, an abdominal operation, I wait until relaxation is established. The anæsthetist very often says, "Would you rather give him some "chloroform?" I say "No, don't consider me; "consider the safety of the patient."

4638. As regards ether, if chloroform has these advantages, do you regard ether as a very useful anæsthetic?—Certainly.

4639. For certain conditions?—I think, taking it altogether, ether is a safer anæsthetic than chloroform. There are certain cases, I think, where it is not desirable that it should be given.

4640. For the very old and the very young?—For the very old and the very young, and patients with any disease of the respiratory system.

4641. It tends to produce inflammation of the respiratory organs?—In any case of very profuse secretion of mucous or bronchitis, or dilatation of the right heart, the extra strain thrown upon the right heart or clogging the bronchial tubes may be tantamount to death.

4642. There are two kinds of ether in use, pure ether and methyl ether?—Yes.

4643. Is there any difference?—If pure, I do not think it matters much which is used.

4644. Methyl ether is rather more volatile?—Yes; theoretically, I do not think it works out much in practice; one would think it rather the safer of the two.

4645. (*Sir Malcolm Morris.*) When a patient dies under an operation, an anæsthetic being given, and an inquest is held, do you think it necessary that the surgeon in charge of the case, as well as the anæsthetist, should give evidence?—I do undoubtedly. I do not think you can safeguard these cases too strongly.

4646. (*Dr. Willcox.*) In reply to that question, by a surgeon in the hospital you mean the house surgeon?—Certainly, the house surgeon. It would be quite sufficient to explain the nature of the operation.

4647. (*Sir Malcolm Morris.*) In the case of an out-patient?—Yes, not necessarily an operating surgeon.

4648. (*Chairman.*) Have you yourself seen deaths under ether or chloroform?—I have seen, I think, only one death from ether. I have seen several from chloroform; I have witnessed them.

4649. Have you any opinion as to what was the cause of death in those cases—whether they were deaths under anæsthetics or deaths from anæsthetics?—In some of them I think death was mainly due to the condition of the patient.

4650. Which no care or skill could have avoided?—No, I am equally certain that, in some cases which I have seen, death could have been avoided.

4651. By a skilled anæsthetist using the proper means?—Say chloroform.

4652. Could you explain that a little more to us?—With a skilled anæsthetist, it is comparatively rare to see any struggling.

4653. In the initial stage?—Yes.

4654. Did these deaths take place, then, in the early stage while the chloroform was being administered?—The majority of cases that I have seen are where the patient has struggled a good deal, and then, when the struggle ceases, they take a few deep breaths and get in an overload of chloroform, and it is fatal.

4655. That danger does not apply to ether, of course?—No, not to anything like the extent it does with chloroform.

4656. You think, then, it is very important that medical men who may have to perform operations should all have a training in the administration of anæsthetics?—Yes.

4657. Do you think that in hospitals there ought to be one or more skilled anæsthetists on the staff?—Certainly.

4658. What is the practice, as regards your students at St. Mary's; does every student at St. Mary's have a training in anæsthetics?—I believe every one now. They have to have a certificate, I may say, that they have attended a course and received instruction.

4659. You have skilled men superintending the administration of anæsthetics?—Yes. I very rarely operate without there being some student with the anæsthetist receiving instruction. He is administering it.

4660. Under the supervision of the anæsthetist?—Yes, who is instructing him at the same time.

4661. I suppose, by long skill and practice as an anæsthetist, a man gets to know the meaning of what I may call almost imperceptible symptoms?—Yes.

4662. Which a man who is not used to administering anæsthetics would not notice?—Yes.

4663. Do you think students can be efficiently trained?—Quite.

4664. What use they may make of that training depends upon the individual student?—Yes.

4665. Do you think we shall have a less and less number of deaths, as every medical man is now receiving instruction in the giving of anæsthetics?—I believe they will be materially less.

4666. In cases in which you have seen death, was the anæsthetist a skilled anæsthetist or not?—Both—in the majority of cases unskilled, that is to say, unskilled as to experience.

4667. (*Sir Horatio Shephard.*) Comparatively?—Yes.

4668. (*Chairman.*) Do you mean qualified men?—Yes, but not professional anæsthetists.

4669. Taking the country generally, you cannot get a professional anæsthetist in every case?—No, and that is all the more reason why students should be specially trained in giving anæsthetics.

4670. Have you made a post-mortem yourself in the case of a death under anæsthetics?—Yes.

4671. What do those post-mortems show—typical symptoms?—No, I could not say there are any typical symptoms of death from chloroform. In the majority that I have made, there has been obviously some disease of the circulatory system.

4672. Which could not have been discovered before death, or might have been?—In some cases it might have been, and in others not. In the minority of cases there has been no disease discoverable in the circulatory system.

4673. Not even in the post-mortem?—I say in the majority of cases where I have made a post-mortem, there has been found disease in the circulatory system. In some of those cases the disease, I think, could have been diagnosed during life, and in others it could not have been.

4674. But if you had diagnosed the disease it might still have been necessary to do the operation and take the risk?—If it is justifiable to do a severe operation, it is justifiable to take the risk of anæsthetics.

4675. It by no means follows that, because a patient dies, even from the anæsthetic, anybody has been to blame?—Certainly not.

4676. (*Sir Malcolm Morris.*) Is there any system, so far as you know, of obtaining permission from the patient before an anæsthetic is administered?—No, it is not generally carried out. I think it usually follows on the question of an operation, to which the patient, or the legal guardian of the patient, consents.

4677. Would an anæsthetic be given to the young in hospitals without the permission of the parents?—Certainly. I myself always make this rule: that I will not perform an operation on a young patient unless it is a matter of immediate urgency, a matter of life or death, unless I have permission to perform the operation.

4678. And that includes administering the anæsthetic?—That includes administering the anæsthetic. I look upon that as part of the operation.

4679. (*Sir Horatio Shephard.*) It is so understood?—Yes.

4680. (*Sir Malcolm Morris.*) It is usually specified, is it not?—I do not think so. I should say that in the majority of cases special permission for anæsthetics is not sought.

4681. (*Chairman.*) Surely everybody in this country knows now that a painful and serious operation is always performed under anæsthetics?—I think so. That is my practice, that neither the patient nor, as I say, the legal guardian of a patient under age is asked with regard to anæsthetics.

4682. Surely if a serious and painful operation were performed in a hospital without anæsthetics, and the patient died from shock and pain, everybody connected with it would deserve to be put on his trial for manslaughter?—I should say he would be blameworthy. What I was going to say, I think, is an important point: that it would be much more dangerous to life to perform a very severe operation without anæsthetics than with it.

4683. (*Dr. Willcox.*) You said that, in your opinion, it is desirable that there should be ordinarily anæsthetists at the general hospitals. Do you think it is desirable that there should be resident anæsthetists at the large general hospitals?—Certainly, because there are so many cases of emergency, where it makes all the difference whether the patient is operated upon in an hour or two; for example, perforation of the appendix, perforation of the stomach, rupture of the intestines from a blow, or rupture of the bladder.

4684. (*Chairman.*) In those cases who would perform the operation? Would you ring up one of the surgeons?—Certainly.

4685. Then why not ring up the anæsthetist?—The surgeon is on duty during his day.

4686. But are you speaking of the house surgeon?—No, the operating surgeon—the visiting surgeon.

4687. Is not the anæsthetist who looks after that man's operations equally on duty?—At present he is only supposed to attend during certain hours of the day; he is not on continuous duty like the surgeon.

4688. (*Sir Horatio Shephard.*) The surgeon is at call at any time?—Yes, and I have no doubt a great deal of suffering is saved, and many lives are saved by having a competent anæsthetist on the spot.

4689. (*Chairman.*) You think that there ought to be in every hospital that can afford it a resident anæsthetist, to be there at night as well as by day?—Yes, who can be called at a few minutes' notice.

4690. (*Dr. Willcox.*) You spoke of the post-mortem findings in a death from chloroform, and you said that in the majority of cases you find disease of the circulatory system, where there would have been no signs during life?—Yes.

4691. Were those cases of degeneration of the heart muscle?—Those were cases of disease of the coronatory arteries.

4692. (*Chairman.*) Would that degeneration be visible to the naked eye, or would you have to stain in order to discover it?—In most cases, I think, it would be visible to the naked eye. They are cases of people who are not necessarily old. In old people you almost certainly will find that condition, but there are people who are prematurely aged as regards the circulatory system. A man may be, say, 45, and on a post-mortem examination you find that his heart and arteries are those of a man of 60.

4693. Is it expressed in the proverb "a man is as old as his arteries"?—Yes, it is so, but it is a fact, and a very important fact. It is a question not always of age, but of agedness.

4694. (*Dr. Willcox.*) In the case of post-mortem examinations after death from chloroform, do you consider it important that a microscopical examination should be made of the heart muscle as well as the naked eye examination?—Yes, I should say that a microscopical examination should be made in all cases where there is not naked eye evidence. Where there is naked eye evidence you do not require a more minute examination.

4695. (*Chairman.*) If you see with your eyes that the muscle is degenerated, it is enough?—That is quite enough. Supposing you find nothing at all, if you had not known that the patient had died from chloroform, or under chloroform, and you find no disease of the circulatory system, the heart and vessels, I think it is important in those cases that a microscopical examination should be made; because there may be a dangerous condition from the state of the muscle of the heart without its being recognised by the naked eye.

4696. (*Dr. Willcox.*) In cases of death under chloroform in young people, is there a particular condition sometimes found which may be partly responsible for it?—There is a condition which is known as status lymphaticus, but it is not a very well determined condition. In most of those cases I think there is some obstruction to the breathing; that is likely to occur in a case of adenoids and enlarged tonsils, and occasionally enlarged thymus. I made a post-mortem on a case once where I found the thymus body as large as an orange in a child of about only six or seven years old. There, of course, obviously there was something pressing upon the blood vessels and respiratory tubes—a mechanical cause.

4697. In many of these cases is there not degeneration of the heart muscle?—My experience does not enable me to form an opinion. I have discussed the matter, not with regard to this inquiry, but long before it, with Dr. Hewitt, and I am inclined to agree with him that a little too much—I think he would say a good deal too much—is made of the status lymphaticus. Where a totally unexpected death occurs, say, in what is believed to be a healthy young person—I know of one case particularly in which it was not suspected that there was anything wrong, it is very easy to call it status lymphaticus.

4698. (*Sir Malcolm Morris.*) Is it possible under such circumstances that it is death from fright before the anæsthetic is administered—sudden panic?—I think that may have something to do with it, because sudden panic is a very powerful cardiac depressant, and if you add to that depressing influence an anæsthetic such as chloroform, I think that is a very important condition to be taken into consideration. You banish the panic by giving the anæsthetic, but you do not altogether banish the depressed condition of the heart which has been caused by the panic.

4699. (*Chairman.*) Do you agree that as you push the anæsthetic, as the anæsthesia gets deeper, the probability is that the person will suffer less from surgical shock?—I should say that the shock from the anæsthetic when pushed is less than the shock that, especially if you were operating upon the internal organs—an abdominal operation—would be produced by such an operation with the patient not deeply under anæsthetics.

4700. Quite apart from any sensation of pain?—Yes. I am not thinking of pain; I am assuming that pain is abolished.

4701. But it is necessary, in order to prevent the full effect of surgical shock, to push the anæsthetic?—One has to do so frequently in a case of that kind, especially in the case of children, who very readily take it and appear to be quickly under the anæsthetic, where the corneal reflex is abolished, and perhaps you pull them about and they make no sign, but if you make an incision in the part they wake up a little; and it is by no means uncommon in that condition to find the pupil dilated a little and the pulse get weak.

4702. That means shock?—Yes.

4703. But not necessarily conscious pain?—No.

4704. They are in a stage of analgesia?—There is danger of shock from the operation.

4705. (*Sir Malcolm Morris.*) But you get the same sort of phenomena, quite apart from any question of shock, according to the excitability of particular parts of the skin?—Yes.

4706. An incision made in the margin of the anus will produce that sort of symptom?—Yes; to give the most typical instance, circumcision of a baby.

4707. (*Chairman.*) Will you please explain that?—A baby very rapidly goes under an anæsthetic, say chloroform.

4708. Are babies anæsthetised before circumcision?—Yes.

4709. In hospital circumcisions?—And private circumcisions, too. I do not think parents would let you do it without.

4710. (*Sir Malcolm Morris.*) Except as a rite?—Yes.

4711. (*Chairman.*) Amongst the Jews?—Yes; but very largely now amongst the Jews it is done by medical men under the ordinary conditions. I have done many on babies. An anæsthetic is given, and they go under very rapidly indeed. They appear to be deeply under; but the moment you make an incision they begin to struggle, and then you certainly may have some shock.

4712. Symptoms of shock?—Certainly.

4713. So that in the case of an operation you are always between two fires. As you abolish shock you increase the depth and the danger of the anæsthesia?—Yes.

4714. That cannot be avoided in any way?—No; you endeavour to strike a happy medium.

4715. There is one other point that I see you raise. You think that poisonous local anæsthetics like cocaine ought not to be administered by unqualified persons?—Certainly.

4716. Would it not be rather difficult to deal with that in an Act of Parliament, to differentiate where a local anæsthetic may be used and where it may not, by unqualified persons?—I think that would be met by specifying the local anæsthetic.

4717. Would you specify the mode of administration?—I do not think so. It would be desirable to specially mention a hypodermic administration, because the action is so quick, and you have no control whatever over the cocaine when once it is injected hypodermically. If it is injected into the rectum, for instance, or taken into the stomach, you may get rid of some of it while the patient is still there.

4718. Supposing that a man gets a filing or a tiny bit of cinder into his eye, you would not prevent him from going into a chemist's shop and saying: "Please "drop a drop of cocaine into my eye"?—I think not. I do not think under those circumstances it is likely to be dangerous. I think I would confine the prohibition to a hypodermic injection.

4719. Or, of course, an intra-spinal injection?—Yes.

4720. In those cases, would you prohibit anybody but a qualified medical man or qualified dentist from using it?—I would forbid his giving the anæsthetic by the stomach or the bowel or by a hypodermic injection; but by a little superficial application, such as you mentioned, to the conjunctiva, or some little sore place on the skin, I do not think the patient could absorb sufficient to be dangerous.

4721. Supposing a man had bad toothache and he goes to a chemist and says: "Give me a tiny bottle "of camphorated chloroform," and he rubs it on himself, you would not prohibit that?—No.

4722. The difficulty is, when you use general words in an Act of Parliament to exclude the cases you do not wish to interfere with, and to include those that you do?—I am thinking more particularly of cocaine, with which it is well known that accidents happen. In one recent case it is pretty well certain that cocaine was the chief cause of death.

4723. But those cases are very rare?—Cases of death, yes; but I do not think it is by any means uncommon to get symptoms of cocaine poisoning from an injection. I have seen it myself in my patients when I injected it subcutaneously; it is a very dangerous drug.

4724. (*Sir Malcolm Morris.*) You include its allies, of course, like eucain, stovain, and so on?—Yes.

4725. (*Dr. Willcox.*) There is considerable danger, too, in urethral injection?—Yes, I know of one case which happened not long since, when it was injected into the urethra, and death ensued.

4726. (*Sir Horatio Shephard.*) I want to ask you again with regard to the question of the coroner having assessors. You have had great experience of coroners, I believe?—Yes.

4727. You have seen many coroners?—A great many.

4728. Have you had experience of cases in which the coroner has been apparently unable to digest the medical evidence and to state the effect of it to the jury?—Yes, I have seen him go wrong many times, but not when there has been an expert there; the expert at once sees the difficulty of the coroner and puts the thing right.

4729. But it is the business of the coroner to state the effect of the evidence—evidence of conflicting opinions, it may be, on difficult questions—on either side to the jury, and for that purpose he has to assimilate the views which have been put before him so as to reproduce them?—Yes; and I think when a medical man is giving evidence, say, on an intricate point, something happens to interrupt that evidence, and it may be that the coroner is not appreciating what the medical man says, then I think the medical man sees it, and he puts his evidence in another form. In my experience I have not seen misdirection by the coroner. I have seen misconception of evidence at the time it has been given, but I do not think that often filters through to the jury.

4730. In the result you think that the coroner manages to state the matter to the jury fairly?—I think so. I should like to say, because it has made an impression upon me, that non-medical coroners as a rule are extremely careful to make themselves fully acquainted with the meaning of the medical evidence. I can recall instances where the coroner has had some difficulty, and he has pointed out his difficulty.

4731. (*Chairman.*) Do you think in those cases the jury have understood one word of the discussion?—I do not think they have understood the discussion so much, but I think that the coroner has been sufficiently instructed so that he can translate it to the jury, and give them exactly what is required.

4732. (*Sir Horatio Shephard.*) If he can do that an assessor would be unnecessary. It would be sufficient if the coroner is competent to do that?—I am quite sure that where a pathological expert is employed there would be no necessity at all for an assessor. Occasionally, of course, you get absurd or perverse verdicts from a coroner's jury. I remember that in the case of Madame Rachel, who died in prison, the verdict was death from ascites by the visitation of God.

4733. (*Dr. Willcox.*) In cases of death from accident, in view of the possibility of compensation claims, do you consider it desirable that medical evidence should always be called?—I think it is very important. The Compensation Act, of course, is of very wide application indeed. Only a day or two ago a case came before the courts, where a man died from sunstroke while painting a ship. Of course, it was the climate really, and not his occupation so much, that killed him; but it was ruled that it came under the Employers' Liability Act.

4734. And you think that in most cases a post-mortem should be made?—Certainly. For instance, a man may be working and he may have an attack of apoplexy and meet with a fatal accident, and the post-mortem may establish beyond any doubt that the attack of apoplexy was not caused by the accident, but was the cause of the accident.

4735. (*Chairman.*) He may have fallen off a platform having had an attack of apoplexy previously?—Certainly, or he might be on the premises at his work, not doing heavy work, and might have an aneurism burst, or he might be tubercular and get sudden hæmorrhage into the lungs and die.

4736. In which case nothing connected with his employment would be the cause of death?—No, not at all.

4737. (*Dr. Willcox.*) What is your opinion with regard to stillborn, viable children; should such cases be notified to the coroner?—I do not myself think that there would be very much use in notification, because in such cases the coroner would very rarely take any

action at all. I think it is desirable, but I do not think there would be very much use in it.

4738. The coroner would insist upon a medical examination?—Would he? If you are going to institute such a procedure as that in all cases, namely, that the coroner shall have a medical examination made, then I say yes, it is desirable.

4739. (*Chairman.*) It would create the most hideous popular outcry, would it not?—Yes.

4740. And in many cases a very justifiable one?—I think so. I am afraid the subject is a very wide one. I wish to say distinctly that I think it is desirable, but at the same time I do not think it is practicable.

4741. (*Dr. Willcox.*) Are you aware of the way in which bodies of stillborn children are disposed of?—I only know from my general reading, the same as anyone may know. It is well known that they are put into coffins with other bodies.

4742. (*Chairman.*) Among the poor?—Yes, and taken away by the undertaker. A case happened about a year ago, which was not among the poor, where cremation was being carried out and the body of a baby was seen to fall out of the coffin.

4743. (*Dr. Willcox.*) Do you consider that that is a desirable way of disposing of such bodies?—Certainly not.

4744. (*Chairman.*) What do you suggest should be done in the case of a stillborn child; how should the body be disposed of?—I think if the present regulations and practice obtain, if the undertaker is allowed to put himself in possession of a stillborn body, it should be put into a coffin and buried decently. You cannot expect him to do more.

4745. Is there any difficulty in fixing the stage of development at which that should be done; does not difficulty arise as to the stage of development?—The whole thing is whether it is a viable child. There are an enormous number of cases of stillborn, viable children.

4746. Anything after six months, I suppose?—Yes.

The witness withdrew.

Adjourned to Tuesday next, at half-past 2 o'clock.

At the Home Office, Whitehall, S.W.

THIRTEENTH DAY.

Tuesday, 30th March 1909.

Present:

Sir Horatio Shephard, LL.D. (*Chairman*).

Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin. | Mr. Thomas Arthur Bramsdon, M.P.

Mr. J. F. Moylan (*Secretary*).

Mr. Robert Peacock examined.

4747. (*Chairman.*) You are Chief Constable of Manchester?—I am.

4748. How long have you held that office?—I have been 21 years Chief Constable, 11 years in Manchester.

4749. You wish to give evidence about the question of fire inquests, I understand?—I am also prepared to give evidence on behalf of the Municipal Corporations Association, who assembled last Friday in London, and I am prepared to answer questions in accordance with the replies they sent in to the questions circulated by the Committee to coroners.*

4750. I see you have considered Sir Henry Cotton's Fire Inquest Bill?‡†—Yes.

4751. I do not think the Committee care to go into the details of the Bill, because the question we have to consider is generally, not whether that Bill is a good one, but whether the system of inquests into fires is a good one; would you give us your opinion on that question without reference to this particular measure?—My opinion as regards inquests on fires is that they are quite unnecessary, because the present law is quite sufficient to take up any prosecution at the present time.

4752. The present state of things being, I suppose, that there is a police inquiry?—Yes, there is a police inquiry, and if there is any suspicion whatever that a place has been set on fire, a thorough investigation takes place at the present time, and a prosecution follows if there is any evidence to that effect. I may say that in Manchester the police authority have for years opposed the different Bills in Parliament dealing with fire inquests, because whilst they have gone into the matter very carefully and interviewed Members of Parliament, they are satisfied that no good would come of any inquests on fires.

4753. Have you considered the figures with regard to fires in the City of London since the City of London Fire Inquests Act of 1888 was passed?—I have communicated with the Commissioner of the City Police in London, and he tells me that not a single prosecution has followed, as the result of any investigation by the coroner. I think that is one of the best proofs that there is no good result from the coroner holding an inquest on fires.

4754. Are you aware that the number of fires in the City of London has very much gone down?—I was not aware of that, but I think you will find that fires have gone down all over the country because as buildings are more modern there are less fires.

4755. If there is any diminution in the number of fires in the City of London, you attribute it to general causes and not to the system of fire inquests?—I do not know what the facts are in London.

4756. Let me tell you what we were told. A witness told us that in 1884 (the Act was passed in 1888) there were 204 fires reported on; in 1885 there were 172; in 1886, 145; in 1887, 175; and then in 1889, 177; and now the last figure in 1908 has gone down to 134. So that comparing the first year, 1884, with the last year, 1908, there is a very considerable drop from 204 to 134?—That is one square mile—the City of London. There are more fires there than there are in proportion to the same acreage in Manchester—considerably more. I can tell you exactly how many fires there were in Manchester in 1908. The total number of alarms of fire was 570 only, that is, when the fire brigade turned out; there was a decrease of 13 on the previous year. Of those 479 were fires, so that the others were simply alarms but not fires.

4757. What is the area of Manchester?—The area of Manchester is over 19,000 acres. I should consider that it would be certainly ten times as large as the City of London in acreage—I do not mean in population—so that if you take it on the acreage, Manchester has considerably less fires.

* *See* Appendix No. 13. † *See* Appendix No. 14.

4758. Then with regard to population?—There again the population of Manchester would be about 650,000.

4759. Do you know what the population of the City of London is?—I think the resident population is only about 30,000.

4760. One can hardly draw any deduction from that?—No.

4761. You claim that in Manchester there are comparatively fewer fires than there are in the City of London?—Yes, taking of course the acreage into consideration. I am not going to say that Manchester is as densely populated, taking the whole acreage as London; but if you take two square miles in the centre of Manchester you will find no vacant places; it is all built on.

4762. But a good deal of the area of Manchester, I suppose, is not built upon at all?—No, there is scarcely any of that 19,000 acres not built upon; but when you get out two miles from the centre it is not as dense as it is inside.

4763. Nothing like the City of London?—No; but in the centre every inch of ground is built on.

4764. To the extent of a square mile?—Yes, more than that.

4765. You think that a public inquiry into fires would not be an improvement?—I think not. We get an inquiry now which we consider is more efficient than any coroner's jury.

4766. But surely it would be an advantage to have an officer who can summon witnesses and administer an oath. Surely an inquiry conducted in that way would be more efficacious than a police inquiry?—I do not think so. I do not think it would be as efficient, because at the present time if you have any suspicion at all you can always take proceedings and get a man before the stipendiary magistrate, who is a man thoroughly up to date in law, and knows all the intricacies of the criminal law, and he makes a thorough investigation; whereas if you take the other inquiry you would have the case inquired into by a common jury.

4767. And by the coroner?—Yes.

4768. Or an officer of that class?—Yes. I mean that the jury are not of the same class as you get at the assizes, where you would get a thorough investigation by a learned stipendiary magistrate. I think the present system is more efficient than that which is recommended. I have read through the Bill of the last two years, and met Sir Henry Cotton, and I thought I convinced him.

4769. What is your opinion generally as to the utility of coroners' inquests as they are conducted now on the bodies of dead persons?—I think with their machinery they are very efficiently conducted at the present time, but there are a great many complaints about inquests at the present time—about the number of juries that are called, and if you are going to increase them.

4770. One thing at a time. You think that the system of coroners' inquests as now conducted with reference to dead persons is useful?—It is useful, but, as I say, I could suggest improvements.

4771. No doubt; most of us could do that. It elicits facts which it is desirable to know?—Yes.

4772. And it is a means of acquiring information with regard to crimes suspected or actually committed?—Yes.

4773. For those purposes a coroner's inquest, I suppose you agree, is a useful procedure?—Yes, it is very useful for inquiring into the cause of death; and of course they have the means of calling in medical men and that sort of thing.

4774. Why should it not be equally useful with reference to fires?—Because it is not at all necessary. An inquiry takes place now without any new machinery. An inquiry takes place in every case—the police make inquiries; they are always the first persons called in to a fire.

4775. All that applies equally, does it not, to cases of death?—Yes.

4776. Can you give any reason why what is done and what is found useful with regard to deaths should not be equally useful with reference to fires? I am not talking about trivial fires, but fires which may be of an important nature, where there may be great loss of property or loss of life. Why should not the same tribunal which is useful with regard to the one class be useful with regard to the other?—If you had loss of life you would have an inquest, of course; so that the new machinery would not provide for that, it is already provided for; and if I go through that Bill clause by clause there is not a single thing in the Bill proposed last year that is of any use whatever to a city like Manchester; and that is the opinion of the Corporation as a whole.

4777. That is the view taken in Manchester?—That is the view taken in Manchester, and of course we were authorised last year to oppose the Bill in Parliament; and I suppose the Corporation will take the same view again unless the Bill is amended in some way so that they can see that there is some use in it.

4778. One object which is fulfilled by an inquest, as you know, is that warnings and suggestions are made, and recommendations by the jury?—Yes.

4779. And the same sort of action is taken by the jury in fire inquests in the City of London; that is to say, they point out defects and want of precautions, and that sort of thing. Do not you think that would be useful?—No, in my experience of an efficient corporation like that of the city of Manchester, they are quite alive to any improvements either in fire appliances or whatever they can do to protect the citizens.

4780. But what means has the Corporation of publishing its conclusions or its recommendations that it would wish to make such as the coroner has?—I think it has a lot more. For instance, there is the chief officer of the fire brigade; he is continually in negotiation with owners of property, and gets direct communications made, so that they can communicate direct in cases of fire, and he is constantly on the alert in offering suggestions for the benefit of the public. In fact, the Corporation of Manchester at the present time are spending about 17,000*l.* on new fire alarms for that very purpose.

4781. Is there anything else you have to say on this matter with regard to inquests on fire?—I do not know that I have except as regards any particular clause of the Bill of last year.

4782. (*Mr. Bramsdon.*) I understand you are the Chief Constable of the city of Manchester?—Yes.

4783. And you are speaking now only of the city of Manchester?—Yes.

4784. You have been 11 years Chief Constable?—Yes.

4785. Where were you before that?—I was in Oldham before that.

4786. Would you kindly tell us of whom the Municipal Corporations Association is composed?—It is composed of the town clerks of all the cities and boroughs, and also they have got representatives from each town, some two or three from different towns.

4787. Are you a member of the Municipal Corporations Association?—No, I am not.

4788. Do you speak on their behalf?—Not in the evidence I have given now. I do as regards the replies to the questions circulated to coroners.

4789. Then we are to understand that what you are saying to us now is in your individual capacity as Chief Constable?—All with the exception of extending fire inquests. On that point I also speak on behalf of the Municipal Corporations Association.

4790. I am taking you now and asking you to speak of your individual experience; you do not really represent the Municipal Corporations Association, because you are not a member of it?—But I have been asked to represent them here to-day, and I do represent them.

4791. How can you, if you are not a member and you do not know anything about the Association?—I was asked to attend their meeting last Friday with the Chairman of the Watch Committee and the Town Clerk, and we were asked to send two representatives here to give evidence.

4792. Have you been present at any meetings where the matter has been discussed?—Yes, I was present when these questions were answered.

4793. But these questions on which we have asked the opinion of coroners are not about fire inquests?—Yes.

4794. Only one question?—Yes. The answer of the Municipal Corporations Association to the question about fire inquests is that they do not think it would be advantageous to authorise inquests in the provinces in case of fires; that such inquiries would be long, expensive, and unproductive, as it is difficult to arrive at a safe and satisfactory decision as to the precise manner in which a fire has originated when, as in the case of a large fire, all traces of the origin are destroyed in the general destruction of the building.

4795. That is a resolution passed at a meeting of the Municipal Corporations Association?—Yes, on Thursday last.

4796. And you have been asked to convey that resolution to us?—Yes.

4797. And you have no further experience in connection with that Association than that, I take it?—No.

4798. As Chief Constable no one knows better than you the horrors and dangers of fires?—No. I may say that when I was Chief Constable in Oldham, I was also chief officer of the fire brigade there; and it is one of the largest centres for factories in England, and dangerous fires, too.

4799. And therefore you have had very great experience in connection with fires and the extinguishing of fires?—Yes.

4800. And I may take it that you would be glad if anything could be done to lessen the horrors and frequency of fires?—I should.

4801. And if anything could be done, it would be very pleasing to you?—Yes.

4802. Do not you think that a great deal could be done by a public inquiry in connection with fires?—I do not see that any more can be done than is done at the present time. It is a frequent occurrence for me as Chief Constable to prosecute in a case of arson.

4803. I am coming to that in a moment. Do not you think that a public inquiry is deterrent in a great many cases?—I should not like to think that many places are set on fire wilfully.

4804. I am only dealing with the principle. Do not you think as a principle that a public inquiry is deterrent in connection with fires as with other things?—Certainly.

4805. And that it deters evil-doers?—Yes, it does deter evil-doers, but I could show you that more innocent people would be damned by this inquiry than people would be deterred.

4806. Let us follow that—in what way would they be damned?—Say a public inquiry takes place; say John Jones's place is on fire. I will defy anyone nine times out of ten to prove how that fire originated. A public inquiry takes place; there is no jury that can arrive at a satisfactory conclusion as to how that fire originated. That suspicion is left on that man although he may be perfectly innocent, because the jury cannot come to a satisfactory verdict.

4807. Do you think so?—Yes.

4808. What makes you think that?—I do.

4809. That is an opinion of yours; but can you substantiate it with any reason or fact?—There is the fact that an inquiry takes place. Say that my premises are on fire, and that a public inquiry takes place. I cannot prove to any jury how that place got on fire. It is quite true that they do not say I have set it on fire, but there are always plenty of unkind neighbours to say, "You see, Mr. Peacock went before a jury, and "he could not give satisfactory proof as to how his "place became on fire."

4810. Do not you think that most right-minded people would be only too glad that the whole of the facts connected with any fire should be made public, to clear them?—Yes, they would if they were all sensible men that wished you well, but then they are not; plenty of people like to throw stones at their neighbours.

4811. You have had great experience, no doubt, of ordinary inquests into deaths?—Yes.

4812. Is it your experience that where deaths occur persons affected invariably desire the fullest possible investigation?—Yes.

4813. Is that not done to clear them from any aspersion?—Yes, but there is a medical man there who can clear a person from any suspicion by a post-mortem examination.

4814. But you know as well as I do that there are a large number of cases in which the post-mortem examination is a mere incident, and has really nothing to do with the question of guilt or suspicion?—Yes, I know that; but if there is any suspicion attached to a person of having caused the death, then there will be a post-mortem, and the person is absolutely relieved by the post-mortem.

4815. No, if a person is charged with alleged neglect in a running-down case, for argument's sake, the post-mortem is only an incident?—Yes.

4816. And the other evidence clears up the question of the suspicion or accusation of neglect?—Certainly.

4817. Therefore I say that the post-mortem is only an incident in the matter?—It is in some cases, but not in others.

4818. Let us go back to the question of fires. If you at present have any suspicion against a person, the only thing you can do is to prefer a charge of arson against him?—Yes.

4819. That person may be quite innocent of arson?—Yes.

4820. So that that person has to go and submit to be tried on a charge of arson in order to get relieved of the responsibility?—Yes, if he is charged.

4821. If a public inquiry were made, and there was no charge presented, would not that person be able then to have his character cleared without a charge like a serious charge of arson being made against him?—I do not think so.

4822. Why not?—Because I do not. The suspicion would still be there if there were suspicious circumstances, and you cannot get away from it. With a public inquiry it would remain there, and you could not get away from it.

4823. Why should suspicion remain in the one case and not in the other?—Because the suspicious circumstances, if there were any, would be there, and when it came before a jury they would probably say there is not a *primâ facie* case to send this case to the assizes, but they would not acquit the man entirely.

4824. I ask you, as Chief Constable, is not the argument quite the other way? Is it not the fact that at the coroner's inquiry you are able to go into much greater length of evidence and to get at the bottom of the thing much more exhaustively than you do in a charge before a magistrate?—Yes, you have a wider scope; you are not confined, of course, to what we call the strict line of evidence before the coroner.

4825. Is not that more calculated to relieve a man of anxiety and responsibility rather than to let him off for want of technical evidence?—Not if you have an inquiry, and there is any suspicious circumstance. I do not want you to think that in every case where there is suspicion there is a prosecution, because there is not. We suspect many men of doing things, but it does not follow that there is a prosecution. If there were suspicious circumstances in the case of a fire there may not at the finish be sufficient to send the case for trial, but that suspicion would remain there, and that man is probably ruined in his business.

4826. Let us go a little further into this. Unless you had sufficient evidence to warrant a charge being made against the man, you would not be disposed to bring a charge of arson against him?—Certainly not. If we thought we could not carry the case it would be very foolish to take it.

4827. Might there not be many cases in which the evidence would not justify a charge, and yet a suspicion may rest upon a man?—I am not here to ask questions, but where is the inquest on a fire going to solve that question?

4828. Will you answer my question first?—I say that there are plenty of cases where there are suspicions which would justify a prosecution.

4829. Upon that, I ask, would not a man in a case like that remain under an aspersion that under present circumstances cannot be cleared off, whereas as the result of an inquiry the whole of the facts would come

out and he might be very much better cleared?—No, at the present time it would never be made public if there was not sufficient evidence to take up a prosecution. I do say that about the police authorities they would never go and injure a man; if they allowed a man to go without a prosecution they would not publish any suspicion.

4830. But you have not now answered my question. If you have a case where you have not sufficient evidence to justify a prosecution, does not the man as it is at present remain under an aspersion which cannot possibly be cleared up?—No, he remains under no public suspicion at all; he may remain under suspicion so far as the police authority or officer who had the case is concerned.

4831. You spoke about Manchester opposing Bills in Parliament. I think you said you had always opposed Fire Inquest Bills?—Yes.

4832. How many Bills have been brought in to your knowledge?—They have been brought in for two years in succession—different Bills.

4833. Last year and the previous year?—In 1907 and 1908.

4834. The same Bill?—Different Bills.

4835. Very little difference, I think?—They are different.

4836. Can you tell me in what way?—I cannot tell you just now, but they are different.

4837. But substantially are not those Bills the same?—Yes, they are substantially, but they are not the same.

4838. Have there been any other Fire Inquest Bills brought in to your knowledge?—I find resolutions of the Corporation to oppose a Bill in 1898, in 1899, in 1907, and in 1908.

4839. In order to prevent fires would it not be wise to be able to get recommendations and advice as to anything that would enable the prevention of fires?—No, not from juries or coroners. I should say that the man to give that advice would be the man who is an expert in dealing with fires—that is the Chief Officer of the Fire Brigade.

4840. Is there not another view of the case; is there not the public view rather than that view?—I have had 31 years' service of the public, and my experience is that everything is done in the provinces—I do not know anything about London—to try to keep the apparatus and the men thoroughly up to date; and in the provinces they are well advised on all matters that would prevent fires. The Corporation go to this extent: they compel people to have certain communications and watchmen; at least they recommend watchmen in different places where there is likely to be a serious outbreak.

4841. Is the fire brigade under your care?—It is under the same Committee that I am representing.

4842. That is the Watch Committee?—Yes; the Chairman of the Fire Brigade is on the Watch Committee, and he has always opposed anything in connection with this Bill.

4843. Do not you think that from the public point of view it would be very desirable that inquiry should be made even in connection with the Fire Brigade?—No; I think it would be very disastrous if a Bill like this were passed.

4844. I am not talking about that Bill. I do not know that I disagree with you about it?—Because it would be a very great injury to the public by suspicion resting on innocent people.

4845. You spoke about the City of London, and you said that there had been no prosecution for arson?—No, I did not say there had been no prosecution for arson. I wrote to the Commissioner of the City Police and asked him if there had been any prosecution for arson following upon a recommendation from the coroner since the Act came into force, and he said that no prosecution to his knowledge had been taken up.

4846. Are you aware that that is not accurate?—I only know what he said. I could send his letter to you.

4847. Do you know how many fire inquests are held by the coroner for the City of London?—I do not.

4848. Do you know that it is a fact that comparatively few inquests are held; that the police make inquiries and report to him?—I do not. I wrote and asked that question, and if the Committee wish it I will send on the Commissioner's letter.

4849. Have you ascertained the opinions of any body of traders upon this question?—No. I have not, with the exception of the Chamber of Commerce. The Chamber of Commerce of Manchester were against the Bill of last year.

4850. Were they against that specific Bill or against the principle?—Against the principle of fire inquests.

4851. You do not follow me; perhaps it is my fault. Was it against that Bill *qua* Bill or was it against the principle of public inquiries into fires?—Against the principle of public inquiries into fires.

4852. Although they had that Bill before them for consideration?—Yes, in both years they have had the Bill before them. It is their duty to consider Bills.

4853. Do you know Sir William Holland?—Yes.

4854. Am I right in understanding that Sir William Holland either is or was Chairman of the Chambers of Commerce of the United Kingdom?—He has had some connection.

4855. I think he is Chairman?—I could not say that; I know he has had some connection with the Chambers of Commerce.

4856. And some high connection?—Yes.

4857. May I put it to you that he either is or was Chairman of the Chambers of Commerce of the United Kingdom?—If you say so.

4858. Do you know that he is one of the backers of that Bill?—I do not.

4859 Would you look at the back of the Bill?—Yes.

4860. It is so, is it not?—Yes, his name is there.

4861. Do you know, or do you not know, whether that great body, the Chambers of Commerce of the United Kingdom, are in favour of the principle of this measure all throughout?—No; I do not know that. I know it was said that the Chamber of Commerce of Nottingham were promoting this Bill, and I cannot say from my own knowledge, but I do know this that in both years the Secretary of the Chamber of Commerce has been seen by the Town Clerk of Manchester, and he has always been in favour of the opposition of the police authority in both years.

4862. At any rate, you do not know whether the Chambers of Commerce of the United Kingdom are in favour of this principle of inquiry into fires?—I should say that they are not. I can only speak for Manchester.

4863. But you do not know?—No.

4864. You spoke of making inquiries into fires. Are we to understand that you make a specific inquiry into every fire that takes place?—I do not personally; the Chief Officer of the Fire Brigade does, and if there is any suspicious circumstance he calls in the police immediately, and if the police find any suspicious circumstance before he arrives, they would act, and a special report is made to the Watch Committee, that is the Fire Brigade Committee, which composes the whole Watch Committee, of every fire.

4865. I take it from what you tell me that you are extremely efficient in Manchester on the subject of fires?—Yes.

4866. I should think so from what you say. You would not like to say that that is so all throughout the kingdom?—I know it is not.

4867. Would you therefore apply your rigid objection to inquiries all through the kingdom?—I am not speaking, of course, for other places. If there is to be a Bill, this is too drastic. Of course you do not know probably the seriousness of a Bill if it was passed. It means that it is compulsory on the Chief Constable to report a fire to the coroner. If there was going to be an inquiry, and you put it in this way, that the Chief Constable, if he thought there were any suspicious circumstances, would report, that would be another matter; but if you make it compulsory you do not know what it is going to cost.

4868. It would involve an enormous amount of trouble, you think?—And unnecessary expense altogether where you have 400 or 500 fires, and

you have to make a special inquiry and report where there is no need to do it. But if you put it that the Chief Constable, if he thought there were any suspicious circumstances (assuming there was going to be a Bill), should report, that would answer the same purpose without this unnecessary labour.

4869. Then may I gather that you are not so much opposed to the principle of inquiry as opposed to this Bill which is so drastic?—I am not opposed to anything that would elicit the truth.

4870. I may take it that what I said was correct, that you are not so much opposed to the principle of inquiry as opposed to this Bill that is so drastic?—So far as Manchester is concerned it is not needed at all.

4871. Then you do not want to speak to us at all about the other parts of the kingdom?—No, I have no authority to speak for other parts of the kingdom as to their efficiency or want of efficiency.

4872. I should like to go a little bit further. There are a great many places in the kingdom, I am only now speaking to you as an individual and not as Chief Constable, in which disastrous fires take place and into which, so far as you are able to say, no adequate inquiry is made?—That is so.

4873. We read occasionally of horrible fires where children are at meetings and things of that kind?—Yes.

4874. And we also hear of narrow escapes in which persons or children might have met with their deaths if it had not been for coincidences that prevented fire?—Yes.

4875. If anything could be done to lessen these risks and these horrors, you would be one of the first to desire it, I take it?—Certainly.

4876. Just one other point. You said that the coroner's jury were not the same as the assize juries?—Yes.

4877. What principle does your coroner adopt when he gets an important inquest in Manchester?—For instance, we had a very big one quite recently, a common lodging house last month took fire and there were nine deaths there. I was there myself within a quarter of an hour of the fire brigade. What the coroner did was he visited the scene himself.

4878. I was talking of the jury?—And the jury as well.

4879. When your coroner gets an important inquiry in Manchester—I am speaking now of deaths—does he suggest that a better class of jury should be summoned than for an ordinary case?—No, he takes certain districts for different juries.

4880. But the summoning of the jury is left to the police, I take it?—Yes, it is left to the inspector; we have an inspector told off for that work who does nothing else.

4881. Does that inspector select a better class of jury in serious cases when important inquiries are held than in simple cases?—I could not say that. I have not heard of it.

4882. Would you be surprised to hear that it is the practice in many towns in the kingdom?—I know it is.

4883. And not an undesirable one?—It may be necessary.

4884. And I say not an undesirable one?—No, it is a desirable one.

4885. (*Chairman.*) Just one more question about fire inquests before we pass on. I think in the Manchester Corporation one ground of objection to fire inquests is the expense?—Yes.

4886. How would the expense be increased?—In various ways. For instance, if you had to make a report to the coroner of every fire that occurred, which of course is the Bill, you would require to have a man, what I call an expert police officer, to be on the spot immediately when the fire brigade was, so that he could report exactly whether there was any suspicious circumstances or not connected with that fire. We have 1,200 police officers in Manchester, and it would not do to leave it haphazard to any police officer who may not be in the habit of taking down statements to make such report; you would need to have a man thoroughly up to date on the spot able to take down statements.

4887. That is one objection?—Then another objection is, that it is compulsory here to report. The coroner could please himself of course whether he held an inquest or not. Assuming that in Manchester he only held an inquest in two-thirds of the number of fires—I do not say that he would hold one in two-thirds, but assuming that he did—that would be a proportionate expense.

4888. Of the inquest?—Yes, of the inquest and the salary, and there would have to be the salary—that follows this Bill. You have to pay either fees or a salary in proportion.

4889. Is the coroner in Manchester paid by salary?—Yes.

4889*a*. Do you suppose that, because a few inquests more were added to his work, his salary would be necessarily increased?—I do not say that, if it was left to the Corporation, but you do not leave it to the Corporation; you make it compulsory.

4890. But it does not necessarily follow that because you make a new system of inquests, inquests in a new branch, you must increase the pay. The coroner is a full-time man, I suppose?—Yes. A system could be brought forward and a Bill could be brought in in which that is not compulsory. It is compulsory in this Bill.

4891. The objection on the score of expense, so far as the coroner is concerned, may be got rid of then?—Yes, somewhat.

4892. Now is there any other ground of expense?—There is the expense of the jury.

4893. That depends on the proportion of cases in which there is an inquest?—Yes, it all depends on that.

4894. Do you mean to say that the ordinary police officer who is present at a fire is not competent to report the fact of a fire to the coroner?—I say that the ordinary man would not be.

4895. I say the ordinary man who would be present at a fire of any sort of importance. Do you mean to say that there is not one of the police constables who is competent to report the fact of a fire to the coroner?—I did not say that.

4896. What did you mean, then?—I did not say that at all. I said that if you want to have a proper investigation as to the origin of a fire, the investigation has to be made by a person very early at the fire.

4897. I am not talking about investigation. You were saying that the constable who would have to report to the coroner would not be competent to make a report?—No, I did not say that.

4898. You do not mean that?—I do mean it.

4899. Then you do mean that the man who would be present at a fire would not be competent to make a report to the coroner?—No, I did not say a man who would be present at the fire. You put it in a different way from what I put it. You say now that there would be a man present. I say there would be a man present during the progress of the fire.

4900. Then there would be a constable present during the progress of the fire who would be competent to make a proper report to the coroner?—Certainly; but then all tracks would be wiped out by that time. You want an efficient man there with the fire brigade immediately that notification is given of a fire, if you are going to have an efficient and proper report. For instance, you could not send an ordinary constable to make inquiries into deaths. You have to have a man who is well up in this sort of thing if you want to do it efficiently.

4901. I will just read to you now the section of the City of London Act. This is what it says: It shall be "the duty of the Commissioner" (that is the Commissioner of the City Police) "or the said chief officer, "forthwith to report the same," that is to say a fire, "to the coroner"—that is all. Is there any difficulty about a police officer making a report of that sort?—If you mean just a report that a fire has taken place, there is no investigation there.

4902. It does not say that he shall make an investigation?—No.

4903. Then I do not see where the expense comes in. What is the objection, then, as regards expense?

We have got rid of the increased salary, or apprehension of the increased salary to the coroner, and we have got rid of the difficulty about the police constable. Where do you find any increased expense caused by this?—I should not like as Chief Constable to take the responsibility of simply sending word on to the coroner that there has been a fire, and to say nothing more. I take it that the object is to find out whether there is any suspicion attaching to it.

4904. But supposing you do get from the stupidest constable you have a report that there has been a fire, I suppose now you take steps immediately to send an intelligent police constable to see what is going on?—No, we do not. The chief officer of the fire brigade knows immediately he arrives whether there is any suspicion.

4905. You do not mean to say that you do not send a constable to see what is going on?—Not to make an investigation into it.

4906. I do not say an investigation. But you are warned of a fire?—Yes; the constables are told, if there is an alarm of fire, to make for that particular building immediately; there is a general order to that effect.

4907. There is a general order now?—Yes; you have to do that to keep a passage clear for the fire brigade to work.

4908. Surely they are there for some other purpose than that?—They are simply there to keep the crowd and the traffic clear, so that the fire brigade may have free access to work.

4909. (*Mr. Bramsdon.*) I understand from your evidence that a report is made at present in connection with every fire?—Yes.

4910. By the Chief Officer?—Yes.

4911. To whom is that report made?—To the Watch Committee. It is called the Fire Brigade Committee, but the Fire Brigade Committee constitute the whole of the Watch Committee. It is called a sub-committee, but every member of the Watch Committee is on it.

4912. Then what would be the difficulty or expense in having a similar report sent by the same officer to the coroner?—This report is made principally of the damage and, so far as he can ascertain it, as to the origin.

4913. When do you come in as Chief Constable?—We do not come in unless there is some suspicion that the place was set on fire.

4914. The Chairman wanted to find out just now how you ascertained that fact?—I have already said twice that the fire officer if he found any suspicion would send for the police.

4915. That is what the Chairman wanted to get from you?—Yes.

4916. Then the fire officer has all the information at his disposal?—Yes.

4917. Then what expense or trouble would it be for the fire officer to send practically a similar report to the coroner that he sends to the Watch Committee?—That would not assist the coroner in any way.

4918. That is not the point. You said just now that if there was any suspicion it would come to you?—My contention all along it that it is quite unnecessary. If there is any suspicion now the fire officer calls in the police, and makes inquiries for himself.

4919. That is your view. We want to find out whether there is any other view of the case. If arrangements were made by which a report not only had to go from the fire officer to the Watch Committee, but had to be sent officially to the coroner, that could be done without trouble or expense, could it not?—Yes, that report could go on, or we could easily send him a copy. But that would serve no purpose.

4920. Now let me go to another point. Will you tell us how many fires there were in Manchester last year?—479 actual fires; the rest were alarms.

4921. How many inquests do you estimate would have to be held supposing inquiries had to take place into fires, with that number?—It is difficult to say how many inquests would be held.

4922. I think you did suggest a number in your evidence?—I said probably two-thirds.

4923. Do you really think there would be an inquest in a tenth of that number? I do not mean of the two-thirds, but of the whole number?—I should say quite that number if the coroner was paid by fees.

4924. Why do you say if the coroner was paid by fees?—Human nature is the same all the world over.

4925. That is how you judge it?—No, I judge by facts. I know there are plenty of cases in towns where cases have been reported to the police in which it has never been known but what an inquest takes place. I think you will find that that is a ground of complaint in many towns that inquests are held unnecessarily on dead bodies at the present time, and they go so far in some counties as to suggest that the reason is because the coroner is paid by fees.

4926. Do you suggest that a coroner holds inquests in accordance with the fees he gets?—I am not going to suggest anything at all.

4927. Do you suggest it, or do you not suggest it? You either do or you do not suggest it; one or the other. (*After a pause*)—Mr. Peacock, you make a very serious allegation against coroners, and I think it is not out of place for me to ask you which you mean: do you mean it or do you not?—I mean what I say, certainly; and I say without hesitation that if the coroners were paid by fees, inquests would be held in two-thirds of the cases.

4928. Supposing they were paid by salary, what then?—Then, of course, the thing is quite different altogether.

4929. Then I say that means that, in your opinion, coroners are influenced by their fees?—I do not want to impute that to coroners; I am not going to be led into that, but I think if you want to prove it, you can easily do it. But I am not going to be led into making that statement.

4930. Then it would get rid of a great deal of difficulty if coroners were paid by salaries rather than by fees?—Yes.

4931. As they are in Manchester?—Yes. I say they ought to be paid by fees; I have always maintained that.

4932. One of your principal objections to this system of inquiry into fires is on the ground of expense?—Yes, that is the Corporation's objection; it is not my personal objection, but the Corporation have to look to whether they are going to get anything for their money, and they cannot see anything in this particular matter.

4933. Do they not think that if by means of these inquiries lives could be saved, they would be well repaid?—Yes, if they found that any inquiry would save lives they would spare no money and spare no expense in Manchester.

4934. If, as a matter of fact, the number of fires is lessened, is not the risk to life being lessened also?—Yes, if they were going to be lessened.

4935. But the only experience that we have, that is in the City of London, is that there has been a lessening of fires since fire inquests came into operation?—Surely you do not suggest that that has lessened the number of fires, do you?

4936. I think the evidence suggests it. Take another thing. If a large amount of property could be prevented from being destroyed, would not that be some recompense for the expense?—Yes, if it could be.

4937. You seem to be utterly opposed to anything of the kind?—There has been no machinery suggested yet that would carry it out.

4938. (*Chairman.*) Do you wish to give evidence with regard to the answers of the Association of Municipal Corporations to the questions circulated to coroners?—The chairman of the Watch Committee, the ex-Lord Mayor, is prepared to do that.

The witness withdrew.

Mr. JAMES HERBERT THEWLIS examined.

4940. (*Chairman.*) You are now, I believe, Chairman of the Watch Committee of the City of Manchester?—Yes.

4941. Do you hold any other office now in the Corporation?—No.

4942. You were Lord Mayor of Manchester?—Yes, three years ago.

4943. You wish to give evidence with reference to these questions, I understand?—Yes, to the best of my ability, if I can assist you at all.

4944. Are you connected with the Municipal Corporations Association?—Yes, in this way: The Lord Mayor is usually the real representative on the Association, but I am here representing him. The Lord Mayor and Town Clerk are supposed to be the representatives, but the Lord Mayor always delegates whom he desires if it is inconvenient for him to come.

4945. And you have come on behalf of the present Lord Mayor?—Yes.

4946. Of whom does the Association consist?—It consists of the municipal corporations in England, Ireland, and Wales, and the object of the Association is by complete organisation more effectually to watch over and protect the interests, rights, and privileges of municipal corporations as they may be affected by Public Bill legislation or by Private Bill legislation of general application to boroughs, and in other respects to take action in relation to any other subjects in which municipal corporations generally may be interested.

4946. Who are the members of the Association?—The Association consists of 295 cities and boroughs in England and Wales; it includes every county borough in England and Wales and every non-county borough with a population of over 12,000, with the exception of one, and the remainder is made up of small boroughs. It also includes the cities of Dublin, Belfast, Cork, and a few metropolitan boroughs.

4947. You do not profess to represent all these boroughs and municipal corporations in what you are going to say?—Not all of them individually, but I represent what stands as the decision of the corporations combined on this particular subject.

4948. Have they considered these questions in their corporate capacity or as an Association?—Yes.

4949. And have you come here to represent the general view of the Association?—Yes; inasmuch as the Association appointed a meeting of the law committee (I am not a lawyer) to deal with this point, and I met them and went through the points with them, and a unanimous decision, if I remember rightly, of that law committee is embodied in those various points that I now put before you; so that in so far as representative government exists at all, I represent the Association.

4950. With regard to the working of the system of coroners' inquiries, you personally, I understand, have no special experience?—No, not beyond general observation.

4951. Except as a member of the public?—Yes, I have perhaps taken a little more interest in it than a good many members of the public do. It comes to some extent under the department over which I preside in finding officers and that sort of thing.

4952. Then we may take it that the answers you have sent in to these various questions on which we asked the opinion of coroners represent the views of the Association?—I think you may take it without any hesitation.

4953. (*Sir Malcolm Morris.*) Were these questions and answers circulated to the members of the Association or were they only the result of the investigations of the committee?—They are the result of the investigations of the committee.

4954. What does that committee consist of?—Eighteen members.

4955. And this committee is the only one that has had an opportunity of investigating the subject?—Just recently.

4956. This paper does not contain the general opinion expressed by the various bodies. Have they each sent in a resolution to the central body, or what happened prior to this result?—I thought I explained a little while ago that this law committee was appointed by the larger assemblage to deal with this question. They have dealt with it, and this is the result.

4957. My point is, has each individual corporation or body sent in resolutions in this spirit to the central committee before the central committee decided?—I could not say.

4958. (*Chairman.*) Were the committee from various parts of the country?—Yes, from the principal towns.

4959. It was a representative committee?—Yes; that is why I emphasised the term "representative government."

4960. Is there any one of these answers on which you would like to say anything particular?—No, I do not know that there is, specially. We have had some part in the forming of the answers. If there is any point you would like to ask me about, I shall be glad to answer you to the best of my power. I would like to say one word, if I may, about the investigation into fires by the coroner.

4961. If you please?—I am rather more interested in that perhaps than in some of the other parts of the subject. I would like to say that in 1899 our watch committee decided—and it was confirmed by the council—to oppose the investigation into fires by the coroner, and since I have looked into the subject, which has been up now two or three times (it takes a long time finally to dispose of these questions), I do feel that there would be no advantage gained by appointing a coroner as the investigator of fires. Unfortunately, I was detained in coming here, and I did not hear all that the Chief Constable said, but what it appears to me would be a most serious thing would be, the danger that would happen or the damage that would happen to the reputations frequently of honest men whose places have been visited by fire, if they should be compelled, as they would be, of course, to have an inquest held. It would necessarily leave a stigma, just as it would with any of us if we were taken before a magistrate on any charge; although we may be acquitted we know perfectly well that it leaves behind it an exceedingly unpleasant impression and an exceedingly unpleasant stigma in the minds of our enemies. I am perfectly certain that it would be the same in this case. Take myself—it is always easy to put oneself in the same position—supposing in any place of business of mine there was a fire, and under some new legislation it was the duty of the coroner to investigate that fire and I was under investigation for it, I am perfectly certain it would have a very serious effect upon my peace of mind for the rest of my life.

4962. Is that the view taken in Manchester?—I should think it is the view taken everywhere on this particular point.

4963. Let me put this to you. Supposing you are possessed of a warehouse or works where there are a number of people employed and a death occurs, and there is an inquest, would anybody imagine that that inquest would in any way reflect upon you?—I do not like to answer that by asking another question, but would the cases be parallel? Nowadays it is always understood that there must be the very closest investigation into an accidental death; but here the basis of this is that there should be certain suspicious circumstances as a foundation.

4964. No, you are troubled by the Bill—never mind the Bill. I have got here the City of London Fire Act, and the words there are: "In any case where loss "or injury by fire within the City has been brought "to the knowledge"—that is all. The facts you must suppose are these: There has been a fire in your works or warehouse, and loss or injury by fire. The cause of that is not known, and a report of it made to the coroner, who holds an inquest. How in the world can any reasonable person make any suggestion against you because there has been a fire?—I think it is what would follow.

4965. Why should it follow more than if unfortunately one of your men happens to die?—I think the circum-

stances are different. The cases are not parallel, on this ground, that it would be, and it is the foundation now, as you know perfectly well in London, that the investigation of the coroner would be made upon suspicious grounds. It is not so in the case of death.

4966. In that sense, that the cause is unknown?—With some reason for supposing that the cause can be found out—you may put it in that way if you like.

4967. Otherwise there would be no use in holding an inquiry?—No, but that arises from some ground of suspicion in the first instance, certainly, and it does not in the case of death. You say it does not matter about known circumstances—just as we had that unfortunate fire in the lodging-house the other day that the Chief Constable referred to. Everybody at once concluded how those men came by their deaths; but that did not do away with the necessity of an investigation.

4968. Why should it be suggested that a man has burned his house down any more than that he has improperly caused the death of somebody in his house?—I do not know why it should be, but unfortunately it generally is, as you know as well as I do.

4969. It is news to me?—A certain class of people are usually suspicious.

4970. (*Sir Malcolm Morris.*) That is the unanimous opinion of the Association, apparently?—Yes, and of people generally too in the ordinary run of everyday life. I have never had a fire, and I have never had an experience of that sort.

4971. Have you heard any opinions expressed by any members of the Corporation of the City of London against the Act that is in force?—No.

4972. (*Chairman.*) Is there anything else that you wish to say about fire inquests?—I do not think there is anything.

The witness withdrew.

Adjourned to Friday next at half-past 2 o'clock.

At the Home Office, Whitehall.

FOURTEENTH DAY.

Friday, 2nd April 1909.

Present:

Sir MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).

Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin.
Sir Horatio Shephard, LL.D.
Mr. Thomas Arthur Bramsdon, M.P.
Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

Mr. Richard Henslowe Wellington examined.

4973. (*Chairman.*) You are a barrister-at-law?—Yes. I am a practising barrister.

4974. And you have also a medical qualification; you are a member of the Royal College of Surgeons, and a Licentiate of the Royal College of Physicians?—Yes. I practised medicine for 10 or 12 years, in general practice, when I retired and was called to the bar. I am also lecturer on forensic medicine at Westminster Hospital School of Medicine.

4975. You have also, I believe, acted for a long time as coroner?—Deputy coroner for Westminster and the south-west district of London.

4976. Have you acted always for the same coroner, or for different coroners?—As deputy always for the same coroner: but I was for two years or more clerk or pupil, if I might use the term, under Dr. Geo. Danford Thomas to gain experience first. I did that for two or three years before I became deputy coroner.

4977. As deputy coroner are you paid by the county council or by arrangement between you and the gentleman you sit for?—It is purely a private arrangement between my chief and myself.

4978. Mr. Troutbeck, I think, is coroner for either two or three districts?—For the city and liberty of Westminster; for the Savoy, which is a portion, I believe, of the Duchy of Lancaster; and for the south-western division of the county of London.

4979. Was he appointed by three different authorities?—For south-west London he was appointed by the London County Council; for the city and liberty of Westminster by the Dean and Chapter of Westminster; and as regards the Savoy, I really know nothing about it.

4980. That, I may tell you, is by the Duchy, I suppose by the Chancellor of the Duchy?—Something of that kind.

4981. I want to ask you one question on that. As a matter of strict law, supposing a body is found in the Savoy, is there any legal authority that you can give us for moving it into the Westminster mortuary, which of course is the most convenient place?—As I have just said, I really know nothing about the Savoy, because it is so thoroughly amalgamated with our Westminster jurisdiction.

4982. For practical purposes you treat it as part of Westminster?—Yes.

4983. But theoretically how does it stand?—I am quite ignorant of it.

4984. At one time, I think, Mr. Troutbeck was coroner for Westminster, and there was another coroner, a different person, for the Savoy?—That I could not answer.

4985. At any rate, in the jurisdiction of the Savoy coronership there is no mortuary and no accommodation for holding inquests?—No.

4986. When you act as deputy for Mr. Troutbeck, I take it you are acting for the whole three coronerships?—Certainly.

4987. You do not know whether any special arrangement is made under which you sit as deputy for the Savoy?—No.

4988. In fact, you are deputy for Mr. Troutbeck whether he is one, two, or three coroners?—I am.

4989. We have had some very interesting evidence from Mr. Brooke Little on the antiquity of the office of coroner. I do not know whether there is anything you wish to add on that point. We have also had your own most interesting book which you have kindly sent us?—As regards the antiquity of the office, I would only add to what Mr. Brooke Little may have been able to say, that I am able to trace it back as far as 1451 B.C., viz., to the 21st chapter, verses 1 to 9, of the Book of Deuteronomy, where you will find the law of the coroner. The heading of the chapter is "The expiation of an uncertain murder." If I were to print in parallel columns those nine verses and the Act of Edward I., 1275, they would be almost identical.

4990–1. I am sorry I have not the words of the chapter in my mind, but was there a coroner's jury or not?—No, it speaks of judges and elders, and then there is a distinct reference to the old Deodands in the taking of a heifer, and also some forfeiture from the township, the same as it was down to 1846 as regards the Deodands. Then it might be interesting to the Committee to see what the frontispiece of my book was taken from, and that (*producing a seal*) is an exact replica of a coroner's seal of the 14th century. I am indebted to the authorities of the British Museum for it—it is an exact replica in every detail.

4992. What coroner was it?—I believe the coroner for the King's household.

4993. It was emblazoned on the arms?—Yes, and the Coroner's Society for England and Wales has adopted it as their medallion for the chain of office.

4994. The next question is, whether in your opinion there are too many inquests?—I would answer by asking what is the object of the inquest.

4995. Is not that defined in the statute?—Certainly, more or less, and in certain cases; but in cases apart from those, if an inquest is to be held in all cases of uncertified death simply to ascertain information for registration purposes, then the number of inquests cannot be reduced, and the holding of an inquest is forced upon the coroner by any medical practitioner who withholds a death certificate.

4996. That does not necessarily follow from the law as it stands at present; there are very many uncertified deaths in which no inquest is held?—I agree, as regards my own practice, but I am afraid many coroners hold another view. I have often heard it said by coroners that they must hold an inquest because there is no medical history.

4997. It is obvious that if there is no medical certificate of death the coroner ought to make inquiry; but I know of nothing to compel him, if that inquiry is satisfactory, to proceed to hold an inquest?—That is quite my view, and as I say in "The King's Coroner," vol. ii., p. 10: "The fact that the deceased was not "attended during life by any medical man is not *ipso* "*facto* any reason for holding an inquest, nor, on the "other hand, does the fact that a medical man has "attended and given a death certificate preclude the "coroner from holding an inquest. In other words, "the coroner, if he thinks right and proper, may order "an inquest whether a certificate of death has been "given or not; but there must be a reasonable sus-"picion that death was due to some cause or causes "other than natural, otherwise the coroner is not "justified in having an inquiry held."

4998. I should think everyone would agree that if you have not a proper certificate of the cause of death it is right that the coroner should know of the case, and should make such inquiries as he thinks fit, but it does not necessarily follow that he should go on to hold an inquest?—I quite agree, and I have myself declined to hold, I venture to say, many inquests upon that argument, but I am rather hauled over the coals for it.

4999. By whom?—By my brother coroners when I have discussed it with them, and we have four or five coroners' officers who have expressed surprise at "No inquest!"—and then that information has been conveyed to the medical practitioner who was called in, and it gets talked about.

5000. I want you to give me your opinion on one specific point. When a death under anæsthetics given for the purpose of a surgical operation occurs, in your opinion is the coroner bound to hold an inquest, or has he a discretion?—There, again, I believe coroners hold different views. Some would say that they must hold an inquest in all those cases because it is a death from a poison, the anæsthetic, or it is an accidental death, and on those two arguments many coroners would hold an inquest.

5001. Some, on the other hand, think that if they make inquiry and find everything to be regular and in order, and that all care has been exercised, it is unnecessary to hold an inquest?—That is the opinion of many.

5002. Is any distinction drawn among your colleagues, do you know, between deaths under anæsthetics in an institution and in a private house?—No, they draw no distinction. The difficulty is for these cases to come to the coroner's knowledge at all, because the medical practitioner does not always report them.

5003. If he thought there was any possibility of blame?—May be so.

5004. Do you think it is advisable in the public interest that an inquest should be held or not?—I think that if inquests are to be held in all these cases it must create alarm in the mind of the public.

5005. That is what I was thinking—an unnecessary and an unfounded alarm?—I think so, most certainly.

5006. Because of the way they would be reported in the Press?—Yes.

5007. It is not the fact of an inquest, but rather the report of it in the Press that would create alarm in the public mind?—Yes; I think with you that unless the coroner has specific knowledge brought to him, either through the relatives of the deceased in the nature of a complaint, or the registrar, or from some general source, an inquest is quite unnecessary; it is creating alarm, and perhaps unnecessarily damaging some public institution or hospital.

5008. If the coroner is satisfied that death must have happened?—Yes, I think so, but upon reading the Coroners Act, 1887, I take it that a death under an anæsthetic, and if due to the anæsthetic, might certainly be said to be a death from an unnatural cause, an anæsthetic being a poison, and it is probably a death from accident—misadventure. Consequently an inquest must be held under the statute.

5009. I rather wanted to know your opinion as to what you thought advisable, because you have given a great deal of attention to the law of coroners?—I have.

5010. Perhaps you have not thought out the specific question I raised, as to whether it is advisable that an inquest should be held in all cases of death under anæsthetics?—I think it is inadvisable.

5011. Are you not an officer of the Medico-Legal Society?—I am practically the founder of it, and I was for six years senior secretary of it, and am at present on the council.

5012. I am rather asking you these questions because I thought perhaps to some extent you could speak on behalf of that Society?—I have no authority to speak on behalf of the Society, because the Society, I believe, is asking to send a deputation before you and I am not to be on that deputation, because they are of opinion that it will be better that no coroner should come from that Society.

5013. I thought the Society was mainly composed of coroners?—Oh, no, some are coroners, but the members are lawyers, medical men, and laymen.

5014. Mr. Justice Walton, for instance?—Certainly.

5015. Have you anything further to say on the question of the number of inquests?—I would say that in my opinion too many inquests are held.

5016. Would you tell us the ground of your opinion?—With my 10 or 12 years' experience as a medical man, and from the knowledge that comes to me in my preliminary inquiry, I am able to say that many of these deaths appear so natural and free from suspicion that an inquest is unnecessary. If I may give a specific case: Only a short time ago a death was reported to me of a woman who hurried up the steps of a suburban railway station; she and her husband had had an afternoon out together, they hurried for the train, and just before getting into it she dropped apparently dead upon the platform, or died in a minute or two That was reported, and from the evidence that was given to me in my preliminary inquiry, it was said that she had heart disease, and had had it for some years, and that she had been under medical attendance on and off within a few months, I thought an inquest uncalled for. Surely this was a case of natural death. No inquest was held, and great surprise was expressed.

5017. By whom?—By the medical man who had been attending her. She had been attended within a short period of her death, and it was known that she was an invalid and had heart trouble.

5018. Another question that arises on that is, would not the number of inquests be materially diminished if the coroner had power to order and pay for a post-mortem examination before he determined to hold an inquest, as part of his preliminary inquiry?—The number would be enormously diminished.

5019. But in that case, of course, in the case of a coroner paid by fees, he has quite as much trouble, or more, as if he held an inquest, and he ought to be remunerated?—Certainly. If we had the power of ordering a post-mortem examination without going on to an inquest, the work in the office would be equal to and perhaps more than the work in the court with an inquest, whether the coroner be paid by fees or fixed remuneration.

5020. But what would be the effect on the number of inquests actually?—The number would be enormously diminished.

5021. Taking the history of a case, such as you have given us in the matter of this poor woman, where the post-mortem confirmed what you expected, it would be absolutely futile and nugatory to call the jury together?—Absolutely.

5022. (*Sir Malcolm Morris.*) Do you consider that if that procedure were followed there would be a saving of expense on the whole?—That, of course, would depend upon any arrangement that might be made as to who made the post-mortem—whether it would be an individual called in, or whether it would be somebody appointed for the purpose.

5023. I do not mean in individual cases, I mean as a whole so far as regards the expense to the county council, or whatever authority it was that was responsible?—Would it make any difference? It is simply a post-mortem before or after a preliminary inquiry.

5024. I do not mean that; I mean, if you had a preliminary inquiry with a post-mortem and paid a fee of a guinea and we had far fewer inquests, would it sum up at the end to a less cost?—Most certainly. There would probably be a saving of about 500*l.* per annum in each district of London alone, and there are eight or nine such districts. Roughly speaking, then, there would be a saving of about 4,000*l.*–5,000*l.*

5025. What expenses would be saved if the matter stopped short at a post-mortem examination without an inquest?—You would save, then, the hire of a court room, certain police expenses, the expenses of witnesses, and the jury fee.

5026. The jury fee, if any?—Yes.

5027. And the coroner's officer's fee, if any?—Yes, that is what I meant by certain police expenses.

5028. Can you give us any idea as to the number of inquests that would be saved—would it be half?—I think about 40 per cent. of the inquests would be avoided, though the work of the coroner, as I have already said, would be equally as arduous on account of the increased work in his chambers or office.

5029. At all events you think it would materially lessen the number?—Undoubtedly.

5030. And it would have the great advantage of saving people the discomfort and distress of having an inquest?—Certainly.

5031. You actually recommend that as a wise change?—I do. And arising on that, the next question should be as to whether it would be wise for the result of the post-mortem to be given privately at the coroner's office or in open court, because it has been hinted that if we are to have a post-mortem examination and hear cases quietly in our own office, and decide that there is to be no inquest, the coroner may be liable to hush up certain cases.

5032. (*Chairman.*) That argument, if there were anything in it, would apply much more strongly in Scotland, where it is the invariable practice of the Procurator Fiscal?—Exactly.

5033. (*Dr. Willcox.*) And if there was anything to hush up, the coroner should hold an inquest?—Certainly.

5034. He would be failing in his duty if he did not?—He would.

5035. He would be unfit to be coroner?—He would.

5036. You suggested that many cases of death under chloroform were not reported?—That is a general opinion.

5037. I want to ask you this, because I think it is very important: do you suggest that any of the cases of death under chloroform in hospitals are not reported?—How should I have knowledge of them if they are not reported?

5038. I should like you to say definitely what opinion you hold?—The question, when is a person under the influence of anæsthetics? is the same as, when is a person under the influence of drink? Are we to say that a person is only under the influence of anæsthetics as long as he is on the operating table, when that anæsthetic may have been commenced before he was brought on to the table, and he may be hurried off the table and back into the ward if anybody sees there is any danger, in order that they may be able to say that the death did not occur on the operating table or whilst he was under the anæsthetic.

5039. Do you suggest that deaths on the operating table in hospitals are not reported to the coroner?—I do not suggest it for a moment.

5040. Or either immediately before or after?—I say it is open to it. I take it that, for our purpose, you cannot say when a person is under the influence of an anæsthetic. The whole point is, was the death due to the anæsthetic?

5041. Do you suggest that deaths of patients immediately after they have been removed from the operating table are not reported?—No, I do not suggest it. I say it is open to that: that if a patient dies as soon as he is put back into bed, the surgeon might say, "This is not a death from anæsthetics, " therefore I shall not report it."

5042. If the hospital authorities conceal such cases, do not you think the coroner would be sure to hear of it from the friends?—That depends upon what information had been given to the friends, and whether the friends make any complaint. I am not for a moment suggesting anything derogatory to any institution. There are five large hospitals in my jurisdiction, and I have no reason to find fault with any of them, certainly not upon the question of death from anæsthetics.

5043. Or on the question of concealment of deaths?—Exactly.

5044. (*Mr. Bramsdon.*) Did I correctly understand you to say that you did not think an inquest ought to be held in cases of death under anæsthetics?—I do not think they should be held unless some member of the family brings forward a complaint or charge.

5045. Is that a matter that you would leave to the discretion of the coroner?—Certainly.

5046. You are deputy, I think, for two franchise coroners, the city of Westminster and the Savoy?—I really ignore the Savoy, it is merged in the Westminster jurisdiction.

5047. How is that, may I ask?—It is in this way. When I was appointed deputy for Westminster, I went before the Dean and Chapter in the Chapter House of the Abbey and took the oath of office. I had nothing of that sort in connection with the Savoy.

5048. I want to know this, because I think it will arise in other cases: under what authority is a deputy appointed to a franchise coroner; is there any legal authority authorising the appointment of a deputy?—I really do not know

5049. You know the position of the coroner for the King's Household?—I do.

5050. Has he any power to appoint a deputy?—I know of none.

5051. It is the fact, I think, that he has no authority to appoint a deputy?—I know of none.

5052. I ask you because you are an eminent authority on these things, and you have studied them. Can you tell us whether any franchise coroner has any legal authority to appoint a deputy?—I know of no definite authority. The Coroners' Act, 1887, section 30 (3), says that nothing in this Act shall affect the mode in which a franchise coroner is appointed.

5053. But irrespective of that, you know of no legal authority?—I know of none.

5054. If such power does exist, do you think it exists by right of prescription?—I should think so.

5055. At the present time, under the Coroners' Act, if a coroner has any reasonable knowledge, or probable knowledge, as to the cause of death, he should not hold an inquest, should he?—He might have knowledge of the cause of death, and yet the death may be from an unnatural cause.

5056. But if the coroner has no suspicion that the death has arisen from other than natural causes, and the cause of death is fairly well known, I take it that in that case he should not hold an inquest?—I feel strongly on that—that he should not. That is why I spoke of the enormous number of inquests that would be diminished or should be diminished.

5057. At the present time, if a person dies, and there is absolutely nothing to guide the coroner as to what the person died from, he is practically compelled to hold an inquest and to order a post-mortem, is he not?—Certainly.

5058. But if your suggestion could be carried out, and the coroner was able to order a post-mortem before an inquest, in those cases an inquest might very properly be dispensed with?—Certainly.

5059. (*Sir Horatio Shephard.*) Is Mr. Troutbeck, in any one of his capacities, a county coroner or a borough coroner? He is a county coroner for the south-western district of London.

5060. Not a borough coroner?—No.

5061. According to the Act of 1887, section 13, I see: "A coroner for a county shall from time to time "appoint by writing under his hand a fit person, and "may at any time revoke such appointment"; and then it goes on in the second subsection: "A deputy "shall not act for a coroner except during the illness "of such coroner or during his absence from any "lawful or reasonable cause." I want to know, as a matter of fact, how you get over that?—As to when I act?

5062. Yes?—Either when the coroner is ill, or when he is away on his holiday. But section 13 was repealed and re-enacted by the Act of 1892.

5063. You do not act in one part of the jurisdiction when the coroner is acting in another part?—No, but I believe some coroners do.

5064. I should think it is very likely?—But it is questionable whether they should do so.

5065. (*Mr. Bramsdon.*) Has there not been a decision upon that point?—Yes.

5066. Has it not been decided that the coroner can legally be said to be absent for the purpose of his deputy acting if he is engaged in holding another inquest?—Yes.

5067. Let me put the question in another form. If the coroner is engaged in holding another inquest, is not a deputy, under a decision of the High Court, entitled to be appointed and to act and to be considered as acting in the absence of the coroner?—Yes, this was held in the case of R. *v.* Perkin, 1845, 7 Q.B., 165, Adolphus and Ellis Reports.

5068. (*Sir Horatio Shephard.*) The Act says "shall "not act for a coroner except during the illness of "such coroner, or during his absence from any lawful "or reasonable cause"?—It is a reasonable cause.

5069. (*Sir Malcolm Morris.*) Supposing the coroner was holding another inquest in an adjoining court, and when that inquest was over he came into your court, you would not have immediately to adjourn, would you?—No, that would be frivolous; but if the coroner in chief or the deputy opened an inquest and had to adjourn it, the one who opened it would have to continue the adjournment. That gives rise to inconveniences in the event of the one who opened the inquest dying during the adjournement, as happened in Staffordshire a year or two ago.

5070. (*Chairman.*) I want to ask you a further question, please. You know the conditions under which a deputy coroner can be appointed in a borough?—I should have to refresh my memory.

5071. Would you kindly do it, because I want to ask you a question upon it?—That would be under the 1892 Act.

5072. The point I am referring to is in section 1, subsection (3) of the Act of 1892, "A deputy may act "for the coroner during his illness or during his "absence for any lawful or reasonable cause, or at "any inquest which the coroner is disqualified from "holding, but not otherwise. In the case of a "borough coroner the necessity of his so acting shall "be certified"?—Yes, he can only act, according to that, by having a certificate.

5073. Have you any opinion as to the convenience or inconvenience of that provision?—I cannot speak from experience, not being deputy for a borough coroner; but I should say it must give rise to great inconvenience.

5074. Before an inquest can be held, you have to get this certificate from a justice, and you may have to hunt up a justice over six parishes before you can get it?—Yes, it must give rise to difficulty.

5075. (*Sir Horatio Shephard.*) Or you must ignore the law?—Or ignore the law.

5076. (*Chairman.*) Must it be a borough justice or a county justice?—It must be a justice of that jurisdiction.

5077. Therefore you must get hold of a borough justice, and get his certificate before you can hold an inquest?—Yes.

5078. Can you see any reason for this provision when there is no corresponding provision in the case of a county coroner?—None at all; it is inconsistent.

5079. It is simply a clog on the wheels and serves no useful purpose whatever?—That is so; it must be an inconvenience.

5080. Do you know whether there is any power to appoint a second deputy?—There is no authority.

5081. Take this case—supposing that both the coroner and his deputy are laid up with influenza at the same time, what happens?—Then one could ask another coroner or deputy of that same jurisdiction, if it is a county, to act.

5082. But what happens in a borough?—There is no power in a borough.

5083. Or in a franchise?—Nor in a franchise.

5084. (*Sir Malcolm Morris.*) Has such a contingency ever arisen?—Yes, in my own case. I go on duty perhaps for a month or six weeks, and on two occasions towards the end of that time I have done duty for a week with influenza upon me; whereas if I had had power to appoint another deputy during my chief's absence, it would have saved me a great deal.

5085. What would happen if you were to meet with an accident during his absence?—We should be at a deadlock.

5086. Something would have to be done?—In that event I should telegraph round to all the deputies in London to try and get one to take my place.

5087. Would it be legal if he did?—Yes, because the coroner in chief is appointed for the whole county, but has a certain district allotted to him.

5088. Is that the case with the coroners for the county of London?—Yes.

5089. They are appointed for the whole county, but have special districts assigned to them?—Yes.

5090. That would not apply to Westminster?—No, because Westminster is a franchise.

5091. (*Chairman.*) May we take it that the only legal way out of the difficulty would be somehow to get the body removed into the jurisdiction of another coroner?—Yes, to hold the inquest legally.

5092. The moving of the body might be illegal?—I was going to say so.

5093. But as soon as the body was moved into the jurisdiction of another coroner, an inquest could legally be held?—Certainly.

5094. I think we may now come to the next point. You have some opinion on the question of who should be eligible for the office of coroner?—It is a question that is always cropping up as to whether a medical man is better than a legal man.

5095. Why not both?—At the present day, as we are getting medical men called to the bar, we can have both.

5096. I did not mean both in that sense. If coroners were restricted to people with a double qualification, it

would very soon become very close indeed?—It would; it would be limited, I think, to about half a dozen if it were required that they should have practised in both professions.

5097. That is, in your opinion, a wholly impracticable suggestion?—I think so.

5098. Can you tell us any advantages that would follow from it. Every court of law, for instance, has to deal with medico-legal questions?—Certainly.

5099. And if it were necessary that the coroner should have both medical and legal qualifications, it is still more necessary in the case of a judge, is it not, who finally has to dispose of a poisoning case?—I think that at present there are not sufficient men who have practised in both professions, I know of only two or three besides myself, and unless they have actually practised in both the double qualification counts for nothing.

5100. Have you any opinion on this further point; whether in all cases a proportional qualification should be required from the coroner, namely, that he should be either a medical man, a barrister, or a solicitor of, say, seven years' standing?—I think seven years would be too many.

5101. Will you answer the first part of the question?—I thought you meant that he should be a professional man other than a layman.

5102. I will divide my question into two, then. Ought the coroner, in your opinion, to be either a barrister, a solicitor, or a medical man?—I think it is preferable.

5103. Do you think it would be right to prescribe any such qualification for a coroner with, of course, a saving for any men who may have acted as deputy already?—I think it would be better certainly for the work, and it would give a better status to the office that he should have either one or the other qualification and have been a deputy.

5104. Have you any opinion as to which is better, speaking impartially from both points of view?—It would depend upon the size of the jurisdiction. I think in small country districts perhaps a lawyer would be the better man. I think that in London and in large towns with a population of 20,000 or 30,000, a medically qualified lawyer with experience would be the better man in relation to the preliminary inquiry and the post-mortem.

5105. The only difficulty that occurs to me is that in large towns you can always get good medical expert evidence; in the country you are deprived of it?—I was going to supplement my answer in that way; that in large towns you may have medical verifiers of death, and they would come to aid the legal coroner.

5106. (*Sir Malcolm Morris.*) But a medical coroner would not necessarily exclude scientific evidence?—Oh, no.

5107. A medical coroner can get the best expert evidence, and is perhaps better able to judge as to the kind of expert evidence he ought to call. What is your evidence on that point?—He might in those inquests where that expert evidence was of a medical nature; but what about cases where an engineering or architectural expert is required?

5108. But the majority of questions are medical questions, are they not?—Not necessarily.

5109. Do not the large majority of inquests turn on medical evidence?—No; we get many motor cases, engineering and architectural points, together with building accidents, &c.

5110. Which do you think is of greater gravity?—I think they are all equally grave.

5111. (*Dr. Willcox.*) In the actual conduct of the inquest do you consider that a legal training on the part of the coroner is very desirable?—I do.

5112. Of the two, which do you consider of greater importance, legal training or medical training, on the part of the coroner?—So much depends on the jurisdiction. There are many country jurisdictions where the inquests are, I take it, nearly always of a very simple nature; but if you take a jurisdiction such as ours at Westminster, and the South Western district, I venture to say that the jurisdiction produces the most important inquests, almost more important than in any other jurisdiction.

5113. (*Chairman.*) Having regard to that, which qualification do you think most essential?—The legal qualification, especially if you can bring about the medical assessor or death verifier, or whatever he is to be called—the medical policeman.

5114. (*Mr. Bramsdon.*) I take it that there have been exceedingly good coroners who have been doctors, and also exceedingly good coroners who have been legal men?—I practised for six years in South Lincolnshire. My coroner lived at a distance of 16 miles away from me; he was a solicitor, and a better coroner I have never known.

5115. You agree with my question, that there have been excellent coroners in both professions?—I do.

5116. The inquiry itself, I take it, is a legal inquiry?—It is a court of law.

5117. And therefore it is a legal inquiry?—It is a legal inquiry; it is a court of law, the coroner is a judge of a Court of Record, so that *primâ facie* he should be a lawyer.

5118. And he always has, or ought to have, medical evidence brought before him?—In 999 cases out of a thousand, certainly.

5119. And in his preliminary inquiries the coroner would be advised by the medical person who made the post-mortem examination and reported on it?—I do not like the word "advise."

5120. He would be guided by it at the preliminary inquiry?—He would certainly be guided by it.

5121. Do not you think it is right that he should be guided by it?—Certainly.

5122. It would not be wise for the coroner to put his partial knowledge of the facts against the actual knowledge of the person giving the information?—Certainly not.

5123. Of course, in practice, a legal coroner gets a very fair knowledge of medical jurisprudence?—A very good knowledge.

5124. And conversely a medical man, in practice, gets a very excellent knowledge of coroners' law?—Not so much as vice versâ.

5125. Is that what leads you to think that a legal person is the better one?—Partly so.

5126. The legal man has the training and power of cross-examination which the other does not ordinarily possess?—Certainly.

5127. That is a very important factor, is it not?—It is.

5128. (*Sir Malcolm Morris.*) Most men, I think, before becoming coroners have had a preliminary experience as deputy or in some other way?—In London, certainly.

5129. And of whichever profession they happen to be they make themselves acquainted with the duties before the time comes when they become coroners?—That would depend on the man.

5130. Would you recommend that before a man is qualified, no matter of what profession he is, he should give proof of some preliminary training in coroners' work?—I recommend that, certainly.

5131. Whichever side it was?—Whichever side.

5132. Do you consider that it is essential that a legal coroner should pick up medical knowledge, and if so, how much; what sort of amount would you think should be required?—The knowledge that I would recommend him to pick up is difficult to attain in England, because we are so badly trained in forensic medicine.

The witness withdrew.

Sir Horatio Shephard took the Chair.

Mr. George Bateman, M.B., C.M. (Aberdeen), examined.

5133 (*Chairman.*) You are a registered medical practitioner, practising at 7, Queen Anne Street, Cavendish Square, London, and also General Secretary of the Medical Defence Union, No. 4, Trafalgar Square?—I am.

5134. You are also Deputy Coroner for the St. Albans district in Hertfordshire?—I am.

5135. You are a member of the Medico Legal Society, a member of the Coroners' Association of Great Britain, and a member of the Central Ethical Committee of the British Medical Association?—I am.

5136. Will you tell us what the Medical Defence Union is?—The Medical Defence Union is a society of registered practitioners which exists for mutual protection. We prosecute unqualified practitioners, we defend medical men when they are attacked by the public in actions for negligence, and that kind of thing, and we help them in every possible shape and form that we can.

5137. Is that a large body?—There are about 8,000 subscribers.

5138. Are they all members of the medical profession?—They are bound to be members of the medical profession.

5139. And you have come here on behalf of that Union?—Yes, on behalf of the profession generally in reference to one special grievance.

5140. That question relates to medical witnesses at inquests?—Yes, that is the chief point.

5141. Perhaps you will tell us exactly what the grievance is?—The chief grievance of the medical profession against the coroners' law is as to the payment of medical witnesses, which is governed by section 22 of the Coroners Act. You will see there that it is laid down that one guinea shall be paid for attending to give evidence at any inquest whereat no post-mortem examination has been made by such practitioner, and two guineas for making a post-mortem examination with or without an analysis of the contents of the stomach or intestines and for attending to give evidence thereon. That fee has not been altered since 1836, when perhaps it may be taken that the value of a guinea was considerably higher than it is at the present time The fee is for giving evidence, and if there are 20 adjournments, or any number of adjournments, the fee is not repeated, and no further payment is made. Therefore, a medical man may have to attend more than once, with the serious inconvenience to himself and the dislocation of his practice, and receive only one fee of one guinea for making the post-mortem.

5142. What is your suggestion?—I certainly think that he should be paid two guineas for every attendance, the same as he would be in an ordinary court.

5143. Is that the fee that is allowed in an ordinary court?—Two guineas is allowed to a medical witness for going into court. Sometimes you get three guineas, and sometimes more, but two guineas is the lowest.

5144. (*Mr. Bramsdon.*) When you say the same as an ordinary court, what kind of court are you referring to?—The High Court.

5145. This is not the High Court?—In the police court it depends of course upon the number of hours he is there. If he is there over four hours he would get one or two guineas, according as the court allows.

5146. Can you tell me of any police court where they pay as much as two guineas for every attendance?—I should say that in the police courts in London they certainly would pay two guineas.

5147. Do they in the country?—I could not say. There was a Home Office schedule published last year, and if I mistake not the fee was two guineas for a medical witness attending for more than four hours in court.

5148. At any court?—Yes, at any court.

5149. Supposing it is an attendance for half an hour at the police court?—Then it would be only half a guinea.

5150. Then it would depend upon the time occupied?—Yes; whereas in this case, however lengthy the attendance, he only gets one guinea.

5151. (*Chairman.*) Then it ranges from half a guinea up to two guineas?—Yes.

5152. (*Mr. Bramsdon.*) On a graduated scale according to the time taken up?—Yes; and of course a further fee for further attendance.

5153. (*Chairman.*) And with regard to making the post-mortem?—Of course the fee for making the post-mortem is absolutely inadequate.

5154. Is the fee for that two guineas?—No, one guinea, plus a guinea for giving evidence. You do not get two guineas for making the post-mortem and one guinea (three altogether) for giving evidence; you only get one guinea for making the post-mortem, and one guinea for giving evidence. So that for giving evidence and making a post-mortem with or without an analysis of the contents of the stomach or intestines, you only get two guineas.

5155. You might leave out the analysis at present?—Well, it is a very important thing.

5156. That ought to be treated separately?—Certainly; I am glad to hear you say so. It is always disagreeable and it may be extremely dangerous.

5157. We have it then, that for making the post-mortem examination of a body, and attending to give evidence the fee is two guineas?—That is so.

5158. (*Sir Malcolm Morris.*) Would you be in favour of the coroner having power to order a post-mortem examination without its necessarily being followed by an inquest?—Certainly.

5159. What fee would you suggest for that?—Two guineas at least. I consider that two guineas should be the lowest fee.

5160. (*Chairman.*) Your suggestion is that two guineas should be the lowest fee for making a post-mortem?—Yes.

5161. Apart from giving evidence?—Quite apart.

5162. (*Sir Malcolm Morris.*) Have you any special reason for fixing it at that sum?—Two guineas is a more reasonable sum than one guinea.

5163. Because of the altered value of money since the Act was passed?—I think that two guineas would be accepted by the profession.

5164. (*Dr. Willcox.*) When a medical man makes a post-mortem are there considerable disbursements in the shape of paying assistant's expenses and so on?—Undoubtedly.

5165. Amounting perhaps to half the guinea?—Amounting to half the fee as a rule.

5166. Do not you think it would be very desirable that those words which you have mentioned "with or without an analysis of the contents of the stomach" should be deleted?—Certainly; I am going to refer to that. It is a monstrous proposition.

5167. It is not only a question of the fee?—No, it is not a question only of fee, but of knowledge.

5168. And of danger?—Yes, and knowledge as well.

5169. (*Mr. Bramsdon.*) I think we all agree about that, but I should like to follow you. The post-mortem examination requires very great care, does it not?—It does.

5170. And to do it thoroughly it requires a long time?—Yes.

5171. And if the medical man were paid a better fee, it is fair to assume that he would be able to make a better job of it?—Yes.

5172. I do not suggest that they do not do their best?—I quite understand.

5173. But, for instance, many medical men are glad to be rid of the trouble of opening the head?—Yes.

5174. Which is a very great trouble in a post mortem?—Yes.

5175. But no post-mortem is complete without opening the head?—Certainly not.

5176. What you mean is that, having regard not only to the duty of making the post-mortem, but the time taken up and the surroundings and the skill, a guinea is manifestly an insufficient sum to pay?—It is not a proper recompense for the trouble.

5177. I did not quite follow you as to fees for attending in court; do you suggest that the medical fee should be placed on a similar basis to the police court fee?—I should rather place it higher.

5178. You think that a guinea should be the minimum?—I think two guineas ought to be the minimum.

5179. Whilst I would not disagree with you in one way, do you think it is practicable to get a fee of two guineas consented to?—That is a matter for the Treasury; they find money for counsel and very heavy fees for counsel.

5180. But we are speaking of the practice all over the country. Do you think it is practicable?—I do not see why not. The State imposes a very heavy and onerous duty upon the medical profession, and I cannot see why that duty should be carried out gratuitously.

5181. You think that the police fee of a guinea should be raised?—Yes.

5182. (*Chairman.*) I think your next point is with regard to the analysis?—There can be no question, in my opinion, that medical men are not fit and proper persons to make that analysis as a rule; it requires special knowledge and special skill, and can only be carried out properly by one who has studied chemistry in a way that the ordinary practitioner has not done; and, in my opinion, no ordinary practitioner, merely because he is a medical practitioner, should be called in to make such analysis. In reference to that, of course the coroner has no power of his own to direct an analysis to be made by an expert; before he can do so he must get the permission either of the Home Secretary or of his council, and in many instances it has been refused.

5183. By which body?—By the Home Secretary in one instance; I am speaking from personal knowledge when I say the Home Secretary in one instance; and by county councils in others, on the ground of expense.

5184. What fee would you suggest in a case where such analysis has to be made?—I should say at least five guineas.

5185. (*Sir Malcolm Morris.*) Can you give us some instances of conditions of the stomach in which an ordinary practitioner would not be sufficient, such as from ptomaine poisoning?—I think I might say in almost every case of poisoning, because he has not got the apparatus for making the examination.

5186. I take ptomaine as an example?—I do not care what the poison is, he has not got the apparatus or the skill to make that analysis, speaking generally.

5187. (*Chairman.*) Do you think the coroner ought to have discretion to order an analysis in any case in which there is suspicion of poisoning?—Undoubtedly.

5188. Not in other cases?—No, not perfunctorily.

5189. I mean as to whether the death was due to suicide or to some other agency?—You would not be able to tell that until after an examination had been made into the actual cause of death.

5190. But I mean whether the poison was self-administered?—Undoubtedly.

5191. In either case you think he ought to have discretion to order an analysis?—It ought to rest in his discretion in either case entirely.

5192. Whether suicide was suggested or accident or any other cause?—Exactly.

5193. (*Mr. Bramsdon.*) I take it that if it was a poison that was well known and the symptoms were equally apparent, an analysis would appear to be unnecessary; or would you suggest that there should be an analysis?—There can be no necessity to have an analysis in every case where the symptoms point clearly to self-administration of an individual poison.

5194. Such as death from oxalic acid?—Yes, or carbolic acid, if the person has been seen to take it or where the evidence is perfectly clear. Where analysis is required is for the purpose of detecting whether crime has been committed.

5195. (*Chairman.*) Then you have something to say about exemptions?—With regard to exemptions from payment, you will note that in subsections (1) and (2) of section 22 of the Coroners Act certain persons are exempted from payments, or rather payments are not permitted to certain persons (*reading the section*). That has been extended by coroners to cottage hospitals, workhouse infirmaries, workhouses, general hospitals, and various other public institutions.

5196. Lunatic asylums?—Yes, lunatic asylums are included

5197. And inebriates' homes?—I have never come across a case.

5198. (*Sir Malcolm Morris.*) It is a possibility?—It is, quite. The whole thing would depend upon whether it was supported by endowments or grants.

5199. (*Chairman.*) In such cases you think the medical witnesses ought to have a fee?—I cannot see why they should not have a fee in every case. My point is that these men ought always to be paid, because in the majority of instances the medical officers concerned give their services gratuitously, and are therefore entitled to be paid for a public duty. We tested the question with regard to cottage hospitals some time back, and took the case to the Court of Appeal; but it was decided against us, although the medical appointment was entirely honorary. In reference to workhouse infirmaries and workhouses, the practice varies in different districts. A circular was sent out by the Coroners' Association last year, to which 187 coroners replied, the circular being to ask whether they paid fees to medical officers of workhouses, or workhouse infirmaries, or of both; 123 reported that they paid fees to medical officers of workhouses and 47 did not so pay; 108 paid the medical officers of workhouse infirmaries and 57 did not pay; that is to say, about two to one of the coroners read the subsection as not applying to workhouses and workhouse infirmaries, and consider that the medical officers are entitled to be paid. This, however, is only a matter of opinion and not of law, and we want it clearly defined in any future Act that payment should be made to all such medical officers. The law is in a chaotic condition at the present time.

5200. In fact you would desire that whole subsection to go?—Certainly. I cannot imagine how it was ever put in. The London County Council authorise payments in all cases under their jurisdiction; but this is of course not binding upon other county councils, and leaves the matter still uncertain.

5201. It is hard upon the coroner; it puts the coroner in a difficult position?—It is an immense source of friction between coroners and medical men.

5202. And it is extremely hard on the medical men?—Yes, and if the coroner pays a fee, his accounts are audited by the county auditor, and if the county auditor thinks that he has no right to have made the payment, he is surcharged. It is a frequent source of trouble.

5203. This is with reference to deaths in the institutions?—Yes, entirely. Where the medical officer has a duty to perform in attending upon a case.

5204. (*Sir Malcolm Morris.*) Would you suggest that he should be paid at the same rate?—At the same rate entirely; there should be no distinction whatever.

5205. (*Chairman.*) You think that the fee ought to be allowed at the same rate?—Absolutely.

5206. Have you anything to say with reference to the payment of such witnesses in regard to deaths occurring before the body has reached the institution?—In that case they can be paid; there should be no difficulty in that case.

5207. Have you anything to add with regard to exemptions from payment?—I think there ought to be no exemptions whatever.

5208. Now comes a question with regard to another section, section 21, as to calling the medical practitioner who has attended the deceased. What is your opinion with regard to that?—We think he certainly ought always to be called, because the cause of death may be decided from clinical symptoms and also from pathological symptoms, and it may be necessary to combine them both in order to ascertain the true cause of death, and he may be able to throw light upon the cause of death without a pathologist coming in after death has occurred, from his knowledge of the case and surroundings.

5209. We have been told that as a matter of law, that is what the section means?—That is the way in which it was decided years ago.

5210. But as a matter of fact, do you suggest that that is not the practice which has been adopted?—It is the practice of most coroners, but with one individual coroner it has not been the practice, and that has been the cause of a good deal of trouble.

5211. There are several inconveniences which result from omitting to call a medical practitioner?—Yes, one inconvenience is that the cause of death cannot be properly ascertained.

5212. You also suggest that it is unfair to the particular practitioner?—I think it is not expedient, it may be perfectly lawful, but it is certainly not expedient, and it may do him an injury.

5213. Would it not be rather unfair to him that an inquiry should be held in his absence?—Yes, I quite accept that view.

5214. Is it not also desirable that if there is a post-mortem examination he should be asked to be present?—He should be asked to be present, and he should be given every opportunity of being present.

5215. Even if he does not perform the post-mortem he should be present?—He should be given an opportunity of watching it, and have reasonable notice too; he should not be summoned by post at eight o'clock in the morning for a post-mortem that is going to take place at half-past eight—as I know was done in one instance—when he was utterly unable to attend thereby.

5216. You refer to a particular case?—In the particular case to which I refer, the notice was only received by the first post in the morning, giving the medical man half-an-hour to attend the examination He was unable to go at once; he arrived about half-an-hour late, and found that the post-mortem examination had been made, and the body sewn up.

5217. (*Dr. Willcox.*) In a certain number of cases there would be no post-mortem signs of the disease from which the patient had died?—Exactly.

5218. And therefore in such cases a pathologist who knew nothing of the symptoms during life would be totally unable to ascertain the cause of death?—Absolutely.

5219. So that in all special cases you regard it as essential that medical evidence as to the clinical symptoms during life should be given?—Most certainly where possible evidence should be given both clinically and pathologically.

5220. (*Sir Malcolm Morris.*) Would you mind telling us which you think makes the better coroner, a medical man or a lawyer?—I think where possible a medical barrister would make the most perfect coroner; that is to say, a man who has both legal and medical knowledge. Failing to get both, I should say that a medical man can gain the legal knowledge better than a legal practitioner can gain the medical knowledge.

5221. Do you make any difference between country districts and big towns?—None whatever.

5222. (*Dr. Willcox.*) There are certain special post-mortem examinations where, in your opinion, it would be desirable for the post-mortem to be made by an expert pathologist?—Undoubtedly.

5223. In the majority of cases where post-mortems are made for the coroner, you are of opinion that the ordinary practitioner is competent to make the post-mortem?—I think so—in coarse lesions; and I think in the majority of cases the medical man should be perfectly capable of making the post-mortem. There are exceptions, of course, unfortunately, to every rule, and we take no exception to an expert pathologist being called in to make the post-mortem in any individual case, but we think that that expert pathologist should be one recognised by the profession.

5224. Do you think it would be desirable that a body of expert pathologists should be appointed by some recognised authority such as the Home Office?—I think it would be a most excellent thing.

5225. Under the advice, say, of the Royal Colleges of Physicians and Surgeons?—Yes.

5226. (*Sir Malcolm Morris.*) You do not think it is right, then, that an individual coroner should appoint his own expert?—I think it is exceedingly wrong. I know of one instance in which the coroner always appoints his partner, to the detriment of the local practitioners, and thereby reaps remuneration to himself.

5227. (*Chairman.*) Do you think it is desirable that there should be a Home Office list, to which coroners could apply when they want a specially skilled pathologist?—Yes, I think that where you cannot get men of the eminence of Mr. Pepper and Dr. Willcox, you should appoint the police surgeons in the district, who have by their experience gained some considerable knowledge—more knowledge than the ordinary practitioner.

5228. (*Dr. Willcox.*) Are there, in your opinion, on the staffs of the general hospitals men competent to act as expert pathologists?—There is no question about it, of course; and they are always ready to do it for the sake of the public interest.

5229. Of course, a special fee should be allowed for such an examination?—Unquestionably.

5230. Do you think it would be desirable that the coroner should send an annual return to the Home Office of the special examinations that have been made in his district?—Certainly, it ought to be part of his official returns.

5531. And who has made them?—And who has made them.

5232. (*Chairman.*) Now we come to the next point, namely, the Scottish procedure?—In Scotland there is no Coroners Act, but in any case of sudden or suspicious death the Lord Advocate may, whenever it appears to him to be expedient in the public interest, direct that a public inquiry into such death, and the circumstances thereof, be held. A public inquiry so directed takes place according to the forms of procedure prescribed by the Fatal Accidents Inquiry (Scotland) Act, 1895, as altered by this Act. The procurator fiscal proceeds to collect evidence, and presents to the sheriff a petition for an inquiry, giving all necessary data; the sheriff directs such inquiry, and issues a warrant to cite witnesses. If the sheriff be unable to attend, a competent person holding the qualifications for the office of sheriff substitute is appointed, with all powers to hold an inquiry in his place. The inquiry is by the sheriff and a jury of five common and two special jurors. Evidence is taken on oath, and there is power to subpœna witnesses and inspect documents. The jury, after hearing the evidence and the summing up of the sheriff, return a verdict setting forth, as far as evidence has proved, when and where the death or deaths took place, the cause or causes of such death, and the person or persons to whose fault or negligence the accident or death is attributable, and any other facts relevant to the inquiry.

5233. And what is the procedure in Ireland?—In Ireland the Coroners Act is almost on all fours with the English Act, except that if an inquest be not held within three days by the coroner, or if the coroner be absent or unable to attend, any two magistrates are authorised to hold such inquest as if held by the coroner.

5234. What are the functions of the procurator fiscal in Scotland?—I am afraid I am not capable of saying that.

5235. You have no personal experience of the Scottish system?—Absolutely none. I thought it just as well to mention the difference, because sometimes people say that things are done so much better in Scotland than they are in England.

5236. The next point is about jurors, and the difficulty of obtaining jurors?—In London, of course, there is no difficulty in obtaining jurors.

5237. In quantity; but in quality there may be?—I quite agree with you. But in the country there is very great difficulty. One has to accept agricultural labourers who are unable to read or write, men who are absolutely ignorant of all matters pertaining to their office for the time being. The only advantage you can say that you gain by having such jurors is that they do exactly what you tell them and return the verdict that you have in your pocket, probably, before the inquest is started.

5238. (*Sir Malcolm Morris.*) What would be your suggestion for improvement?—To do away with the jury entirely.

5239. In every inquest?—Yes, I cannot see the slightest advantage in it.

5240. (*Chairman.*) That is your experience in the country?—Yes, and I cannot see what you gain by them in towns.

5241. But that is your experience in the country?—Yes.

5242. (*Sir Malcolm Morris.*) Do not you think that there is some truth in the argument that it gives the public certain confidence?—There may be something in that; but a police magistrate has no jury and yet the public have every confidence in the police magistrate.

5243. Then your opinion is that of the two the lesser evil would be to have no jury at all?—Decidedly.

5244. (*Chairman.*) You find them to be a positive inconvenience?—A great nuisance. You have the nuisance of summoning them, you have the nuisance of collecting them, you have the nuisance of going through all the formalities in connection with taking them to view the body and that kind of thing, and they are absolutely useless.

5245. In fact it is a waste of time?—Yes, and it does not add to the dignity of the proceedings at all.

5246. But surely it must add to the publicity of the proceedings?—Yes, it does add to the publicity of the proceedings.

5247. Have you anything to say with regard to London juries?—I have seen a good many London juries. I never thought that the inquest was benefited by their presence in any way; quite the contrary. The coroner is the man who practically decides the verdict, and they are very irrelevant questions that the jury ask as a rule, if they do ask any at all.

5248. As a matter of fact, is there any difficulty in getting juries in the country?—Very great difficulty. I have often found, when I have been down in Hertfordshire, great difficulty in getting a sufficient number to act as a jury. You cannot have less than 12. You may be five miles from a town, and you may be a great deal more of course, and if you find that there are not a sufficient number at the time of opening the inquest, you practically have to send the police round to get anybody they can lay their hands on, literally people from the roads and anywhere; and to get 12 men from an agricultual district where the farms are very far distant from one another, is a very great inconvenience at times.

5249. Would it meet your views to a certain extent if the number were reduced?—Yes, I do not see why it should not be reduced to the same number as in Scotland—seven.

5250. (*Sir Malcolm Morris.*) But you would rather be without them altogether?—I can never find out the advantage of them; they nearly always want to be paid at the end of the time.

5251. (*Chairman.*) Are they paid?—Not in Hertfordshire, but they always make a claim for payment. You have the usual trouble with them; they want to drink your health and all that kind of thing.

5252. If that is your opinion of the jury, I suppose you do not think that the view of the body is very material?—I think it is absolutely useless, with the exception that there must be a body upon which you can hold an inquest. As a rule the view of the body simply means that the jury are sworn, they are taken round by your officer to the cottage, or wherever the body may be stationed lying coffined, with the face only exposed, they go in with their hands up to their noses and their eyes half shut; they walk through the room and come out; and you might have had a dummy there so far as being able to ascertain anything as to the cause of death by that view is concerned. It is an absolute farce.

5253. They never take an intelligent interest in it?—Not the slightest; they want to get out of it as quickly as possible; and you would not wonder if you were to see the places where the bodies lie sometimes.

5254. The coroner you think ought to view the body?—Yes, there is no question about it. And there is this further point: it is extremely dangerous in case of infectious disease, and we have not in the country the wonderful apparatus of glass-covered coffins, and that kind of thing, that they have in London in the mortuaries. The body may be in an outhouse.

5255. You are speaking now of viewing the body in a cottage, or some such place?—Yes, it may be in an outbuilding.

5256. Not in a mortuary?—No, there may be no mortuaries. The lack of mortuary accommodation is an extremely grave thing.

5257. Generally, I suppose that is the state of things in the country?—Yes; it is a great difficulty for the police to know where to put the body in a case of suicide, or anybody that is found drowned.

5258. What do you suggest could be done in that respect?—I think there might be mortuary accommodation attached to one police-station within a certain area, provided of course that it is within a certain distance, and then the body could be taken to that mortuary. At the present time the post-mortem has to be made perhaps in a cottage, either on the floor, or on a ricketty table, or a bed.

5259. Have you any courts?—None whatever in the villages.

5260. It would be convenient to have a mortuary with a court attached?—Yes, but it would be Utopian, I am afraid. I have held an inquest in the bar parlour, in the kitchen of an inn with a roaring fire, on the hottest day of August, where the jury has not even had accommodation, and I have had to have half the jury outside listening to what I was saying through the window. How can you expect any dignity under those circumstances? It is against the law, I grant you, to hold an inquest in a public-house provided that there is another convenient place; but as a rule it is the only convenient place, and of course there we have again a lack of dignity.

5261. But practically it would be very difficult to arrange accommodation in a scattered country place, would it not?—It would undoubtedly; but I think perhaps if you had certain areas in the country, say within a limit of five miles, it might be arranged. It would add to the rates, of course, but the present system is almost unbearable at times.

5262. What is the number of inquests in a year in your county?—I really do not know. I could not tell you. The returns go in from my chief; I have nothing to do with that.

5263. (*Dr. Willcox.*) With regard to the view of the body, you think that the coroner should view it, but not the jury?—I do.

5264. Do you think that the coroner in every case should view the body, or should he use his discretion?—I think he must view the body, otherwise there is no proof that there is a body in existence; it might have been removed. I think it is necessary for some official to view, and I think the coroner is distinctly the right man to do it.

5265. In cases where there is a distinction between homicide and suicide, in cases of wounds, do you think the view by the jury might be absolutely dispensed with?—Absolutely. I have never known them to do anything more than simply view the face; the body is never exposed to them. As a rule, supposing it is, say, a cut throat, you do not undo it at all and let the jury see where the injuries are.

5266. (*Sir Malcolm Morris.*) They could if they wished?—They could if they wished, but I have never known them even ask for it. They do not examine the body; they simply view the body, just to see that there is a body upon which to hold an inquest.

5267. (*Chairman.*) The next question is with regard to the death certificate and verification of death?—I gave evidence about 15 years ago before a Parliamentary Committee presided over by Sir Walter Foster, if I remember rightly; and I have not changed in the least with regard to it. No death should be certified by information, and the body buried without either an inquest or a certificate by a registered medical practitoner. I say certified by information advisedly; because bodies are buried on the information of unqualified persons. It is true that they are recorded as uncertified deaths, but the burial takes place just as

if the death had been certified. In any case of death of course an inquest should be held.

5268. Where there is no proper medical certificate?—An inquest should be held.

5269. You think the matter ought to be reported to the coroner?—Yes. A death certificate should always state, in my opinion, that the body has been inspected, that death has taken place, and state the signs noticed as proof of death and the cause of death.

5270. (*Sir Malcolm Morris.*) What would you say in a case of this kind: if a child had been brought by its mother to a hospital and seen by the house physician several times, the child gets worse, the mother comes one a day without the child and says the child is dead?—A certificate should not be given under those circumstances.

5271. You suggest that a medical man should not give a certificate without viewing the body?—It is one of the most dangerous things he can possibly do under the present system to give a certificate. One has known instances where no death has taken place and yet a certificate has been given.

5272. What remedy would you suggest?—That a certificate should be absolutely refused.

5273. Yet there has been a doctor in attendance?—The matter should be reported to the coroner or the local authority, who should send an inspecting or visiting officer, who should see that death has taken place, and then the coroner should be communicated with. The coroner would put himself in communication with the medical attendant, state what has happened, and ask him if he is willing to certify the death.

5274. (*Chairman.*) Supposing the medical attendant could not certify; what action should be taken?—Do you mean that he could not certify the cause of death?

5275. No, the fact of death. You have to identify the body?—That is a difficulty that I have never been able to find a way out of, with the exception of the house physician or house surgeon calling at the house and identifying the child.

5276. (*Sir Malcolm Morris.*) You do not suggest that, do you?—I cannot see how it can be done otherwise; but you see so many children in an afternoon, 30 or 40 patients, and a child you may see four or five days later it would be impossible to identify. One sees on an average 20 or 30 fresh cases each time at the hospital.

5277. (*Dr. Willcox.*) In cases of deaths of hospital out-patients, such as in the case that Sir Malcolm Morris mentioned, do you consider it desirable that the local medical practitioner should certify the fact of death?—He should be called in to verify the fact of death.

5278. (*Sir Malcolm Morris.*) Who is to call him in; should it be the coroner or the local authority who should set the machinery in motion?—A certificate is refused until it is in the hands of the coroner. The coroner would direct the local verificator or verifier of death to go to that house and see whether a death has taken place.

5279. As a matter of fact, at the present time a large number of certificates are given where the fact of death has not been verified?—Hundreds.

5280. (*Chairman.*) We have been told that in Birmingham the practice is for every uncertified death to be reported to the coroner, who thereupon makes inquiry and, if necessary, has an inquest. If that were done, would it meet your view?—That would be so, but unfortunately there are more uncertified deaths in Birmingham than in any other place in England so far as I can make out, and the proportion is increasing. I want to bring that out with reference to uncertified deaths, because it will show that the number of inquests held is exceedingly small in Birmingham.

5281. (*Sir Malcolm Morris.*) But the coroner makes inquiries without an inquest?—With reference to uncertified deaths, I want to give you a certain number of statistics.

5282. (*Chairman.*) This is what he says. I will read you the Birmingham coroner's evidence. I will give you the questions put to him and his answers. "(*Q.*) Have you many cases where the doctor is "unable to certify the cause of death and no inquests "are held?—(*A.*) Yes; a considerable number. (*Q.*) "They are practically uncertified deaths?—(*A.*) Yes. "(*Q.*) Although you have made inquiries into them?—"(*A.*) Although I have made inquiries into them "they rank as uncertified deaths in the returns. "The doctor only arrives after death, and he cannot "certify. (*Q.*) That leads me to the question I want "to put. The same thing arises, probably, with other "coroners throughout the country?—(*A.*) Yes. (*Q.*) So "that a large number of cases which are called officially "uncertified deaths are cases where inquiries have been "carefully made and the cause of death is tolerably "well understood?—(*A.*) I can only speak of Birmingham; but the practice of Birmingham is, if I may "say so, admirable on the part of medical officers and "on the part of the registrars. Every registrar of "Birmingham would inevitably refer the case to me "if there was no medical certificate, and does do so. "There is a form, which you are familiar with, in "which he says: 'Death reported to me of' so-and-so, "and he gives it in columns as he would register it. "He says at the bottom: 'If you hold an inquest you "'will send me the finding of the jury; if you think "'an inquest not necessary, you will sign the form at "'the foot'; and I make my own inquiry and deal "with it accordingly. (*Q.*) You have not answered "my question, which I think is important. In those "cases I spoke of just now where a medical man had "seen and was unable to certify, and you make inquiries "and dispense with an inquest, those are classed as "uncertified deaths?—(*A.*) Yes. (*Q.*) Notwithstanding "the fact that careful inquiries have been made and "you are satisfied that the persons have died from a "particular natural cause?—(*A.*) Yes, that is so"?—It would be interesting to know how they arrive at the cause of death under those circumstances.

5283. Then "As to part of those uncertified deaths, "a large proportion are inquired into by coroners, and "inquests are dispensed with?—(*A.*) I am unable to "say as to anywhere except Birmingham. (*Q.*) Judging "from your experience in Birmingham?—(*A.*) From "my experience in Birmingham they are practically all "inquired into. I do not believe that a registrar in "Birmingham would register any death without a "certificate or without sanction from me; but I cannot "say for any other part of the country, because I do "not know"?—Well, in 1908 there were 2,326 deaths uncertified in 76 large English towns or 9 per 1,000; about the same proportion in 1907; in 1904 and 1905 the proportion was nearly 11 per 1,000; and in 1906 it was 10 per 1,000. In London the proportion was about 1 per 1,000 in 1908, and in 1907 it was slightly more than 1 per 1,000. In Liverpool last year the proportion was 27 per 1,000. It was 33 in St. Helens, 34 in Preston, 35 in Bootle, and 45 in Warrington. In Birmingham the proportion is increasing; in 1906 it was equal to 28 per 1,000; in 1907 it was 34 per 1,000, and in 1908 it was 38 per 1,000. In London, inquests were held in 1908 in 10 per cent. of registered deaths, in cases where a certificate has been given, and then the matter has been referred by the registrar to the coroner; but in places where the proportion of uncertified deaths is excessive, the inquests held did not exceed 3·7 per cent. in St. Helens; 4·1 in Warrington; 4·8 in Preston; 5·1 in Birmingham and in Bootle; and 6·2 per cent. in Liverpool.

5284–6. (*Dr. Willcox.*) In a considerable number of cases where the death is not certified and the coroner investigates the case and comes to the conclusion that no inquest is necessary, does not the medical practitioner give a certificate after the coroner has investigated the case?—Yes, the coroner would tell the medical man that he is justified in giving a certificate; in certain instances the medical man is doubtful about it and refers the matter to the coroner, who hears his statement or reads his written statement, and tells him he can certify, and he does so.

5287. (*Chairman.*) Then those cases would not rank as uncertified?—Certainly not. A certified death is one certified by a registered medical practitioner, and it can be nothing else.

5288. Your general conclusion is that in every case in which there is not a proper certificate, there ought to be a report to the coroner?—Certainly.

5289. (*Mr. Bramsdon.*) Are there many cases of uncertified deaths which have not been reported to the coroner?—That I cannot say; I can only say that the number of uncertified deaths in 1908 was 2,326.

5290. Does that include the cases that have been reported to the coroner and where inquiries have been made by him?—I cannot say; there is nothing in the Registrar-General's returns to differentiate between one that is simply given on information and one inquired into by the coroner.

5291. So far as you are aware, these cases to which you refer might include those cases reported to the coroner where no inquest is held, but a preliminary inquiry is made by him and an inquest is dispensed with?—It is quite possible; but I go further than that, and say that no inquiry can justify a body being buried without the cause of death being properly ascertained; and the cause of death cannot be ascertained without medical assistance.

5292. But supposing a man is known to have suffered from heart disease and is old, say 80 years of age, or to have been suffering from senile decay, would not an inquiry without an inquest sufficiently meet a case like that, without any medical examination?—Yes, I suppose it would.

5293. And one might mention other cases—say, a case of phthisis?—There is always danger in these cases in permitting that kind of thing.

5294. Do you think there is danger, say, in a case of phthisis or a case of aortic disease?—It is perfectly possible that one of those cases might have been poison. There may be an old man of 80 with heirs waiting in very great expectancy for his death, and they might help him through.

5295. Supposing a medical man was called in to a case of phthisis or aortic disease, would he not be readily satisfied without making a post-mortem?—I do not think he ought to be.

5296. Do you suggest that in all those cases there should be a post-mortem made?—I say that to absolutely accurately diagnose the cause of death a post-mortem would be necessary if a man has not been seen during life or attended during life.

5297. On the general principle I do not disagree with you; but would it not multiply expense largely?—I do not think the question of expense ought to come in in a question of the protection of the public.

5298. But will you answer my question; would it not multiply the expense largely?—Undoubtedly it would.

5299. Do you think that any useful purpose would be served in ordering a post-mortem to be made in all cases, or whether it would not be wise to exercise discretion?—I am with you there.

5300. Experience shows in many cases, does it not, that the cause of death is so apparent that a post-mortem may be dispensed with?—Yes; but there are many other cases where the cause of death has been apparent to a legal coroner and the jury has given a verdict which is absolutely against the weight of evidence. A case has been brought forward where no post-mortem was made and where the verdict was a ludicrous one; it was reported in the "Lancet" the other day.

5301. That is another point. I take it, that if a post-mortem can properly or usefully be dispensed with in the interest of the public and the relatives, it is advisable to dispense with it?—For the sake of the feelings of the relatives and friends, undoubtedly.

5302. So as not to produce distress of any kind?—Yes.

5303. At the same time, if there is any reason whatever why a post-mortem should be made, it ought unhesitatingly to be made?—Yes, I agree.

5304. I think that puts the case properly?—Yes.

5305. (*Dr. Willcox.*) In cases of death from accident, do you consider that in view of the possibility of a claim for compensation it is desirable that a post-mortem examination should be made in every case?—I do, indeed, in every case.

5306. (*Chairman.*) In your experience, have employers or agents for insurance companies asked to intervene?—Under Acts of Parliament factory people can attend, and trade unions can to a certain extent; but no case has come before me where an employer has asked.

5307. You are not aware that it is a common practice?—No, I am not aware of that, but I should think it is likely to be so in future.

5308. And insurance companies?—And insurance companies, too.

5309. (*Mr. Bramsdon.*) In view of the very large number of compensation claims that exist in carrying out the general law of compensation, do you think that a useful purpose would be served to the public if a post-mortem were made in accident cases, so as to arrive correctly at the cause of death?—Unquestionably.

5310. (*Chairman.*) And also with a view to insurance cases?—Yes.

5311. The next heading is with reference to unqualified medical practitioners?—I think that is covered by the suggestion that uncertified deaths should in all cases be reported to the coroner. At the present time an unqualified man can sign a form of certificate—not the statutory form—and it is accepted by the registrar, not as a certificate of death, but as information upon which the body is buried; so that it has almost identically the same result, whether it is signed by a qualified or an unqualified man.

5312. In your opinion, ought such a certificate to be accepted by the registrar?—No. The registrar would tell you at once that he does not accept it as a certificate. I have been told by him over and over again that it is only accepted as information. But my point is that upon that information the body is buried just as if the death had been certified by a duly qualified registered practitioner. The registrar objects to the use of the word "certificate" in connection with it, but it is a distinction without a difference.

5313. Is there a different form used?—Yes, they cannot use the statutory form; the statutory form is one only given to duly qualified practitioners and cannot be used by anybody else.

5314. Have you anything else to say with regard to the attitude of coroners towards unqualified persons?—Some time ago the Coroners' Association tried to induce all coroners to hold inquests in cases where deaths were uncertified or attended by unqualified practitioners, and in one district in England a coroner did so act, but political pressure was brought to bear upon the question, and the result was that the inquests were no longer held.

5315. As a rule, then, their certificates are accepted?—Their information is accepted. You will excuse my repeating that we must not use the word "certificate," otherwise we get into trouble with the Registrar-General.

5316. Their information is accepted by the coroner?—It is accepted by the registrar.

5317. And by the coroner, too?—By the registrar; the registrar accepts it and does not communicate with the coroner, and the death goes down as uncertified and the body is buried. The coroner probably hears nothing of it until it is too late, and exhumation would be required.

5318. Do you consider that those form a large proportion or a considerable proportion of cases?—I could not say at all. I could only give you, as I did just now, the total number of uncertified deaths, and the proportions in the different districts.

5319. (*Dr. Willcox.*) In certain cases of deaths amongst the poor, who have not been attended by a medical man, the coroner would have to order a medical man to certify the fact of death?—You mean under any new law?

5320. If, as you suggest, every death certificate should be signed by a man who has seen the body?—Yes, by the verificator or verifier of death—a State official.

5321. In such cases what fee do you suggest that the medical man should receive?—It is difficult to say, because he might be paid an annual salary.

5322. Assuming that such a practitioner was ordered by the coroner to certify the fact of death?—Not an official?

5323. No, not an official?—I should say a guinea. I think a guinea is the lowest fee that a medical man ought to get.

5324. (*Chairman.*) Why should it not be an official?—I should prefer it myself to be an official.

5325. (*Dr. Willcox.*) That leads up to another question: who should pay that guinea in the case of the poor—the State or the friends?—In the case of the poor it would be absolutely impossible to get it from the friends or relations.

5326. You suggest that the State should pay it?—Yes, either the State or the county.

5327. (*Chairman.*) The last matter you raise, I think, is about still births; you desire to say something about that?—All still births should be certified by a registered medical practitioner, and any child which has issued from the mother after the expiration of the 28th week of pregnancy should be taken to have been born alive, and not to be a stillborn child. At the present time any midwife can certify that the child has been stillborn, although there have been instances known in which the child had breathed for a considerable time.

5328. (*Dr. Willcox.*) What is your experience as to the manner in which the bodies of stillborn children are disposed of at the present time?—They are generally handed over to the undertaker, who buries them in the coffin of another person, perhaps two or three at the time.

5329. Do you consider that practice very undesirable?—I consider it is most dangerous, fraught with the gravest danger to the public.

5330. (*Chairman.*) What do you suggest ought to be done?—I say that all still births should be certified by a registered medical practitioner, who should decide whether the child was stillborn or not; and if there is any doubt about it there must be a post-mortem and inquiry.

5331. Of course the difficulty arises in cases where there is no medical practitioner present?—Quite so; but then you must have one after death if you have not one before.

5332. It comes to this: that in every case of a poor woman whose child is said to be stillborn, a doctor is to be asked to certify the fact?—Yes, it is the only way to stop infanticide, which is very prevalent at the present time.

5333. (*Dr. Willcox.*) And where a medical man did not attend the birth, the coroner would have to be communicated with?—Yes, and he would direct a medical man to make a post-mortem or have an inquiry. The present practice is most loose and absolutely dangerous.

5334. (*Mr. Bramsdon.*) When you speak of a stillborn child, have you in your mind a particular age, or would you require investigation into the fœtus?—No; nothing under 28 weeks.

5335. You take it in that way?—Yes.

5336. (*Chairman.*) Is it possible by examining the body of a child to ascertain what month it was in—what term of life?—Yes, I think it would be.

5337. Whether it is 28 weeks or less?—Yes.

5338. Can you say accurately by looking at the body of a child whether it was a viable child or not?—I am afraid I am not capable of answering that question.

5339. (*Mr. Bramsdon.*) Do you think it is advisable that some inquiry should be made by way of arriving at some conclusion as to whether cases of still born children ought to be reported to the coroner and registered upon a medical certificate?—I should accept the certificate of a registered medical practitioner in every case without question.

5340. But supposing no certificate is forthcoming?—Then there must be an inquiry.

5341. Then you think it would be well if some investigation were made in the hope of arriving at a conclusion as to the age of the stillborn child, when either a certificate ought to be given or an inquiry ought to be held?—I say after the 28th week.

5342. That is your opinion?—Yes.

5343. But it is difficult to fix it at that age, I understand you to say?—I said that I was not capable of answering that question; but Dr. Willcox tells me that it is perfectly possible for a medical man to decide whether it is the 28th week or not. I confess I did not give that as evidence, because I did not know.

5344. You think that under certain circumstances there should be registration of stillborn children?—Certainly.

5345. Is it difficult to arrive at the period in the child's existence, to guide us as to the age when a stillborn child should be registered?—It is not.

5346. What I mean is this: if a stillborn child ought to be registered, say, at 28 weeks, how is the outside public going to arrive at a conclusion that the child is in the 28th week?—You would not ask the outside public to do that; you would ask a medical man to do it.

5347. Apart from examination of the body by a skilled person, would it be possible to determine the age of a stillborn child?—No, it is absolutely impossible.

5348. May I go a bit further. So that it would be difficult to ensure the registration of stillborn children?—Undoubtedly.

5349. Have you any views as to premature burial?—I do not believe in it; I mean in this country, of course.

5350. You do not think there is any danger of persons being buried prematurely?—Not the slightest.

5351. Then so far as that subject is concerned, you have no suggestion to make as to inspection or examination of bodies before burial?—None at all. Of course, every body ought to be inspected before a certificate of death is given.

5352. I said *qua* premature burial?—Exactly.

5353. (*Chairman.*) We may take it that, on the subject of death certificates, you agree with the report of the Committee of 1892, before which you gave evidence?—Absolutely. I only regret that it has not been carried out.

5354. (*Mr. Bramsdon.*) Do you give any directions as to the class of jurors to be summoned?—I confess that I should like to have no jury. We have to take what we can get in an agricultural district, and sometimes we have great difficulties in getting them.

5355. You are aware, of course, that the coroner's jury can consist of any class of persons, from the humblest to the highest, who are qualified?—Yes. I question very much whether it would be advisable or expedient for the coroner to give orders to his officer only to call upon the manor houses.

5356. But if you get a serious case, requiring evidence to be weighed, is it not usual to get an exceedingly good jury and to get help from them?—I cannot see that there is the slightest advantage in the jury at all.

5357. You object to all classes of juries?—I do not think very much of juries at any courts.

5358. You are against the jury system altogether?—I am.

5359. You have been very unfortunate in your juries?—I cannot say that. We have won most of our cases.

5360. It is not a question of winning cases; I mean in your capacity as coroner?—I cannot say that I have been unfortunate, because they are very decent men; but they are absolutely no help whatever.

5361. But assuming that you get a high class of jury?—There never is such coroner's jury in villages.

5362. That is your experience?—Yes.

5363. But there is nothing to prevent a high-class jury serving at a coroner's inquest?—There is nothing to prevent it, but I think there would be a considerable amount of trouble if the coroner's officer served high-class people with a summons under the Coroners Act.

5364. Is it not done every day?—Oh, no. The class from which we draw jurors in London is inferior to that class.

5365. That is surely not the experience in provincial towns?—I do not know about that.

5366. Would you be surprised to hear that in some provincial towns the highest commercial and intellectual men are summoned on the coroner's jury?—I have not the slightest idea of it. It is quite different in London, and it is quite different in the country districts I am speaking of.

5367. Take a running-down case or a case of assault of gravity; do not you think that the coroner's jury might with advantage weigh the evidence and return a sensible verdict?—I think it is quite possible if they were guided by the coroner.

5368. Then your experience is that they are no help to the coroner at all?—Not the slightest.

5369. Have you never found useful questions put by a juror?—I have never known a question which helped the decision as to the cause of death put by a juror.

5370. Is there not another advantage in having a jury, namely, that it keeps the coroner up to his duties?—It may be possible.

5371. Do not you think that the coroner with a jury would probably take more trouble at times than he would if he had the sole investigation?—I do not see it. If you will allow me to put it in this way: The stipendiary magistrates sit alone without a jury, and there is no question ever raised as to their conduct of cases. If a man chooses to do his duty he can do it perfectly well whether he sits with a jury or without one.

5372. But a magistrate has the assistance of solicitor or counsel?—Yes.

5373. Which ordinarily you do not get at a coroner's inquest?—Perhaps you will allow me to put it in this way: I should be very sorry to think that I, as a deputy coroner, would do my duty better because a jury was present than I would if a jury was absent.

5374. You do not believe in juries being the palladium of British liberty, then?—No, not at all.

5375. (*Dr. Willcox.*) What is the procedure of coroners when a death has taken place after a surgical operation?—In the majority of instances no inquest is held.

5376. If death occurs on the operating table, what is your view?—I say that a medical man can certify the cause of death without an inquest, and he is right to give a certificate in that case.

5377. Assuming that in such a case an inquest should be held, do you consider it necessary that an inquest should be held when death occurs one or two days after the operation?—No, certainly not.

5378. (*Chairman.*) Are those cases reported to the coroner?—Not necessarily.

5379. But as a matter of fact are they reported?—As a matter of fact they are not reported, except in a certain district in London. A certificate is given, "death from (so and so), following operation"; and in the majority of instances that certificate is accepted by the registrar; but in a certain district in London those certificates are forwarded to the coroner.

5380. By the registrar?—Yes, the registrar having received orders from the coroner to do so.

5381. (*Dr. Willcox.*) In such cases do you consider that needless distress may be caused to the family by the coroner holding an inquest?—Most certainly; there have been many instances as a matter of fact. The coroner to whom I am referring directed his jury, not very long ago, that it was for the jury to consider whether the operation was justifiable, and whether it had been satisfactorily performed, and if so satisfied, it was their duty to give a verdict of accidental death—the operation having been performed by one of the most eminent surgeons in London.

5382. (*Mr. Bramsdon.*) Do you suggest that there should never be an inquest in cases where operations have taken place?—I cannot see why there should be, any more than in cases under other medical or surgical treatment, unless it is an illegal operation.

5383. If the relatives or friends suggested that there should be an inquest, you would think it should be held?—Undoubtedly; and the surgeons would be the first to desire it under those circumstances.

5384. Then it means that for proper and justifiable reasons an inquest should be held?—Yes.

5385. But that ordinarily you do not think it ought to be held?—Ordinarily there is not the slightest occasion.

5386. (*Chairman.*) Ordinarily they are not held?—Ordinarily they are not held, and that was a decision of the Coroners' Association some years ago.

The witness withdrew.

Adjourned.

At the Home Office, Whitehall, S.W.

FIFTEENTH DAY.

Friday, 7th May 1909.

Present:

Sir HORATIO SHEPHARD, LL.D. (*Chairman*).

Mr. Thomas Arthur Bramsdon, M.P. | Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

Mr. Isaac Bradley recalled and further examined.

5387. (*Chairman.*) You referred, when you were here last, to some forms that you had not brought with you. Have you brought them to day?—I have brought those forms to-day, and have handed them to the Secretary.*

5388. I believe you wish to refer to your former evidence with regard to uncertified deaths?—With regard to the questions put by Mr. Bramsdon on my former examination respecting the inquiry which is made in my own case into uncertified deaths, I have inquired from the Registrar as to the number of cases of uncertified deaths occurring in Birmingham during the years 1907 and 1908. His reply to me relates only to the parish of Birmingham, which covers the greater part of the city, though not the whole; but the numbers he gives show clearly that all the uncertified deaths in Birmingham were referred to me as coroner; and in his letter he adds these words: "The regulations "and instructions to the Registrars of Births and "Deaths request that no uncertified deaths be regis-"tered by them without the same having been first "referred to the coroner."

5389. Those are figures which you have given as part of your statement?—Yes. I have brought with me the documents relating to seven cases in which I have formally stated, during the present month of May, that I do not propose to hold an inquest. They are to an extent typical, and I will mention them as shortly as I can to complete my evidence. The first case was from a lunatic asylum. The statutory form is signed by the medical officer, and he gives a natural cause of death. I did not hold an inquest in that case, because practically I had a medical certificate stating a natural cause of death. The next case was that of a child who lived four hours. That was reported to me by the midwife who had attended the mother at the birth. In that case my officer made inquiry and brought me the statements of three persons other than the midwife

* *See* Appendix No. 15.

and I was satisfied that the child was prematurely born and died of inanition. The next case was that of an inmate of a workhouse. The doctor states a natural cause of death, but he assigns as his reason for reporting to me, that some weeks before the man had had a slight fall involving a superficial bruise, but he states in his report that the fall, in his opinion, had no connection with the death. I had statements taken from an official of the workhouse and from an inmate, which satisfied me that no inquest was necessary. Two other cases were reported by medical men who only saw the patient after death, but, in each case, after inquiry, I found a history of prolonged illness from chronic ailments.

5390. Then we go on with your *précis*. The next point you wish to speak about is with reference to the presence of an accused person if in custody?—The history of that is that at one time there was great difficulty on that point. Controversy arose as to whether a coroner could compel the attendance of an accused person who was in custody. The custodian of the person sometimes refused to produce him, on the ground that he was in custody, and he, the gaoler, must not run the risk of his escaping. The Home Office, some years ago, issued a circular, on which coroners are acting to-day, to say that where the coroner considers that the person in custody is involved in the inquiry, that person shall have notice of the inquiry, and shall be at liberty to attend if he wishes. The result is that sometimes the person in custody may say he does not wish to attend. We think he ought to be brought; because it sometimes happens that a deposition made in the presence of a person in custody may become evidence when in his absence it would not be evidence.

5391. You would desire, in fact, that there should be power to procure his presence during all the inquiries and throughout the inquiry?—By the coroner's orders. I have had cases myself in which the person in custody has said "I do not want to come." From his point of view that might be well, but from the point of view of public justice there is the other point I have mentioned.

5392. Then we have already had evidence from Mr. Brooke Little about the difficulty there is as to compelling the attendance of witnesses?—May I say that in the text-books we are told that the proper course in the case of a witness outside the coroner's own jurisdiction is, to get a Crown Office subpœna, but we have been informed at the Coroners' Society of cases where the coroner has had that subpœna refused on some grounds. I do not know whether Mr. Schröder can say more about that when he comes to give evidence, but I know it has been mentioned that the coroner has not succeeded in getting the issue of a Crown Office subpœna when he has asked for it.

5393. That is to say, a witness who is beyond your jurisdiction?—Yes. Take my own case—I am coroner for a great city, a defined boundary. Within that city my jurisdiction extends and I can compel the attendance of a person within my jurisdiction by my own summons without difficulty. But if the witness is outside my jurisdiction the question arises whether my order can run as against him so as to involve him in a penalty if he does not attend.

5394. (*Mr. Bramsdon.*) You think that that power should be given to the coroner?—We do.

5395. Would you suggest that the coroner should be placed in a similar position to that of a magistrate?—We say that power should be clearly given to the coroner to compel the attendance of witnesses and the production of documents or other exhibits by his own summons, which should run anywhere in the United Kingdom without backing or other ratification. At present it would seem that the coroner's powers are insufficient, or at least obscure.

5396. (*Chairman.*) In other words, that he should have the power that a magistrate has?—Yes.

5397. (*Mr. Bramsdon.*) But a magistrate has no power unless the warrant is backed?—Yes, we suggest that the coroner should have it without backing. There is a subordinate point upon that, as to whether the coroner has power on his own summons at all even within his jurisdiction to compel the production of documents or exhibits. We think he ought to have. I may say that personally I have never had any difficulty. I have frequently had words added to the summons, to produce certain things, and I have not had any difficulty in getting them produced, but other coroners have had that difficulty, and it might be of high importance.

5398. (*Chairman.*) Then your next point is about adjournment to assizes?—I should hesitate to advocate an alteration of the law by legislation in that matter, but if any memorandum were being issued, it might be convenient to draw the attention of coroners to the way in which in most cases the difficulty could be avoided. In some cases the coroner consults the Secretary of our Society and is guided in the direction of the jury being asked to find as much as they are agreed upon, leaving other questions open having regard to the power of the police to prosecute if so advised.

5399. (*Mr. Bramsdon.*) In fact an open verdict as to things they are unable to find?—Yes.

5400. (*Chairman.*) Then as to the question of the reopening of an inquest, what have you to say?—On section 6 of the Coroners Act 1887 we think the High Court's power should be so far extended as to reopen an inquest on the application of the coroner himself.

5401. And not by a motion adversely to the coroner?—Yes; at present the procedure is treated as adverse to him or reflecting upon his conduct of the original inquiry; whereas he may himself discover fresh evidence warranting further inquiry. There was a recent case in which the coroner himself thought the inquiry ought to be reopened. On section 12 we think there is now no necessity for retaining the qualification of holding land for a county coroner. The borough coroner has only to be "a fit person," and that should suffice.

5402. Now we come to the more important question of summoning medical witnesses and the remuneration of the witnesses?—We think that a coroner should not be restricted to one medical witness. The words of the Act I need not refer to, but it only speaks of "a medical witness" in the singular; it is section 21; and some local authorities have considered that they were not empowered to pay for more than one medical witness. But many instances arise in which one medical witness is clearly not sufficient. Criminal cases arise, with almost every coroner, in which a very great deal depends on the medical evidence and the opinion formed by medical men after conducting a post-mortem examination. The medical man first in the case may be a young man of small pathological experience, or the issues at stake may be of such grave importance that some stronger opinion ought to be brought to bear. In practice many of us do call more than one medical witness. I personally always do in any case in which it appears that a criminal charge may be involved, and I have never had any difficulty with my paying authority. But other coroners have had difficulty. An auditor or Finance Committee has said, you have no authority under this Act to call two witnesses. We think it of the highest importance that the coroner should have such power as would make his inquiry perfectly effective.

5403. (*Mr. Bramsdon.*) Perhaps your memory may be better than mine upon that, but are you able to say whether some judges have not expressed a strong opinion that there should be more than one medical witness?—They have. And in order to make my own position clear, I arrived at an understanding with my own authority, and the Watch Committee of my own city have formally expressed the opinion that in criminal cases I should call two; and although they are not my immediate paymasters their opinion backs me up and makes my position easy.

5404. But still, in the interests of justice, is it not right and proper that there should be in serious cases more than one medical witness?—I think it is of the highest possible importance.

5405. One medical witness may express certain views, but it is always wise to have them corroborated, in order to prevent perhaps an improper conviction?—I quite agree.

5406. Has the Coroners Society ever obtained any opinion as to whether the Interpretation Act applies to these words "medical witness"?—I think not. That thought has occurred to me; because we know that under the Interpretation Act the singular is to include the plural (this is under Lord Brougham's old Act); but the question has arisen before the Society in a concrete form where a particular authority has declined to pay and the coroner having paid the money out of his pocket runs the risk of losing it.

5407. You do not know of any decision upon this particular question?—I do not.

5408. But what is your own opinion. Do you think the Interpretation Act does apply?—Personally I think it does, and if it happened to me I should fight it out.

5409. But you suggest that it would be well to remove all doubts?—By saying "one or more"—by giving the coroner power to summon one or more medical witnesses. I believe the Local Government Board has expressed an opinion in favour of more than one medical man, and that the Lord Chancellor, or one of the Lord Chancellors, has expressed a similar view.

5410. (*Dr. Willcox.*) The other medical witness of whom you speak, I take it, you would prefer to be a man of some expert knowledge, some special knowledge if possible?—I always do. If I call a second man, I try to send a better man than the first—a stronger medical expert—a stronger pathologist. I may refer to Volume I. of our reports, page 126, where the Lord Chancellor in the year 1894 expressed an opinion that coroners had power to summon further medical witnesses if they thought it necessary, quite independently of section 21 of the Coroners Act.

5411. (*Mr. Bramsdon.*) Is that under the common law?—He means at common law, and in volume II., page 24, there is a communication from the Local Government Board made in 1898 bearing on the question.

5412. (*Chairman.*) You will observe that the section deals with two classes of cases; first of all with the case in which the deceased was attended at his death by a legally qualified medical practitioner?—That is so.

5413. In that case I presume your practice would be to call that medical practitioner?—Yes.

5414. And in addition, I understand, if necessary to call another?—Yes, if circumstances appear to demand it. Then the other condition is, that where there has been no medical man in attendance the coroner may call one.

5415. You might think it right to call two even then?—Only if circumstances render it necessary. It is only in cases where one thinks there may be a criminal charge involved. I may also cite a letter from the Home Office in 1896, in Volume I., page 385.

5416. (*Dr. Willcox.*) In cases where an additional medical witness is called, do you think it most desirable that this additional witness should be present at the post-mortem examination?—I think it is of the greatest importance, that is my object.

5417. It is undesirable for him to be called in subsequently?—Very. You may have many instances: the question of live birth in infanticide, the question of how a given wound might have been inflicted, &c.

5418. (*Chairman.*) In those cases you think it is desirable that both medical practitioners who are to be called as witnesses should be present at the post-mortem?—Certainly.

5419. (*Mr. Bramsdon.*) With reference to the question just asked, I take it that your experience is that two medical men, if thought necessary and desirable, are called in to make the post-mortem examination at the same moment?—Yes.

5420. But in your experience also, do you run across cases where, perhaps, the post-mortem is already made before suspicion is aroused requiring some other expert to be called in?—That case might arise, but it is not frequent.

5421. Have you had those cases?—Personally I have not. Of course then you must do your best.

5422. I am rather surprised you have not had a case in your own experience like that?—I have usually gone for a second man. Generally as the case is reported to you, you can, to use a vulgarism, smell whether there is any suspicion in it almost when it comes in.

5423. (*Chairman.*) Then as to the analysis?—The Coroners Act appears to contemplate the analysis being made by the same person who makes the post-mortem and attends to give evidence. The power should be widened, because there are very few medical practitioners who are in a position to make a sufficient analysis in an important case. The coroner should have power to call in some specially qualified person where an analysis is needed.

5424. And to give him a reasonable fee?—Yes.

5425. (*Dr. Willcox.*) If an incompetent person attempted an analysis, he might spoil the material for a toxicological investigation afterwards by a competent man?—Yes, it is a common thing for a doctor to say to me, in reporting a post-mortem, "I have preserved "certain parts of the body in case analysis is desired." But my great point is—and I think we have all felt it as coroners—that very often a medical practitioner of first class standing is not the person to make the analysis in an important criminal case.

5426. (*Chairman.*) Then as to the separate fees of witnesses?—As a corollary to what I have said, the fee for analysis should be made separate from and additional to that for medical evidence and a post-mortem, and the coroner should be empowered to pay "a reasonable fee," as analyses vary in extent and difficulty and some demand so much time, care and skill as to deserve a higher remuneration. There are some analyses that are worth 20 guineas.

5427. (*Dr. Willcox.*) You cannot say "higher," because there is no fee for that analysis?—It says "with or without analysis" he is only to have two guineas.

5428. That is not for the analysis?—But it says "with or without," the two guineas is supposed to cover it. Then we think also that the medical witness should be paid for each day he has to attend. That question has arisen repeatedly with local authorities; they have said, you are only entitled to pay one guinea for the whole inquest although you may have to have the man there on several distinct days.

5429. (*Mr. Bramsdon.*) In your opinion is a guinea for a post-mortem sufficient?—Sometimes yes, sometimes no. I have made it my business to see several post-mortems conducted. As a rule I should say one guinea is not enough. It is a matter not only unpleasant in itself, but it takes a considerable time if it is done properly, and involves a great amount of skill to do it well. I have seen them done well and done badly.

5430. Have you any opinion as to what alteration should be suggested?—Speaking not for the Society but for myself, I have thought that the additional fee for a post-mortem ought to be two guineas and not one.

5431. Do you think there ought to be any power to even extend it in difficult complex cases?—Yes.

5432. What would you do—give the coroner discretion?—I should like to have some discretion to pay a larger fee, without specifying the amount, in a case where special circumstances appear to call for it.

5433. That is on the post-mortem. Now on the other question of fees—you suggested just now that a medical practitioner should be allowed a fee for each attendance?—Yes.

5434. What do you think that fee should be assuming he attended simply formally for a few minutes, would you pay him the same, a guinea?—Yes, certainly.

5435. Whether he was there a short time or a long time you would allow him a guinea for each occasion?—Yes, it is only a small fee and it takes the long and short together.

5436. (*Dr. Willcox.*) In cases where a higher fee is paid for making a post-mortem examination, would you have an expert pathologist to make it—a man of expert knowledge?—Do you mean somebody entirely outside his own district?

5437. Mr. Bramsdon suggests that there were cases where special investigations would have to be made beyond the post-mortem examination, and a higher fee should be paid?—But that brings in something which

was raised a few minutes ago: that one does not always know at the outset how big the case is going to be.

5438. But in a case where you would pay a higher fee, you would get a man of expert knowledge to make the post-mortem?—A man of sufficient knowledge. An expert may mean somebody like yourself, for instance. I have not that, necessarily, in mind. What I mean is, that post-mortems vary among themselves infinitely. Sometimes a doctor makes a post-mortem which comes out in quite a straightforward way; he finds all the organs healthy except one, which shows some particular lesion or injury; that is an easy one. But in other cases he may find apparently contradictory appearances, inconsistent appearances, appearances which raise doubt as to which of several lesions may have caused death, and he may have to investigate organs and dissect them much more carefully, and go over them again, and give much more time.

5439. He would have to be an expert man to do that?—Yes; but I do not want to be limited to suspend things in the middle, to call in somebody from a distance necessarily. Personally, I would sooner retain my discretion to call any man who I thought was a fit man.

5440. (*Chairman.*) Would you have any objection to a list of fit men being prepared from whom you would select at your own discretion? That has been suggested as one course to be adopted?—I am not a medical man, but if I were, I should strongly object to that; I should look at it as somewhat invidious. In my own practice, I usually call the police surgeon for the division as my second witness. It so happens that every one of the five police surgeons in Birmingham is an admirable pathologist, and I find myself well served. I have seen pretty well all of them do it, and I know, but I should hesitate even then to confine myself to a list of those five, or even ten; I prefer to retain my discretion. I am responsible for the inquiry, and I ought to use that discretion to get the inquiry effective.

5441. We come now, I think, to section 24 of the Act?—On section 24 we think it should be made clear that the coroner has power to remove the body to any convenient and suitable place, irrespective of a post-mortem examination being held. It is submitted that, on principle, a coroner has this power, as the body is a material piece of evidence within his order and control; but the power has occasionally been called in question. The question has arisen in consequence of the particular words of this section, which say that "the coroner may order removal for post-mortem examination." Some persons have drawn a conclusion from that that the coroner has no power to remove a body except for the purposes of a post-mortem examination, whereas it was probably inserted by the draftsman simply as a natural sequence to the power to order the examination.

5442. There has been no decision on the question, has there?—No, the coroners generally hold the opinion that at Common Law they have a perfect control over all the evidence connected with the inquiry, and that if, for any purpose of convenience, it is desired to remove the body from one place to another, the coroner has power to remove it.

5443. Are you referring to a state of things in which the inquest has been begun, or only a mere inquiry?—When the inquest is on foot. When there is no inquest we exercise no powers.

5444. You refer, then, to the state of things in a case in which there is an inquest?—Yes, that is after the coroner has issued his precept for a jury. But in one case at Southampton a question was raised by the town council, and the coroner was called into question for having removed bodies. But we claim that at Common Law and as part of the necessary procedure of the inquiry, the coroner must have that power, and I put in a form, which I have used frequently, which orders my own officer to remove a body whether for the purpose of external examination or post-mortem.

5445. (*Dr. Willcox.*) But surely external examination is post-mortem?—That point has been raised; but I put the word external in when I am not going to have a post-mortem. I often remove bodies to the central mortuary to save the time of the jury in driving to view; and most coroners in large practice pursue the same course. I think it is almost universal in London now.

5446. (*Chairman.*) You suggest that the law should be made clearer?—Yes.

5447. (*Mr. Bramsdon.*) Section 24 wants strengthening?—Section 24 mentions one particular purpose for which the coroner has statutory power. We submit that before this statute was ever passed at all we had the power inherent in ourselves.

5448. You have already expressed an opinion, I think, as to the advisability of giving the coroner power to order a post-mortem without holding an inquest?—Yes, I have said that I should be glad to have the power.

5449. That would seem to require power also to order bodies to be removed to a suitable place?—Yes; but my point now is larger than that.

5450. This is a subject in itself; therefore power would be required in that direction?—Yes.

5451. In addition to any other power?—It is a corollary.

5452. (*Chairman.*) The result would be, according to your view, taking your two views together, that it would be necessary to give the coroner power to remove the body from a private house in any case, whether he was going to hold an inquest or not?—Quite; we do it now in practice.

5453. I asked you that at the beginning, and I thought you said not?—Not unless there is an inquest.

5454. I say, taking your two views together?—We should only move in Mr. Bramsdon's case for the purpose of a post-mortem. If I were not going to hold an inquest I should not want to move the body unless there was a post-mortem.

5455. I think we are agreed upon that. Supposing that the law were altered and you had power to order a post-mortem with a view merely to seeing whether you should hold an inquest, then you would require the power for that purpose?—Yes, that is a consequential power. Mr. Bramsdon is quite right.

5456. Then with regard to other witnesses, you suggest that there ought to be a scale of allowances?—On section 25 we are constantly appealed to at the Council of the Coroners' Society by coroners who find themselves in a difficulty on account of having inquests where expert evidence is needed. At present the coroner has no power to pay an expert witness except so far as that power is bestowed by the Schedule of Fees authorised by his local authority. In my own case I have authority to pay an expert witness up to 3 guineas.

5457. Other than the doctor?—Other than the doctor; but many coroners have no such power, and when they get a case involving the evidence of a chemist, an architect, an engineer, or some skilled person, they have to adjourn their inquest and have to apply either to their local authority or to the Home Office for assistance, so that there is much delay and sometimes some annoyance and difficulty. We think that if a model schedule, not to be enforced but simply as a suggestion by a Public Department, were framed, it might be of assistance to those coroners. Personally I have had no difficulty because my schedule is better than that of some other coroners.

5458. But if the schedule is imperfect it is the fault of the local authority?—That is so, but local authorities do not understand these points, and in many parts of the country they do not take the trouble to adapt themselves to the requirements.

5459. (*Mr. Bramsdon.*) I should like to get a little clearer what you mean about this model schedule. Do you suggest that it should simply be introduced if the county council should approve, or do you suggest that it should be put into an Act as a schedule of authorised fees?—It is only a suggestion; I do not want to impose anything on the local authority at all. But the Committee have already before them everybody's fees and allowances; we were asked in the preliminary questions to send ours, and I sent mine; and I think from those the Committee might, if they chose, leave out all the figures but simply state the

class of witness who might be provided for and the different events which may be paid for. For instance, I am empowered to pay for extinguishing a fire in a burning house, for getting a body out of the water, for stripping or washing a body to make it presentable for view by the jury, and for many things. I think a compilation might be made indicating the matters which should be provided for.

5460. Do you suggest that this Committee might do that; or do you suggest that it should be a schedule issued by the Home Office?—This Committee, I suppose, is not an acting body really, it is an inquiring body. The Home Office I had in view, by circular. I thought that the Committee had the means now in their hands of compiling such a schedule.

5461. That would not be our business?—We might even say, as another means of meeting the point, that the schedules of local authorities should be supervised by the Home Office or approved by the Home Office, so that all matters are provided for. Many Government Departments insist on certain things being provided in certain cases. In the case of Friendly Societies, the Registrar insists that certain things must be provided for in the rules of a registered society.

5462. (*Chairman.*) The next point arises on section 30. You suggest something with regard to Franchise Coroners?—Our suggestion is that on the retirement of the present incumbents of the offices all franchises should be merged in the surrounding county. If I may be allowed, I would suggest that Mr. Schröder should give you evidence upon that later, because he has been at some trouble in the matter, and has had correspondence that he could produce to you which, I think, would satisfy you.

5463. Have you personally suffered any inconvenience?—No, there is no Franchise Coronership in my immediate neighbourhood.

5464. Then you say, with regard to treasure trove, that the law is not as clear as it might be?—The Committee has now seen the answers from coroners upon that question. Opinions, I believe, vary among coroners as to whether the jurisdiction should be retained or not. The difficulty arises only on deciding the question of ownership. The coroner is not always a suitable tribunal to decide a complicated question of ownership.

5465. He has nothing to do with it?—No, but very often that is the only question involved in the inquiry. He finds a verdict which means nothing at all, and has to leave the parties to go to the King's Bench on interpleader, or some similar form of procedure, to determine the ownership. Either the coroner should have more power or less.

5466. Your own opinion, I understand, is that the jurisdiction had better be abolished?—My personal opinion is that we do not want the jurisdiction. I have never had a treasure trove case myself. They are interesting from an antiquarian point of view, but the only question in a treasure trove case is really the question of ownership. Yet we have to advise coroners that the coroner will be wise not to attempt to decide that question. That is to say, it is either the property of the King, or the lord of the manor, or some private finder.

5467. Then with regard to deputy-coroners, you refer to the distinction which is made between borough and county coroners?—Yes, I am a borough coroner, and I feel it. I am here this afternoon, and as we are sitting here now my deputy is holding my inquests. We have had to obtain from a magistrate a certificate stating that I am absent for reasonable cause, and that, therefore, the necessity has arisen for the deputy to sit. We think that is unnecessary, because the deputy has to be a fixed person, approved of by name by the local authority, and that is enough. We have had cases occur in actual practice where it has been highly inconvenient to obtain the signature of a justice on an emergency.

5468. You think that the law with regard to the two classes of coroners ought to be made the same in fact?—I think the certificate of absence is unnecessary, because the deputy is already an approved person. The same authority who appointed me as coroner has formally approved of a certain specified man as my deputy.

5469. Then you would be content if the law with regard to borough coroners were to be on the same footing as with regard to county coroners?—I simply propose to dispense with the certificate of absence.

5470. (*Mr. Bramsdon.*) Your experience leads you to think that this obtaining a justice's certificate is irritating and unnecessary?—That is so.

5471. And serves no good purpose at all?—No, that is so.

5472. If a coroner had to attend, say, the High Court in London, and kept returning to his residence and going again to the court, would he not probably have to get a certificate signed on each occasion?—Technically, yes.

5473. So that the whole thing is pin-pricky and altogether troublesome?—I think so.

5474. And might well be dispensed with?—Yes. It is so in the case of county coroners.

5475. (*Chairman.*) Now you make a suggestion that goes rather further. You suggest that an inquest which has been begun by the deputy or by the coroner may be continued by the other?—I think that is of great importance, because instances have arisen in which an inquest has never been concluded. In my own city some years ago a previous coroner died leaving an inquest unfinished and under adjournment. The deputy considered that his authority ceased with the death of his coroner, and that inquest was never concluded. That particular point of the power of the deputy continuing has been dealt with by the Act of 1892; but even now a deputy cannot continue an inquest opened by the coroner, nor can the coroner continue an inquest opened by a deputy. In Birmingham, again, many years ago, there was one of the most important inquests we ever had, where the deaths occurred while the coroner was in Scotland on his summer holiday. The deputy opened the inquest and adjourned it; it extended over several days. The coroner hastened home as soon as he heard the importance of the case, but the coroner had simply to sit by the side of his deputy while the deputy conducted the whole of that inquiry and summed up to the jury. We think that as the powers of the coroner and the deputy are in law the same while they sit, where circumstances call for it, either might finish an inquest commenced by the other.

5476. There would be rather a strong opposition to having two judges—because the coroner is a judge—one hearing one part of the case and another hearing another, and the first man coming in again at the end?—I submit that in practice there need be no inconvenience. On every adjournment the witnesses are resummoned, their depositions can be read over, and they are put in the box. On every adjournment in practice I do call every witness who was called before, and I read his depositions and see whether any further question arises.

5477. When an inquest is adjourned and deferred one day after another, surely you do not mean that you recall on the second day the witnesses who were heard and disposed of on the first day?—I have commonly done so, I will not say invariably, but usually I do, simply to refresh the jury's mind.

5478. Anyhow you can confine this power of continuing an inquest by a different person to exceptional cases, I take it?—It is only in exceptional cases where it would arise. But the result is that in some cases the inquest has never been closed.

5479. I imagine those cases are extremely rare?—They are not common, but they do occur. Supposing, for instance, this afternoon as my deputy is sitting for me he has opened an inquest and finds it necessary to adjourn, and supposing he dies to-night, I cannot finish that inquest.

5480. Would it not be competent to you to begin the inquest over again?—I am afraid not. I should not have viewed the body. His death might occur after the body was buried.

5481. (*Mr. Bramsdon.*) But that could be got over, could it not?—May I refer to our Reports, volume III., page 46, in which the Home Office expressed the

opinion in writing to Mr. Schröder in 1903 that a coroner's deputy cannot continue an inquest which has been opened by the coroner.

5482. Yes, we know that?—But they have taken the opinion of the law officers.

5483. But if the coroner died or the deputy died the whole inquiry so far would fall through and become null and void?—That is my point.

5484. Then if the body were not buried you could summon a fresh jury and conduct your inquiry *ab initio*?—Yes.

5485. The only difficulty would be if the body were buried?—That is one difficulty.

5486. Would you not have power to order exhumation under those circumstances?—I doubt it.

5487. No inquiry has been held?—The body has been viewed and the inquest is in progress.

5488. You think that you would not have a right?—There is the question whether the inquiry that you are going to assume is a new inquiry, is a new inquest, as the old inquest still is not disposed of; even on your hypothesis the old inquest has fallen through.

5489. In consequence of the death of the deputy or the coroner?—Yes.

5490. No inquest has been held, has it?—But the inquest has been opened and the jury charged with the case; the jury has not been discharged.

5491. But does the opening of the inquest presuppose that an inquest has been held?—The inquest has not been completed; but there is a sort of seisin of the case in the particular person who presided and in the jury who were sworn and charged, and that jury has not given its verdict.

5492. Do not you think that the death of the deputy or the coroner would simply render the whole thing nugatory?—Yes, it would; but I do not know that you could begin again.

5493. (*Chairman.*) In an ordinary court of justice that can be done—you can begin again. If a judge dies, his successor or some other judge can begin the trial again. Why should there be any difficulty in the case of an inquest?—Because the jury is already in the box.

5494. (*Mr. Bramsdon.*) May I take you to another question? Supposing a magistrate commences hearing a charge against a prisoner, and something happens to the magistrate, either through illness or death, is it not quite in order for another magistrate to hear the case again?—Yes, there is a recent classical instance.

5495. I was bringing you to a case that happened quite recently, the Mansion House case?—But take that case. The difficulty was argued as to taking evidence that had extended over many weeks and scores and scores of pages.

5496. (*Chairman.*) But nobody suggested in that case that the other magistrate could not begin the case again. The only suggestion was that he could not continue the case?—But there is more difficulty here, because we work under a certain code of procedure. A jury has been summoned and charged, they have viewed the body, and have heard some amount of evidence. That jury is not discharged, and yet that jury cannot be suffered to proceed.

5497. Let me put this case. Supposing that instead of the coroner dying one of the jury dies, and that reduces the number of the jury below the requisite minimum; what would happen then?—I should begin again.

5498. Exactly. Why cannot you begin again in the other case?—It is our opinion that we ought to have the power.

5499. (*Mr. Bramsdon.*) Does not the death of the coroner or of the deputy withdraw the authority altogether for the summoning of the jury?—No, I do not think so, because the Act of 1892 continues the deputy in office until another deputy is appointed.

5500. I do not think you have dealt with my particular question?—Perhaps I did not apprehend you.

5501. Take the case of the death of the coroner. Does not the fact that he is dead withdraw the authority of the coroner *qua* coroner for the summoning of the jury in the first place, and therefore render the whole thing incomplete and nugatory?—It is incomplete and nugatory. That is the very point I want to meet.

5502. I do not see your difficulty really. Supposing a Judge of the High Court who was trying a criminal case were to die, do you suggest, there being the jury seized with the evidence so far as it has gone, that another judge cannot reopen the whole case and go into it?—I do not suggest that. But what I do suggest is that in many cases where this has occurred the inquiry could have been finished without difficulty if the authority had been transferable in the sense that I suggest.

5503. But do you think it is advisable to carry out the suggestion you have made now?—Personally I do.

5504. On its merits?—Personally I do, because I have seen the difficulty arise. Our point might have been met; but in the case I speak of the inquiry was never closed, and the death was never registered.

5505. But can you give me any authority of any judicial person, as to whether such a thing is legal at the present time?—I do not know that I can.

5506. Then you are asking for an entirely new authority in the law to be provided?—Yes.

5507. Is it not absolutely essential that the person who sums up to the jury should have seen the witnesses and put the questions and heard the answers given, and also observed their demeanour?—It is desirable.

5508. Do not High Court judges place very great importance upon those points?—We all do. If I may go back for one moment to your point, supposing the case that I gave from Birmingham, of the coroner dying in the middle of an adjourned inquest, has the deputy power to open a new inquest when the old one has not been disposed of? Has he power to exhume the body? I am doubtful; because the old jury have been charged with the case, and they have not been discharged, and there is no means by which they can be discharged at present; you can adjourn them *sine die*; there is no verdict found, and nobody else can interpose that I can see. I still think there is difficulty.

5509. (*Chairman.*) You think there is a legal difficulty?—Yes.

5510. Your next point is with regard to a second deputy?—With regard to that, we have had one or two cases arise where both the coroner and the deputy have been ill at the same time, and it has been extremely difficult to say what ought to be done. The advice which Mr. Schröder has given, and which the Council of the Society has approved, has been, that the only way is for the coroner to revoke the old deputy for the time being and appoint a new one, and then when things improve to come back to the old deputy again. Some people have suggested whether the mayor was not the proper person to act as coroner, which is an almost ludicrous suggestion; but we think there ought to be a power to appoint a second deputy for the particular occasion when necessary.

5511. Not to have two deputies at the same time?—No, but to appoint a deputy for a particular day or a particular case. This comes home to me, because two months ago I became ill, and unexpectedly had to stay at home—the doctor spoke gravely of it—but my deputy was not available; he had gone out of Birmingham on some professional business.

5512. (*Mr. Bramsdon.*) You might get another case, in which the coroner might be ill and the deputy unable to get through all the work?—Yes.

5513. (*Chairman.*) Have you anything to suggest with reference to the salary of the deputy? At present I understand the arrangement is merely a personal arrangement between the coroner and him?—The coroner has to pay him.

5514. Is that a convenient arrangement?—I should be very glad if my authority would pay the deputy now that I am here to-day, for instance. I have to pay him at the present time. The authority does not pay him, and I do not know of any case in which the authority does. He makes his own arrangements. The coroner is responsible for the performance of the duty, and if he is not here to do it himself he has to provide somebody who is.

5515. Then you come to the question of mortuaries. In some cases there are mortuaries which stand alone, and in other cases there is a room attached in which the

post-mortem examination can be carried on. Is not that so?—Yes. The point is, that section 143 of the Public Health Act, 1875, having given power to a local authority to erect mortuaries, gives another power to erect a building for the performance of post-mortem examinations, but that place is not to be a mortuary. A case has arisen under our notice where an authority had built a mortuary in a country district quite away from towns and the necessary appliances, and the local authority refused to permit the coroner to have a post-mortem held on a body that lay there. It seems anomalous. If you observe the section, I think it could be very simply met by removing the exclusion of a mortuary as a place. The section says: "Any local "authority may provide and maintain a proper place, "otherwise than at a workhouse or at a mortuary, for "the reception of dead bodies during the time required "to conduct any post-mortem examination ordered by "a coroner." That has created difficulty, because a mortuary is an excluded place under that section.

5516. (*Mr. Bramsdon.*) You suggest, I take it, that that exclusion of a mortuary might be omitted from the Act?—Yes, we think all exclusions should be removed, because a mortuary is not *prima facie* an unsuitable place.

5517. (*Chairman.*) Can you explain why it was excluded?—I do not know. I could suggest out of imagination some reason.

5518. (*Mr. Bramsdon.*) Is it not probable that it was due to the fact that a mortuary years ago, in old times, bore a very different relation to the excellent erections that we find at the present time?—But this is the Act of 1875, which is comparatively modern.

5519. Following on, probably, some other Act?—I do not know.

5520. (*Dr. Willcox.*) One reason might be, might it not, why the mortuary is not regarded as a proper place, that there might not be an adequate supply of water and adequate drainage for making a post-mortem?—It is possible. But it seems absurd to have to move the body away from a public mortuary to some other place, perhaps some little distance away, to be opened.

5521. Do not you think it is very desirable that all mortuaries should be provided with facilities for making post-mortem examinations?—I could hardly conceive of a public body building a mortuary without. We also suggest that mortuaries should be provided in all districts. They are gradually being provided, and many of the scandals which used to occur do not occur now; but even within recent years there have been controversies as to where a dead body may be taken in a district which is not provided with a mortuary. Within my time we have had proper accommodation in Birmingham, but a large city is very different from the country in those cases. There is also the point that formerly inquests were held very much at public-houses, and accommodation was provided in wash-houses or outbuildings; but the tendency now is to keep away from licensed premises.

5522. (*Chairman.*) You have a point about that which I do not quite understand—a difficulty as to schools?—That point was raised by Mr. Rothera, the coroner for Nottingham. The difficulty, he says, is that in some cases, when you go into a country district where the only available public room other than the public-house would be the village school, there is a difficulty as to the school sessions going on at the times at which it might be most convenient to hold the inquest.

5523. Have you any suggestion to make with regard to that matter?—Mr. Rothera's idea is strongly against holding any inquest on licensed premises.

5524. Making the prohibition absolute?—Yes.

5525. At present it is only conditional?—Yes; that it should be made absolute and that some arrangement should be made by which schools might be available at some reasonable time. In many cases there are the ordinary school sessions being held at the schools, and there are other purposes for which the schools may have been let, which make these schools perhaps not available on the particular day when the inquest is desirable.

5526. Do you suggest that schools should be specially designated as a place?—Either that, or to give the coroner power on reasonable notice to require the use of a school at any time when it was not occupied by compulsory school sessions.

5527. That would be practically inconvenient, would it not?—It might be.

5528. (*Dr. Willcox.*) It would involve the loss of school time?—Not necessarily; it might involve the postponement of some other meeting.

5529. (*Mr. Bramsdon.*) You would not suggest that the school should be discontinued merely for the purpose of an inquest being held?—I should not go so far as that, not to discontinue the school.

5530. I mean, for the time being?—That would interfere with grants and other matters.

5531. (*Chairman.*) You do suggest that there should be power to use the school?—Power to require the use of the school on reasonable notice and at a suitable time.

5532. Do you mean after school hours?—In other than school hours.

5533. (*Dr. Willcox.*) It might involve the holding of the inquest in an evening?—They are often held in evenings now. I do not hold them then, but many people do. There are a great many coroners in country places who hold inquests in evenings. In the Black Country, the South Staffordshire district near us, they like it that way because they have done work.

5534. (*Chairman.*) Personally, do you really think it desirable that there should be this power?—I hesitate to express a strong opinion personally, because I have had no such difficulty and no experience of the difficulty; but Mr. Schröder, I believe, has had complaints that the school was not available.

5535. Now we come to the question of registration. I am not sure that you have not already given us information on that point?—It has been mentioned, but I do not think we dealt with this point as to making the powers of the coroner clear. Some questions have arisen as to how far the coroner has the power to alter a burial order or certificate to the registrar after his inquest is closed. There is, under the Registration Act, a general power to correct errors, but it has been thought by some that that only applies to a clerical error, or something of that kind. I personally have assumed power to make any correction when I am satisfied on oath.

5536. (*Mr. Bramsdon.*) Except as to the verdict of the jury?—Except as to the cause of death. But many coroners have felt doubts whether they have the right, for instance, to alter the name which had been sworn to on the inquest, or the age, or the trade, or something connected with the deceased; and it is thought desirable that it should be made quite clear as to that power, that it does not extend only to a mere accidental error where a clerk or the coroner himself wrote a wrong word, but that it might extend further. The difficulty has not occurred to me, but it has occurred to others. My own personal opinion is that the power is a pretty wide one, and I have used it widely; but many coroners have felt doubts.

5537. (*Chairman.*) You could not have larger words than the words of the section "error of fact or substance," could you?—A concrete case might arise where an inquest is held on a man unknown and, subsequent to the inquest, the body is identified and the name and particulars given. It is doubted whether the attribution of the name and details is a correction of an error, however desirable it may be.

5538. You suggest that there ought to be a power to correct?—Yes, to make it larger than the mere word "error," "correct or amend" you might say.

5539. That, it appears to be, is not a case of error at all?—That is the kind of case which arises. Because, for the purposes of insurance and all sorts of things, you may want to identify the person on the record.

5540. (*Mr. Bramsdon.*) Under the 4th section of the Act of 1887, subsection (4), the jury are to "inquire "and find the particulars for the time being required "by the Registration Act to be registered concerning "the death." That would seem to show that they are to find the name of the person?—Yes, and his age and qualifications.

5541. If the case arose of a man not being identified, do you think the coroner would be enabled under the Registration Act to correct the particulars where the name of the man was not in the first place known?—We think he ought to have that power clearly conferred upon him.

5542. It is a difficulty you think that ought to be remedied?—That is so; annoyance arises and many important questions may depend on the proper record of the death of an individual.

5543. Then that would mean that after the inquest was held the coroner himself would have to be satisfied, without a jury, as to the identification of the person?—That is so.

5544. Which would unquestionably appear to require further statutory power?—He would have to be satisfied on oath. But the question is, then, whether it is a correction he is making. He is adding something or substituting something.

5545. (*Chairman.*) Let me put this case, which is very nearly, but not quite the same: Suppose the certificate gives the name of James when it is afterwards discovered that the man's name was John?—I think you might call that an error, because it is somebody's error in giving you the evidence.

5546. (*Mr. Bramsdon.*) Supposing the man's name is declared as James Short and his name is William Tomkins, do you think that is an error?—That would depend upon the circumstances. It might be or it might not be.

5547. (*Dr. Willcox.*) In a case where the identification of a person is determined who was formerly unknown at the time of the inquest, the coroner would have to hear evidence on oath?—Yes, that is so; the Act says on oath. What I have done myself is to write out an affidavit, or sometimes two or even three, in my own room, by people, and I have simply headed it: "Coroner's Court, Birmingham. In the matter of an inquest on" (So-and-so). "I" (So-and-so) "say"; and I have set out the result of my examination and have sworn them to it as an ordinary affidavit, filed it with the papers, and then notified the registrar. But the question is how far the word "error" carries you.

5548. In that case there would be no cross-examination of witnesses?—No, it is the coroner being satisfied on oath.

5549. Such evidence might involve great financial responsibilities?—Occasionally, except that when anybody has much money, there are generally plenty of people to identify him. The unidentified persons are commonly persons of small means.

5550. (*Mr. Bramsdon.*) For the purpose of correcting the registrar's record, do you think it is advisable to give the coroner power, if he is satisfied, to certify the name of a person originally unknown but subsequently identified?—Yes; I put that as an instance of the way in which the doubt arises. You see, the coroner becomes the informant to the registrar and that gives him an official importance with relation to those collateral issues. After an inquest the relatives do not inform the registrar of the death, the coroner informs him. Then upon that there is nobody else to inform the registrar.

5551. (*Chairman.*) The question of the identity of the person does not seem to me to be very important from the coroner's point of view?—But if I may be allowed to say so, it is of the greatest importance, for this reason. If you hold an inquest upon the body of a person whose identity is unknown, it implies of necessity that you have no evidence whatever previous to the finding of that body. If you knew who the man was, you might bring his relatives and his friends to trace his movements beforehand; but when he is not identified you have a mere blank until the body was found in the water or elsewhere.

5552. (*Mr. Bramsdon.*) And one of the earliest duties of the coroner's jury is to inquire into the person on whom the inquest is being held?—Yes, but it does really make a practical difference, because you shut out the previous history. You cannot have any previous history if you do not know who the man was. If you can identify the man you, perhaps, find out a great deal about him.

5553. (*Dr. Willcox.*) The proving of the identification by the coroner alone in such a case would be a special power of the coroner which at present he does not possess, in that he would be acting without a jury?—It implies that the coroner will, of himself, judge of the validity of the evidence brought before him.

5554. Without a jury?—Yes.

5555. (*Chairman.*) I think your next point is with regard to death certificates?—I do not think it is necessary to enter into details on this question, but I have ventured, some time ago, to draw the attention of the Registrar-General to the openings for crime involved in the non-registration of still-births, and I can forward to the Secretary of the Committee copies of some correspondence that I have had on the subject.

5556. (*Mr. Bramsdon.*) The difficulty in those cases arises as to the stage of development to which you would consider a child to be sufficiently advanced to have it registered?—But that often arises. It is a question whether the child was viable. If I have any doubt I hold an inquest.

5557. But that is not my point. As you know, still-births are not registered by the registrar?—That is the difficulty I am speaking of.

5558. Have you any views as to what species or kind of still-born children should be registered?—All of them which are of a viable age.

5559. What do you regard as a viable age?—That is a medical question for which you would resort to a doctor. If I was in any doubt I should hold an inquest to find it out.

5560. Do you know whether there has been any decision upon that question?—I do not see how there could be.

5561. I understand that in cases of concealment of birth it is applicable to children who are seven months advanced?—I do not think the law has ever drawn a line at all. Seven months may be taken as a rough and ready line of division, but I have had cases before me of children who have lived for some time at six months.

5562. You mean, after they have been born six months advanced?—Yes, they have lived in the world for some time when there has not been even seven months' gestation. It is a question in which I should think it impossible to make any hard and fast line, speaking with deference in the presence of a medical man. My point is this: that a midwife may secure at the delivery that the child shall not live. She may then, of herself, write on a piece of paper a certificate that she delivered a certain woman of a still-born child, and on that certificate merely of that woman, who may herself have brought about the death or contrived the death, that child may be buried as a still-born child without any inquiry at all.

5563. Then you are clearly of opinion that there should be some alteration with regard to the registration of still-born children?—I think they ought all to be registered.

5564. (*Dr. Willcox.*) Do you think there ought to be a medical certificate?—Not necessarily. I do not want to go to that extent, but I think there ought to be some record of the death of a still-born child as of any other death.

5565. A record by whom?—By the registrar.

5566. Who is to say it is still-born? Surely a medical man?—You must do the same as you do now. We have to deal with deaths certified and uncertified. It is a question of evidence. It will come to the coroner if nobody else settles it.

5567. My point is that the Registrar of Deaths should be informed that a still-born child has been delivered by a medical man?—Not necessarily. He is not now. There are plenty of deaths that take place that the registrar is not informed of by medical men.

5568. Who is to judge whether it is a still-born child unless there is some medical certificate?—You must judge in the same way as you judge in every other case. There is a duty under the Registration Acts on certain persons—the householder, anybody who is present, a doctor or what not—to inform the registrar of certain things and you have a penalty

for their not doing so. You cannot do any more than that.

5569. (*Chairman.*) There is another point on which you might be able to help us. Have you ever had any experience of deaths from accidents with flannelette?—Yes, in a great many cases of burnt children who were wearing flannelette, but I have studiously avoided making any marked public references to it because the burns might have occurred whatever garment the child was wearing, and because flannelette is an extremely comfortable and warm material. It is possible, of course, that if the child was wearing some other material that material might not burn so rapidly when it was once ignited, but I have hesitated to speak as strongly as some persons have done upon it.

5570. You are not satisfied then that flannelette by itself is much more dangerous than any other garment?—It burns more rapidly when it is once ignited.

5571. That rather suggests that accidents might happen?—They probably would, that is to say, ignition would probably take place under those conditions,

5572. But you think it is more due to open fires and that sort of thing rather than to the flannelette?—I think so. I do not think the burning is due to the flannelette. The ignition takes place whatever garment the child has on, but I think flannelette burns more quickly when it is once ignited. It has a rather fluffy surface.

5573. (*Mr. Bramsdon.*) If flannelette burns more rapidly than ordinary clothes, the chances of the child's life being saved will probably be less?—That is so.

5574. Therefore flannelette becomes dangerous in that sense?—It is dangerous.

5575. If, therefore, flannelette could be rendered less inflammable, possibly fewer deaths from burning might ensue?—Many manufacturers of flannelette claim to have made a non-inflammable material, I have some in my drawer now which will not blaze if you put a match to it, but I have never been able to satisfy myself as to how long that non-inflammability would last after repeated washing. I express no opinion because I have not one.

5576. Have you had any experience of premature burial?—No.

5577. In the very great number of cases of deaths that you get brought under your official notice, you have never come across a single case?—It is difficult to know how I should, because if anybody were prematurely buried he would probably be dead before its discovery. My feeling has been that in England we are not in so much danger of premature burial as they may be in some other countries, because the customs and the climate of England permit of retaining the body above ground for a longer period than is the case in some other countries. I should say that it is rare for any person in England to be buried until some marks of decomposition are apparent.

5578. Have you had many cases of *felo-de-se*?—I have only had two verdicts of *felo-de-se* in 12 years out of about 600 suicides.

5579. Do your juries freely return verdicts of "suicide whilst in a state of unsound mind"?—Yes, and I have had objections raised to that verdict three or four times in 12 years, where one or two jurymen have said, we do not wish to return that verdict, because while we do not want to find a verdict of "*felo-de-se*," we are not satisfied that the man was insane in the ordinary sense, and we may be recording something on the family history which may prejudice the next generation in having to answer questions as to insanity, and so forth.

5580. Am I right in understanding that there is a general sympathy on the part of jurymen to return this verdict of suicide whilst in a state of unsound mind where they reasonably can?—It has become almost a matter of course with juries.

5581. That being so, have they ever returned a verdict of suicide alone without accompanying it either with the verdict of being of unsound mind or of *felo-de-se*?—No. There is another alternative. I have sometimes had this verdict; that the evidence is insufficient to show to the jury the state of mind. That saves it from *felo-de-se*, secures the body Christian burial and satisfies the jury's conscience.

5582. What I want to suggest is this. Do not you think that the verdict in these cases might very well be so arranged now as to avoid either a verdict of *felo-de-se* or a verdict of temporary insanity?—I see no objection. If a man kills himself there is nobody to be proceeded against for the crime, so that your hands are free.

5583. Therefore on the lines that you have just indicated in your reasoning, there seems to be no reason why a simple verdict of suicide in those cases might not be returned?—I should not object.

5584. At the same time the coroner ought not to be prevented from going into the question of sanity or insanity, because it assists the jury in returning a verdict of suicide?—To an extent. The only excuse, if I may say so, for the unsound mind verdict lies in the distinction between the legal view of insanity and the medical view. On the legal view of insanity, not one in ten of these suicides are insane; on the medical view, the jury may if they like say that they were insane at the moment. The legal view, like everything else in which there is a legal definition, draws certain hard and fast lines; the medical view tries to look at the absolute condition of the individual and gives the best judgment that it can. The legal test is: Did the man know that what he was doing was wrong? The medical view is: Was the man's mind perfectly balanced at the time? And you may strain the medical view far enough, if you desire to do so, to justify the jury's verdict. On the legal line you could not.

5585. The old reasons for retaining the verdict of unsound mind are getting very shallow at the present time?—They are obsolete. My own view as to those old reasons is, that they are largely ecclesiastical and that they had in view the punishment of the man in another world when he was gone past punishment in this.

5586. (*Chairman.*) There was another substantial reason—forfeiture?—Yes.

5587. (*Mr. Bramsdon.*) But we have now arrived at a time when a much more generous view might be taken of these cases rather than brand a man's history with what in many instances is not true from a legal point of view?—I agree.

5588. Therefore you would welcome some change in the law upon that point?—I have already said that I should not object to it. I do not know whether I should use the word welcome.

5589. The present verdicts in the present state of the law do not in the slightest degree deter suicides?—I do not think they do in the smallest degree.

5590. Therefore there can be no reason for retaining their adoption at the present time?—I see no reason. My own impression is that in most cases suicide is an act committed on a momentary impulse. I think it is only in a small minority of cases that the act of suicide has been long brooded over and determined upon. I have seen cases in my own Court where I am certain, from the facts, that the moment after the act was committed it was bitterly repented of and would have been recalled if it had been possible.

5591. I understand that at the present time a clergyman would be quite within his rights in declining to perform Christian burial of a person whom he had reasonable ground to believe had committed suicide whilst of sound mind?—I believe that the Rubric is peremptory—that he shall not read that Service. It does not say, and I think it is so understood, that he is precluded from reading something or conducting some kind of religious service, but I think, speaking from memory, that the Rubric is peremptory—he must not read the appointed Service over the body of a man who has murdered himself.

5592. And that is the only point in the case, is it not?—I think that is the only remaining one. I may say upon that point, that I have framed for myself, and I have no doubt Mr. Schröder has, a special burial order in the case of *felo-de-se*, so that the person to whom the burial order is handed, who may have to perform the

service, shall be fixed with notice that that verdict was found. I have not given the ordinary burial order in a *felo-de-se* case.

5593. But you could have given the ordinary burial order?—I might; but I do not think it would be proper.

5594. But you are quite authorised to do so by the statute?—Well, I have not done so. As I say, I have only had two *felo-de-se* verdicts in 12 years; but in each of those cases I have given a special burial order saying that the verdict found was *felo-de-se*.

5595. Do you see any legal objection to a verdict at the present time being returned merely of suicide, without the further addition of any words to it?—I think it is open to the objection that it stops short and is incomplete. Suicide means that the man killed himself. Then, did he commit a crime or did he not? You require some conclusion. If one man has murdered another, in your inquisition you state the cause and manner of death and you follow with the conclusion "So do say, the said A. B. did kill and murder the said C. D.," and in your suicide verdict to be complete you rather want some conclusion to say why you do not say any more. So I should want to say one of three things: either to conclude for *felo-de-se* or for unsound mind, or to expressly say that the jury had not enough evidence to form an opinion, which carries it through on the ordinary burial order.

5596. Then you say that there is no legal objection to returning a verdict simply of suicide?—Beyond what I have stated I see none. It does not look workmanlike, I think, if you stop in the middle.

The witness withdrew.

Adjourned to Tuesday next at half-past 10 o'clock.

At the Home Office, Whitehall, S.W.

SIXTEENTH DAY.

Tuesday, 11th May 1909.

Present:

Sir HORATIO SHEPHARD, LL.D. (*Chairman*).

Mr. Thomas Arthur Bramsdon, M.P. | Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

Mr. Rees Jenkin Rhys called in and examined.

5597. (*Chairman.*) You have been county coroner for the Northern Division of Glamorganshire since 1886?—Yes.

5598. The salary is fixed at 600*l.* a year?—It is 650*l.* now.

5599. And your district is chiefly covered by collieries?—Altogether it comprises several parishes, and it is all on the coal measures; the Dowlais Iron Works are in it; Guest, Keen, and Nettlefold's Works. They employ a good many thousand hands.

5600. I suppose so far as the means of getting about are concerned it is favourably situated?—Yes, pretty fair; it is a biggish district. My area is over 90,000 acres. It is a mountainous district, and I have to cross the various hills when driving about.

5601. You say your district has circumstances quite different from those of a town—that stands to reason—but also from a merely ordinary agricultural district?—Yes.

5602. In what respect?—The population is scattered all over the "area." Wherever they put a pair of pits down they build a little town round of 7,000 or 8,000 people. Perhaps two miles off there is another pair of pits and another little town. I have to deal with cases in these villages. Under the Mines Regulation Act no one who is employed in a colliery may act as juryman at an inquest on someone killed at that colliery, so that I really find it very difficult to get what I call a good jury. My standard has been always a jury equal at any rate to a common jury at assizes, or a common jury at quarter sessions. I am dead against having make-weights from the gutter, and people of that description called in to make up 12. On that account I would be very glad to see the number of the jury reduced, because if it were reduced to a number, possibly one or two more than a county court jury, it would be very much easier to get a satisfactory body of men to deal with the cases. In country districts the coroners have to deal with a baby suffocated in bed, or a waggoner run over by a cart, or something of that kind; but I have to devote pretty well the whole of my time to these colliery cases which involve questions of regulations and so on. They are attended by Mines Inspectors and people representing the Miners' Federation and other interests, solicitors and barristers; I have had Sir Samuel Evans down before me several times, and I like to have a good jury.

5603. These little villages, so to speak, are partly made up of people connected with collieries?—Yes, of colliers and people engaged in and about collieries, with a few tradesmen, grocers, drapers, &c.

5604 And then in the matter of doctors; has each of these little villages got its doctor?—In my district the men employed at the collieries and at the ironworks, when they sign on for their employment generally sign on for a doctor, and then the money is stopped from their wages every week or every fortnight by way of poundage, which goes to these doctors. My district is extremely well furnished with doctors, and they are very fairly paid people indeed, because a colliery paying away possibly 4,000*l.* or 5,000*l.* a fortnight in wages with a poundage on it at 3*d.* in the £, means a considerable sum. Of course, the doctor has to find his assistant, drugs, instruments, and so on, out of it; but the doctors cover the whole of the ground.

5605. The doctor is appointed by whom?—Now he is generally appointed by the men.

5606. And practically paid by the men?—Yes, by poundage. That has another effect on my work. So many of the people there, almost everybody, are contributing to a doctor. I do not get very many cases where people have not had the chance of medical attention. Take the old people themselves; if their friends see they are going back a bit they watch the doctor, and when he passes down the street they call him, and say: "Just have a look at my mother; "I do not think she is very well." Then, when the old lady dies, perhaps the next week, he can give a certificate and save the trouble of an inquest.

5607. When there is a necessity for a post-mortem examination, by whom is it usually conducted? Take a case where there has been an accident in a colliery?—

I generally ask the medical man who has been attending the deceased to perform the post-mortem examination; but now since the Workmen's Compensation Act is thrown so wide the masters have an association for their own protection, and they generally get notice and somebody comes up from Cardiff, or somewhere else, who attends the post-mortem and sees everything and he is a check on the local man.

5608. Another doctor on behalf of the masters?—Another doctor on behalf of the masters, or if the masters desire to have a post-mortem, then the works' doctor attends to see it, and I never have any difficulty about it.

5609. That arrangement works satisfactorily?—Yes, very well. I never have any difficulty about it.

5610. There is no difficulty about the payment of doctors?—None whatever.

5611. Are your jury paid?—Yes.

5612. How much?—They are paid 1*s.* for an ordinary case; but I am allowed to pay them up to 5*s.* in exceptional cases. Supposing I have a colliery explosion; I have sat for 14 days on a colliery explosion, and there I was allowed to pay the jury 5*s.* a day apiece. It did not compensate them, but still it was better than nothing.

5613. You have no difficulty about it?—No.

5614. That system works well?—Yes.

5615. Is that in your discretion?—Yes; I am very glad it is so, because if a juryman is late I can fine him—it acts as a little check and an inducement to punctuality.

5616. Have you anything special to say about your district as a colliery district?—The only thing I think that applies more strongly to a colliery district than to any other I am acquainted with, is the great objection there is to the jury viewing the body. Because the collier is not an old man and you get a full-blooded man of 30 killed by a huge fall in the return air-way which blocks up the wind; then the body may be in an atmosphere of anything up to 95 or 100 degrees for many hours before it can be got out. Then it is carried off to a little workman's cottage and putrefaction has commenced before the body is extricated. I do not hear of it until possibly the following day. I have to give 24 hours' notice to the Inspector of Mines of the time of fixing the inquest and it is very often three days after the man has been killed that I hold the inquest, and the body then is in a most advanced stage of putrefaction. A man falls down the pit shaft, and you can imagine for yourself the condition of a body that has fallen a depth of 500 or 600 yards.

5617. You think the system of requiring the jury to see the body is objectionable?—I think it is objectionable, I think it is useless, and I think in some cases it is worse than useless, because it leads to prejudice.

5618. You have been referring to accidents in collieries, and one can understand the difficulty about those cases; but you would agree, I suppose, that there are many cases of other kinds in which it may be desirable that the jury should see the body?—I cannot think of one.

5619. Where there is a question how the person died, as to the position of the wounds for instance?—You have the medical evidence.

5620. Do not you think it desirable in any case that the jury should view the body?—No; I do not think it desirable in any case.

5621. Or necessary?—Or necessary. I look upon it as quite useless.

5622. You do not mean to say that you would not, as coroner, see the body?—I do not want to see it.

5623. Do you think it is unnecessary for you?—Yes, quite—I have the doctor. I attach very much greater importance to taking the jury to see the place where an accident has happened, so as to give them a real good understanding of the surroundings.

5624. You think that that with the doctor's description of the condition of the body is sufficient?—Quite sufficient.

5625. Even in ordinary cases which have nothing to do with accident?—Yes, in every case. I do not see any object in the view at all. If an old woman dies from disease of the heart, the jury are no better off from going to see the body.

5626. (*Mr. Bramsdon.*) May I ask your profession?—I was called to the Bar.

5627. You are a barrister?—Yes.

5628. You have not qualified medically, I suppose?—No.

5629. You speak about the number of the jury being reduced. What number would you suggest?—Seven or nine. I would have an odd number, of course.

5630. In your district you have a difficulty in getting a suitable jury together, I understand?—I do for this reason, it is simply an agglomeration of colliery villages, and if a man who lives in one of those villages does not happen to be working in the colliery but working somewhere else, the chances are that he has been dismissed from that colliery, and he may have a bias.

5631. You try to exclude people engaged at collieries?—No, I am very fond of having men who have been colliers, I get them with practical knowledge of the work and they are most useful.

5632. But may they not be biased or likely to be biased by their then position or occupation?—Yes.

5633. Relatives I suppose you have in these districts too a good deal?—No, I do not get troubled with them. There are plenty of people to draw from.

5634. How do you get on in cases where you anticipate that crime has been committed with reference to medical evidence. Do you call in one or two medical men usually?—I call in one to begin with.

5635. Supposing you anticipate that a serious crime has been committed, do you then call in two and let a post-mortem be made?—I have asked Dr. Willcox to come and assist me on one or two occasions.

5636. What is your practice?—My practice is to get a local man to go as far as he can. I may say that I have very great difficulty in getting an analysis made.

5637. Let us take the other point first, take an ordinary case of a crime, say from violence where a post-mortem is required, do you as a matter of practice usually call in two medical men?—My practice is, if a man is accused of having killed another man by violence, to order the doctor who is handiest to perform a post-mortem examination, and I give notice to the man who is accused of having done the mischief, so that if he chooses he can send a doctor on his own behalf to attend and see how things are. That is my instruction to the police.

5638. I quite follow that, but that is not my point. Do you not find it desirable in some serious cases to have corroborative medical evidence with regard to the post-mortem?—I find that doctors do that for themselves. They are so interested in these cases, that when I ask who was present at the post-mortem I am sometimes astonished to hear that so many doctors were there.

5639. In practice in your neighbourhood the doctor gets a friend as it were to be present with him at the post-mortem?—Yes, or different interests engage a medical man. I always try to get the man who is accused to be represented there.

5640. But I should like a direct answer to this question. You as coroner are not in the habit of requiring two medical men to be present, by your order at the post-mortem for purposes of corroboration?—No.

5641. You find it works out satisfactorily without your making such order?—I have always found it so.

5642. Do you pay for two medical men?—I can by my schedule.

5643. You have no trouble on that ground?—I have no trouble on that ground.

5644. May I say that so far as medical evidence and the post-mortem are concerned, you have no difficulty in your neighbourhood?—None whatever.

5645. Do you pay the witnesses?—Yes.

5646. How much?—1*s.*, and if they have lost work, anything up to 5*s.*. If they have lost a day's work I pay them anything up to 5*s.* That is in my discretion altogether.

5647. Does every witness get 1*s.* at least?—Yes.

5648. And, in certain cases that you have mentioned, more?—Some of them do not ask for it, they do not get

it. It depends upon the class of man. A colliery manager does not get any fee, of course.

5649. Do you have serious fires, unaccompanied by deaths, in your district?—We had one fire a month ago in which five people were killed.

5650. I said unaccompanied by deaths?—No, very few.

5651. Therefore, the question of inquiry into fires hardly arises in your neighbourhood?—I would not say that it would. Fires are of very rare occurrence.

5652. Where are your post-mortems made?—Wherever they can be, I am afraid.

5653. In a private house?—There is no other accommodation. There is a very good hospital at Merthyr, and they have a mortuary there, and a room where they can perform post-mortems; and there is one at Aberdare, and one in the Rhondda Valley, but that is not a very convenient one. Apart from that, I am afraid that most post-mortem examinations are made on kitchen tables.

5654. That is very undesirable, of course?—Yes, very.

5655. Do your local authorities ever make any attempt to provide mortuaries?—No, they are very backward in that way. I have succeeded, I think, in getting four mortuaries since I have been coroner, that is in 23 years.

5656. I need scarcely ask you whether you think it is a very desirable thing to arrange, where it can be arranged?—I am always advocating it.

5657. I may go further, and say that it is revolting that a post-mortem should be made in a private house?—Quite so.

5658. And, of course, extremely painful and distressing to the relatives?—Very. But a very large number of the population in my district are single men who are living in lodgings; they are living very thick there too, it is almost like Box and Cox, the day men sleep by night, and the night men sleep by day, in the same room, and the places are very crowded. These men get killed, and in the event of a post-mortem examination being necessary, if we were well supplied with mortuaries, there would be no occasion whatever for those bodies to be taken back to their lodgings at all; they ought to be kept in the mortuary. I should say myself that wherever there is a population of 10,000 within an area of two miles, there ought to be a mortuary.

5659. Then following that again, you get bodies remaining in the house in the interval between the inquest and the burial?—Yes, a week sometimes.

5660. In that overcrowded state?—Yes, and they are very fond of keeping them until Saturday, or some day when they can have a big funeral. Five days is a common interval.

5661. And in that decomposed state, too?—Yes.

5662. In summer as well as winter?—Yes.

5663. How many inquests do you hold in a year?—Somewhere about 400.

5664. You have a substantial district?—Yes.

5665. About how many cases do you get reported to you, excluding cases from lunatic asylums?—There is not any lunatic asylum in my district, but there are two workhouses, and I have reports from them of people who are imbecile, suffering from senile decay, and so on. But I get very few—perhaps half-a-dozen in a year.

5666. There is a small imbecile ward, I suppose, in the workhouse?—Yes, I think the bulk of the lunatics are sent away to Bridgend in another part of the county, out of my district.

5667. Do you recollect about how many reports you get altogether; how many cases are reported to you by the police, and, say, by the workhouse too?—Where I do not hold an inquest, do you mean?

5668. Yes, put it in that way?—I should think about 80 or 90 a year.

5669. Do you think it would assist you, if power were given to the coroner to order a post-mortem to be made without an inquest being held?—How would you pay? I have to answer that question by asking another; how is the question of payment to be met then?

5670. There is no difficulty in that surely, is there? If a statutory power were given to the coroner to direct a post-mortem to be made, and to pay in some way, say the disbursement like he does at present, at an ordinary inquest, do you not think it would work satisfactorily?—It is worth a trial, I think. It would save a great deal of unnecessary work and unnecessary expense.

5671. And it would save distress to people in a number of cases?—Yes, it would do that too.

5672. Although it would still require a considerable amount of trouble on the part of the coroner to make inquiries and investigate?—Yes. At the present time, you see, I get a report from the police, or a report from the registrar that some attempt has been made to register the death, and the registrar communicates with me, because he says he cannot quite accept the doctor's certificate. Then I make inquiries of the police, and I make inquiries of the men, and I use my own discretion as to whether an inquest is required or not, but some doctors are very much more easy-going about it than others, and some seem to stick out for their rights.

5673. I am asking you this, because you regard your coroner's work as a special class of work. It is suggested that a number of inquests might very properly be dispensed with if the coroner could give directions for a post-mortem to be made; that in that case the result would reveal the cause of death beyond question, and so a number of inquests might be done away with. Would that be your own opinion?—Undoubtedly.

5674. You think it might be worked beneficially?—Yes, I think so.

5675. You also agree, I take it, that all these matters should be taken into consideration when fixing the coroner's salary—the number of inquests that he dispenses with?—Yes, it involves a good deal of writing work, and time too, telegraphic and telephonic messages, and so on.

5676. Where do you usually hold your inquests?—Mostly now at workmen's institutes. The workmen or the employers, or both, have built very fine buildings in these various colliery towns, with library, billiard room, a reading room, and so on, and in many places I have a room placed at my disposal there.

5677. It works very satisfactorily?—Very. And some of the police stations are large enough to hold one's court in.

5678. Do you hold any inquests in licensed houses?—Yes, a good many. At one time I used to hold them nearly all in licensed houses, but now I never hold them in a licensed house if I can get what I call adequate accommodation anywhere else.

5679. Do you hold any in schools?—Very seldom; they are not suitable unless they are roomy, and have spare rooms for witnesses to wait in, and for the jury to retire to for considering their verdict.

5680. Is there any suggestion you can make as to further dispensing with the holding of inquests in licensed houses?—No. There are places where it is very difficult to get an adequate room anywhere else.

5681. You think in country districts in certain cases it is practically impossible?—Yes, I do not see what other place you can get really.

5682. Although I suppose you agree that so far as possible you should hold them elsewhere?—I have always thought so.

5683. What do you pay for a room?—1*s.* 6*d.* or up to 5*s.* I have a sort of sliding scale.

5684. Supposing an inquest lasted all day long, what would you pay then?—Five shillings.

5685. If you had discretion to pay a larger sum, would you be able to get rooms better?—No; they put the best in the district at my disposal.

5686. (*Dr. Willcox.*) With regard to the qualifications of the coroner in a district like yours, do you consider a knowledge of the local industries and the local conditions of great importance to the coroner?—It is very useful. I mean simply a knowledge of the terms. If you simply know what these technical

expressions mean and the various parts of the plant and so on round collieries, it is very useful.

5687. I take it that in some of the cases which you investigate it would be difficult to properly appreciate the various points, unless you had a knowledge of a coal mine?—Yes; it would be impossible to do so.

5688. In your experience as coroner, which do you consider the more important—that a coroner should have a medical training or a legal training?—A legal training.

5689. In the case of coroners in country districts, are there any instances that you can mention where a man in practice as a doctor has been acting also as coroner, and that has given rise to dissatisfaction?—I have one case in my mind.

5690. In what way is there a disadvantage for the man to be in medical practice and act as coroner?—Might I quote the instance that I refer to?

5691. If you do not mention any names?—I will not mention any names at all. In quite a country district, not far away from where I live, in a district I am intimately acquainted with, a doctor, who was also coroner for that district, used to attend an old lady whom I knew very well for some time. Then some sort of relation of this old dame set up in practice in the district and he attended her; I think she was his aunt; and the other doctor's services were dispensed with. He was very angry at this. This poor old woman was found dead in bed one morning; her doctor (cousin or nephew) knew all about her, and the circumstances of the case, and I am bound to say from what I know of it, it was a case in which the coroner might very well have dispensed with an inquest; but he insisted upon holding one. The daughter of this old lady was called up before him, and he gave her a very bad time for about half-an-hour. Altogether it was what I consider a most brutal exhibition. And that is an authentic case, it was pure personal spite and jealousy and so on, and to my mind playing the game very low down indeed.

5692. You think that in the case of a medical man in practice, the position of coroner may give him an unfair advantage over his fellow practitioners, should he make an improper use of his position?—I can conceive the possibility.

5693. Do you consider that the same condition of things holds with regard to a lawyer who is acting as coroner?—No, I do not think so.

5694. It cannot place him in the same position?—No, I do not think so. I think the rivalry between solicitors is not quite the same as the rivalry between doctors. There is more personal feeling about it among doctors I think.

5695. (*Mr. Bramsdon.*) Besides I take it here that the same circumstances could not arise between solicitors as will between doctors?—That is so.

5696. (*Dr. Willcox.*) It has been suggested by one witness that the jury is of no value whatever in the investigation connected with an inquest. I would like to know your views on that subject?—I would not like to sit without a jury. I think the jury is most valuable, if you get the right sort of men.

5697. And you yourself have found great assistance from the jury in your work?—I have had enormous help from them, because these men, many of them, are experts, good practical men who understand every detail of the work and grasp the case in two minutes, and give you very great help by asking a question or two.

5698. And I know in your district you have cases of very special difficulty to investigate?—Yes.

5699. Cases involving claims of large sums of money?—Yes, and very big interests are involved too.

5700. In cases of deaths from accident is it your view that a post-mortem should be always made?—I think not. As a matter of fact, I do not take medical evidence in half my cases of accidents. When a man is killed by having 3 or 4 tons of coal falling on him, you do not want a doctor to tell you what he died of. If a man is run over by a railway wagon or crushed by the buffers it does not matter what the particular injury was—the death is instantaneous.

5701. But in some cases involving claims for compensation, you think it is desirable that a post-mortem should be made?—It is generally made now, if there is any doubt.

5702. And medical evidence given?—Yes, and medical evidence given always if there is any doubt; a post-mortem examination is almost always made now, if there is any doubt—if any question of liability may arise.

5703. I would like to ask you, in your experience in your district, have you found that sometimes there have been actual conspiracies where there have been claims for compensation in cases of death?—Yes, I am sorry to say that is so.

5704. (*Chairman.*) With a view to founding a claim?—Yes.

5705. (*Dr. Willcox.*) Could you give us an instance?—Under the Compensation Act, if a man dies from the effect of an injury—colliers are very highly paid men—and a sum of about 300*l.* may be involved—a very substantial sum for the relatives to get—they make every effort to get it, and bolster up their claim by perjury often. I should be very glad to see the law with regard to perjury strengthened in some way. I do not know how; I have not considered it very closely. But perjury is very rife now. I could give plenty of instances where witnesses have come and perjured themselves. I attach great importance to one thing. A large number of the young boys who are employed in those collieries work with their fathers or some other relative, and I am sorry to say that I have had many cases in the last year or so of these young boys coming and telling deliberate lies. They have told their story and sworn to it, and then other evidence has been called to prove that they have been lying without any doubt whatever. It is a very shocking thing to me to think that a number of young people are being brought up in that way. If they are going to be taught perjury when they are 14 or 15 years of age, they have absolutely no chance of growing up useful members of society. I attach very great importance to that, if it can be dealt with in some way.

5706. In your experience, then, the giving of false evidence in cases where compensation claims are made is quite common?—It is frequent.

5707. In cases where compensation claims are involved do you consider it very desirable to have a skilled medical witness?—I go as far as this. I take my own course in these matters. If I do not trust the doctor I send another doctor to make the post-mortem. I ask another doctor from some distance away to go and do it, and notice is given to the other people and they can have whom they like to attend as well and look on. As a matter of fact there is a sort of committee performing this post-mortem examination, and I am bound to say it works satisfactorily.

5708. In other words you call a medical witness whom you can trust to make the post-mortem?—Certainly. The doctors with one or two exceptions in my district are men of good character and good standing.

5709. Mr. Bramsdon asked you a question about what you would do in a criminal case, as regards the post-mortem examination. In a case involving a criminal charge of special importance, would you get a pathological expert, if possible, to be present at the post-mortem, with your local doctor?—I have never done it. It would be rather difficult in a district like mine to know quite whom to call in.

5710. I was thinking of getting an expert from London in a case of special importance?—It would be a very great advantage if one were available; it would be an advantage if I knew that it could be done.

5711. With regard to the coroner's officer, in your district is your officer a member of the police?—Yes, invariably.

5712. What rank is he in, a sergeant or constable?—It all depends upon where the case is. The policemen are scattered all over the district. The ordinary constables are married men, and they live in ordinary workmen's cottages in many places, and they take the case in hand. If a case presents any difficulty, or is of any importance, then either a sergeant or inspector or superintendent comes and assists.

5713. How many coroner's officers do you have?—They are all my officers.

5714. All the police?—Yes.

5715. I wanted to know whether you have a special officer?—No, I have no special officer.

5716. Do you find that that system works well?—Perfectly.

5717. Do you find any objections from the employment of policemen?—None whatever.

5718. Does the policeman go in uniform or in plain clothes to make his inquiries?—I do not know; it all depends upon whether he was on duty or not when he went. If he was on duty he would go in uniform, if not he would go in mufti.

5719. Who would pay the policeman for performing the duties of coroner's officer?—It is part of his work. I think in Glamorganshire at one time they used to get the half of 3*s.* 6*d.*, as a sort of tip for attending, and the balance of the 3*s.* 6*d.* went to the police superannuation fund. But they have made some alteration in that, and I personally do not pay the policeman anything. There is a record at the Chief Constable's office as to what policeman attended every inquest, because there is a little form sent in after every inquest to the Chief Constable, and possibly he may get something given him once or twice a year on account of that, but I know nothing about it.

5720. (*Mr. Bramsdon.*) Do you live in the centre of your district?—No, as a matter of fact I live right on the outskirts, but I am central. It is a paradox, but I can get to all parts of my district quicker from where I live than from almost any other spot in it.

5721. Then if a death arises in any part of your district the policeman in charge looks into it, has inquiries made, and despatches a report to you?—Yes.

5722. Does he bring it to you or send it?—He sends it by train or by post.

5723. Then you decide upon that written report and act accordingly?—Yes.

5724. Would it not help you and facilitate matters if the officer who made the report came to you?—He would have to come a long way very often. I think it would be objectionable, because, as I say, the population is scattered all over the area, and they are in charge of one policeman here and a sergeant there.

5725. That is hardly my point; do you not sometimes want to make further enquiries?—I do that by telephone.

5726. You are supplied with telephones?—Yes; the police stations are nearly all linked up now. I can get my information in five minutes very often.

5727. Then the telephone is a most useful instrument to you?—I could not do without it. I often wonder how I did without it when I had not got it.

5728. (*Dr. Willcox.*) You were asked about the necessity of mortuaries. Do you consider it most desirable that every mortuary should be provided with facilities for making post-mortem examinations?—That depends upon what you mean by facilities.

5729. With water supply and drainage, and a table on which to do it?—Yes. I think there would be no difficulty. In fact, the mortuaries that are in existence in my district at present are used for making post-mortem examinations.

5730. The reason I ask is, because, in the Public Health Act, it is implied that a mortuary may be used simply for storing bodies, but not used for making post-mortem examinations; in that case it would be no help to you to have a mortuary if you could not make post-mortems in it?—Yes, it would.

5731. It would not remove the difficulty of making post-mortems in private houses?—No, it would not remove that, but it would remove many other nuisances. At the same time it would add very little to the expense of constructing a mortuary, to have a slab table in the middle, an efficient drain, and tap and bucket; and that is all you want, I take it.

5732. You think it is necessary that every mortuary should be provided with facilities for making post-mortems?—Yes, I think I do. I think it would add to the equipment of the district.

5733. And if such were the case, it would not be necessary to make a post-mortem in private houses?—Certainly not, and the body could be kept there and be no nuisance to anybody. I have been preaching that for years and years, and as I say I have succeeded in getting the Merthyr people to put up a very decent mortuary. There are two in Merthyr.

5734. (*Mr. Bramsdon.*) You made a suggestion just now that you thought every area of 10,000 population ought to be compelled to provide a mortuary?—Yes, I did.

5735. Facilities, I take it, might be afforded for the use of that mortuary even by smaller districts; it might be made, as it were, a centre and a place at which a post-mortem might be made?—Certainly.

5736. And so, more or less the whole district might be provided with means of that kind?—Yes. I may say every inch of my district now is an urban sanitary area. I have no rural districts at all. I think there is one little bit with nobody living in it.

5737. Then you have no experience of rural districts?—One large area was a rural district until quite lately, but it has just been constituted an urban district.

5738. Speaking from memory, there is sufficient power given to an urban district council to provide mortuaries?—Yes.

5739. I am not sure whether it applies to a rural district?—I do not think it does apply to rural districts, but I know that an urban district can supply them, and now every inch of this 90,000 acres that I act in is an urban district—of course under different bodies—so that there ought to be no difficulty with regard to the powers in that way, and the expense is not very high.

5740. The expense of making a mortuary?—Yes.

5741. And the expense of maintenance would be very small?—It means nothing—a little whitewash.

5742. (*Chairman.*) What is the population of your district?—It is very difficult to say. I should think in all over 300,000. It has increased very much since 1901.

5743. There is one question I want to ask you about workmen's compensation claims. Usually is the decision of the jury taken as conclusive in a matter of that sort, or is there a further inquiry?—There is never any further inquiry unless they go to law, and go to the county court.

5744. Is it usual for employers and employees to accept a jury's decision?—My experience is that after an inquest very often a settlement is effected. I know of many occasions when the representatives of the employers have asked me my own opinion of a case, and when I have had said, "I think it is a *bonâ fide* case," a settlement has been made with no further litigation.

5745. On the basis really of the evidence taken before you?—Yes.

5746. And it is in that way that the evidence becomes so important?—Yes; but of course, if witnesses come and perjure themselves and the verdict is an absolutely false one, then the employers disregard it entirely. Sometimes it has been so gross that the other side have not ventured to go any further. They know their case is a bad one and they will not go on with it.

5747. But you do not suggest that verdicts are perjured verdicts?—No. My suggestion is that sometimes the evidence is perjured and a sympathetic jury acts on that evidence and returns a sympathetic verdict.

The witness withdrew.

Mr. Walter Hadwen, M.D., M.R.C.S., L.R.C.P., L.S.A., called in and examined.

5748. (*Chairman.*) You are Doctor of Medicine of St. Andrews?—Yes.

5749. M.R.C.S. England, L.R.C.P. London, and L.S.A.?—Yes.

5750. And you hold various offices?—Yes.

5750*a*. You are a Vice-President of the Association for the Prevention of Premature Burial, and represent it here to-day?—Yes.

5751. And you are author of several books?—Yes.

5752. Including "Premature Burial and how it may be Prevented"?—Yes, the second edition.

5753. The last edition of that book, I think, is 1905?—Yes.

5754. In that book you give several instances of premature burial and explain what the risk with regard to it is?—Yes.

5755. Since that book was published, have you any other facts to mention with reference to the matter?—Yes, I have a large number of cases that have taken place since then. This is, roughly, a list of a very large number of rather sensational headlines perhaps of cases which have occurred since "Premature Burial "and how it may be Prevented" was published. And I have here the whole of the cuttings and extracts with regard to them. I have not of course verified these cases; they are simply reports from newspapers, some of them perhaps not altogether trustworthy, but a good many of them come from medical papers and from our principal dailies, and on the whole they are about as trustworthy perhaps as most of the evidence of the day. The point, of course, that I naturally press is, that with such a large body of evidence as that, even though there may be some cases which are not altogether authentic, yet it gives a *primâ facie* case in favour of the necessity for something being done to prevent mishaps such as are there narrated.

5756. You have not examined these cases in any way?—I have not verified any of those.

5757. Some of these newspaper reports may be, I suppose, referring to the same case?—Some may be. They are simply a collection. In the second edition of my book the great majority of the cases are new ones since the former edition was published many years before. I did enter into correspondence in a good many instances for the purpose of verifying them, and I have relied for the most part upon the evidence of medical men with regard to the cases which are mentioned there. I may say that the position which we present is contained in the Parliamentary Bill which is to be introduced, the object of which is to give effect to the principal recommendations put forward by the Select Committee on Death Certification which sat in 1893 (House of Commons Paper 373) in order to guard against (1) Crime, (2) Premature burial. The Committee reported that they were much impressed with the serious possibilities.

5758. We are aware of the report, of course. If the law as regards the giving of death certificates was made more stringent, and it was required that a medical man should have seen the body before giving a certificate, then I presume you agree that the danger that you apprehend would disappear?—That would undoubtedly be a very great point; that is the one point we are pressing in the Parliamentary Bill.

5759. Then practically that would remove all risk?—It would to a very large extent. But the body of evidence that I have collected goes to show that there is no definite undeniable proof of death apart from incipient putrefaction, and therefore what we feel is that, though the appointment of a medical man who shall apply tests to the body, and as far as possible make sure that death has taken place would be a great safeguard, nevertheless a far wiser provision would be that there should be waiting mortuaries, that the body should be kept until incipient decomposition had taken place. Then it is perfectly certain. A great many prominent persons have left provisions in their wills to that effect. Only last week Dr. Charles Bell Taylor, the celebrated oculist, has left in his will, which is not yet published, directions to that effect. I merely mention him as a man prominent in the medical profession, to show the dread and fear that there is generally with regard to it, and the anxiety to avoid it. Then, of course, with regard to present conditions one feels that the present state of things is most unsatisfactory. Supposing a person is declared dead, and a medical man is not called in, or providing he be called in and he has no idea what the cause of death is, he communicates with the coroner, and the coroner sends possibly an inexperienced police officer, and upon the word of that police officer he is liable to give a certificate. I had a case some few months ago (I have repeatedly had cases of that kind, but one in particular), where I was called in to see a man who had died what is termed suddenly, and I really could not, from the inquiries I made, feel at all satisfied as to the cause of death; I thereupon wrote to the coroner and told him that I was quite at sea as to what the cause of death was, and told him what I believed. He sent me a note saying that he would send down his officer to make the usual inquiries. This man was an ordinary police constable, in fact he had not been engaged very long (the other man had been discharged a few weeks before), and in the course of 24 hours I had a letter from the coroner saying that his officer had made full inquiries, and he thought everything seemed straightforward, and that there was no necessity for an inquest. What he certified the cause of death as I cannot say.

5760. There was no post-mortem?—There was no post-mortem nor any certificate from me.

5761. Nor any inquest?—Nor any inquest, nor had I personally—I was the only medical man who saw the case—the remotest idea of what the person died from.

5762. (*Dr. Willcox.*) Had any other medical man attended the patient within a month's time?—No, that I enquired about.

5763. (*Chairman.*) You had not attended the patient?—No, I had not attended the patient. That is the kind of thing that certainly renders a person very liable to premature burial or to any other conditions that may take place.

5764. I do not quite follow that. You were sure that the man had died?—So far as one could tell.

5765. Had you any doubt about it?—No, I had no real doubt in the matter.

5766. There was no fear of premature burial?—Not so far as I know.

5767. (*Dr. Willcox.*) You examined the dead body?—Yes.

5768. And you satisfied yourself of the fact of death?—Yes, I was satisfied so far as ordinary circumstances go.

5769. (*Chairman.*) But you were not satisfied as to the cause of death?—I was not satisfied as to the cause of death.

5770. In ordinary circumstances the coroner would have held an inquest in such a case, surely?—Yes.

5771. And in your opinion he ought to have done so?—Most decidedly. Of course there are, as you are aware, an enormous number of uncertified cases of death every year. I think if I remember rightly, the last Registrar-General's Returns are 91 per cent. certified, 6 certified by the coroner, and 2 per cent. odd, 2·6 or 2·9 uncertified.

5772. Perhaps you are not aware that a very large number of those cases, in some places all of the uncertified deaths, all the deaths put under that category, are really cases in which there has been an inquiry by the coroner?—Where there had been an inquest?

5773. Or inquiries?—Yes, quite true.

5774. Notwithstanding that they are classified as uncertified deaths?—Yes; but if there had been inquiries of the character which I have just mentioned, they would be, I think, very unsatisfactory.

5775. You mention this particular case of this particular coroner, but in your experience did you ever have or hear of a case like it before, in which the coroner omitted to hold an inquest in a case where the medical practitioner said he could not speak to the cause of death. Surely it is a very rare case?—Possibly it is rare. There have been several cases in my experience, not perhaps so marked as this. This one made such a definite impression upon me that really, though I had made particular inquiries myself, I could not satisfy myself as to this particular case. But there have been, of course, a good many cases in my experience in which I have mentioned to the coroner that I have perhaps had a fair idea of what the man may have died from—apoplexy or something of that kind, and in which no inquest has been held, but simply the word of the officer depended upon, without consulting me further upon the subject. I do not know whether you would like me to give you evidence as to the death counterfeits; as to the real danger there is?

5776. (*Chairman*) I do not think so. We have got it all in your book.

5777. (*Dr. Willcox.*) I think we all quite appreciate it.—Of course otherwise I was prepared to mention a good many cases, cases in my own experience; and also I might mention here to show, as you will see at the end of this book in the Bibliography, the enormous amount of writing that there has been on the subject. *This* is the last work in 1908 by Dr. Geniesse, and as you can see, it is very voluminous and very full (*handing in an Italian work*). Also the Association that I represent publishes a paper quarterly, "The "Perils of Premature Burial" formerly "The Burial Reformer." And I should, of course, have been prepared to quote statements from the "Lancet," the "British Medical Journal," the "Medical Times," the "Medical Press," and many other medical writings, and the words of medical men, showing emphatically their view that something ought to be done in this matter.

5778. Coming to practical matters, I understand that you would like to see the law with regard to the registration of deaths amended in the direction you have already mentioned?—Yes.

5779. That is one point?—That is one point.

5780. And your other point is that you would like to see the institution of mortuaries?—Yes; and also a professional verifier of deaths; so that the coroner should not rely upon the policeman, but that there should be in every district a professional verifier, someone who was really qualified in the matter, to give a definite word and test. But what one would like to see beyond everything is that the present mortuaries, which are in a very unsatisfactory condition in many cases——

5781. They do not exist in many cases?—That is quite true, but those that do exist, even in London, which are in a very unsatisfactory state, should be made like the mortuaries at Munich and Berlin, of which I give a description—that they should be made places of comfort, that is, pleasing places and decent places, with ornaments and flowers and so on, where the friends can visit them, and they should wait there; and they should be at a certain temperature so that in case a person should come to life there will be a chance of at once seeing to him; but failing that, they can wait until incipient putrefaction sets in. There have been statements made that these mortuaries would be perfectly useless. That is not so. I give instances in my book, and there are further instances besides, of persons who have come to life after they have been in these mortuaries; and if there were only one instance it seems to me that it would be justified, for, after all, human life is sacred.

5782. Your proposition is that where there is the remotest doubt the body should be sent to one of these mortuaries?—Yes. And in Munich, of course, everybody has to go. But there would, no doubt, be less liability of persons coming to life in these mortuaries than otherwise, because the regulations are so exceedingly stringent; they have to be seen by a professional man and taken and watched again, and so on, so that there is very little chance of error. But the dread that there is undoubtedly in the public mind at the present time, as evidenced by Herbert Spencer, Miss Frances Power Cobbe, the late Lord Burton, and the wife of Sir Richard Burton, Lady Burton, and numbers of others that I might mention—Daniel O'Connell, and so on, is quite sufficient to justify the very simple precaution that any individual, who is cared for by the State during life so much, should certainly not be hurried out of the world, but that it should be quite certain that he is actually dead. I may mention the case of infectious diseases, which in times of epidemic becomes a very serious matter; there is such a desire to hurry off infectious disease cases as quickly as possible—cholera cases especially. I may first mention an incident which seems almost impossible to believe, but I quite believe it myself. A friend of mine in Gloucester, a solicitor there, told me that he had as caretakers a man and his wife who were formerly the guardians of the old Cholera Hospital at Gloucester; it was composed of a number of sheds in a field. He told me that the woman informed him that as soon as ever the patients were dead they put them into their coffins as quickly as possible, that they had a number of shells ready to place them in, and she said: "We put "them in and screwed them down, and sometimes we "heard them kicking after they were there, but we "knew they had to die, and so we never troubled." He taxed this woman upon the point, and was only telling me the other day that there was no question in his own mind that these things took place. That is merely to show you how in times of epidemic bodies may be hurried away. That was in the epidemic of 1849, when there were 119 fatal cases. And so, of course, on battlefields there is fearful risk—and in epidemics in times gone by, when all were put in one common grave. You will find in my book the Regulations of Wurtemburg, Bavaria, and so on, which are of a very stringent nature.

5783. (*Mr. Bramsdon.*) It is a very interesting statement you make. I should like to know, have you any personal knowledge of cases of the kind that you have actually come across?—Yes.

5784. I do not want a long list, but one or two?—I will give you three, and I will just mention those because I have them here in my book and I can give you the exact facts. There is a case of catalepsy that I mention.

5785. What date?—1895. I was sent for in the early hours of the morning to see a young girl of 17, who had spent practically the whole of the previous day in Wells Cathedral listening to the music and singing in some special services, driving afterwards some 15 miles across country to the Somersetshire village where she lived. On arrival at the house I was informed by the weeping relatives that I was too late—she was dead. The poor girl had fallen in a swoon, while sitting in a chair, soon after arrrival home, and though every effort had been made to rouse her, they all proved ineffectual; even then I heard her distracted friends shouting her name in her ears without effect. I found the patient lying with closed eyes, pale and corpse-like, upon the bed; breathing was practically imperceptible, and the pulse, scarcely distinguishable, was nevertheless small and rapid. I had lifted the wrist from the bed in order to examine the pulse, and was struck by the fact that upon releasing it the forearm remained suspended, and continued in a state of suspension for some considerable time. I then put other limbs in various positions, placed the body in absurd postures, when, to the amazement of the onlookers, such positions were maintained, and apparently would have been maintained indefinitely had I not restored the decubitus. She remained in this condition six days; her friends, one and all, failed in their efforts to arouse her, or to gain any response to their call. Urine and fæces passed involuntarily. She lived four miles from my residence, and therefore I could only see her morning and evening; and a strange fact was that although her relations could make no impression upon her senses, I could, by speaking to her in a commanding voice, get her to swallow milk from a feeding cup. The cataleptic condition continued throughout; the arms and legs would remain in the most tiring positions in which I could place them for far longer periods than they could possibly have been sustained in health. At the close of the sixth day profuse menstruation supervened, and I noticed slight sign of consciousness; I told her to sit up, and she did so, and opened her eyes vacantly.

5786. (*Dr. Willcox.*) Might I ask you about that case. You say the breathing was practically imperceptible, it was just perceptible?—Yes.

5787. You say the pulse was small and rapid?—Yes.

5788. And you say that the limbs were maintained in that position?—Yes.

5789. Which is an impossible condition for a dead body?—Yes.

5790. Therefore to a medical man this body could not possibly have been mistaken for a dead body?—That is quite true; that I am perfectly clear about. All I mention is that here was a case in which she was supposed to be dead by the friends, and they could make no impression whatever upon her.

5791. (*Mr. Bramsdon.*) Now let us have the next case?—Now I will give you another case. I had been

attending for some time, about seven years ago, a child aged three years, who had suffered primarily from convulsions, followed by vomiting and diarrhœa, with subsequent exhaustion and emaciation. There seemed no hope of recovery, and I left my little patient one night fully believing I had seen him for the last time alive. I was late on my country rounds next day, and when I arrived at the cottage I noticed the blinds were drawn, and, upon entering, my eyes at once fell upon a couch pushed into a corner of the room, and covered by a white sheet, whilst the broken-hearted parents were weeping by the settle. I sat down and tried to comfort them, and finally left directions as to the hour when they might send for the death certificate. Before leaving, I walked towards the couch, and drew back the covering from the pale waxen face. The jaw was fastened by a band in the usual way, coppers had been placed over the eyelids, and all was in readiness for the shell, which the undertaker was expected to bring in a few minutes. As I stood looking intently at the child I fancied I detected the slightest movement of the chest. It could but be imagination, I thought; nevertheless instinctively I felt for the wrist, but failed to detect a pulse. Still, I watched—there again was that tremour. I applied my stethoscope to the region of the heart without response; but feeling dissatisfied I undid the nightdress and applied the instrument to the bare skin. I could hardly believe my ears—there was undoubtedly a beat! I shall never forget the shriek which the mother gave when I said: "Mrs. W——, "your child is not dead!" I at once applied hot flannels to the feet, and gently massaged the body for two or three hours, and had the satisfaction before I left—long after the undertaker had come and gone—of seeing the child taking nourishment in its mother's arms. He is now a fine, strong, healthy lad. That boy was in Gloucester only last week.

5792. (*Dr. Willcox.*) Here again I would like to ask you one or two questions. On applying the stethoscope to the bare skin, you heard the heart beat?—Yes.

5793. That is not a sign of death?—Of course not; but still I could not hear it on the first occasion, and it was only with the greatest care, because I fancied I saw this slight movement. Now, here comes the point. I left that child, believing it would be dead in the morning. It was only by the merest accident, so to speak, that I turned in. Had a person come and told me it was dead and I had not seen it, I might have given a certificate of death.

5794. (*Chairman.*) A careless doctor might have given a certificate?—Yes.

5795. (*Dr. Willcox.*) If you had taken the temperature of the back, the rectal temperature, at the time you saw it, when you supposed him to be dead, it would have been practically normal, or a degree or two below?—Not necessarily. I can quote cases where the airway temperature was very abnormal and yet the person was not dead.

5796. It would not have been the same temperature as the air?—Perhaps not precisely, but as Sir Benjamin Ward Richardson shows, even that is not a sufficient guide.

5797. I think those temperatures were not rectal temperatures that Sir Benjamin Ward Richardson mentioned—simply mouth temperatures?—I am not quite sure, but of course there may be, from the very fact of decomposition, a certain amount of temperature set up.

5798. In other words, in this second case a careful examination by yourself revealed clearly that the patient was not dead?—Quite true.

5799. (*Mr. Bramsdon.*) Supposing that that girl had been left alone for 24 hours, would she have recovered?—No, I do not think she would, because she undoubtedly would have died. Of course, being kept bare, and so on, there was nothing to sustain vitality.

5800. May I ask another question on that? What was the condition of the child at that time? Was the child in a state of catalepsy?—No, it was a sort of inanition—collapse.

5801. Now you want to speak about another case?—The last case of my own that I want to mention is this: I remember a case of small-pox, which I was able to verify, which caused some sensation at the time, occurring during the Gloucester small-pox epidemic, in the early part of 1896. A child, believed to be dead of confluent small-pox, was removed from one of the small-pox hospital wards to the mortuary, and next day an attendant passing by heard a child crying, and gave warning to one of the nurses. The little one was promptly carried back to the ward and recovered.

5802. (*Dr. Willcox.*) You do not know in this case whether the fact of death had been certified by a doctor?—I should think so. It was in hospital.

5803. But surely, in a hospital it is very customary for a dead body to be removed to the mortuary without the doctor seeing it?—It is a very serious thing if it is so, and there is all the more reason for a professional verifier.

5804. But I ask you, from your own experience, do not you think it is very likely that in hospitals some bodies are taken away without the medical attendant satisfying himself that the body is dead?—I should think it is very likely that such might be the case.

5805. (*Chairman.*) Particularly in an epidemic?—Yes, quite true.

5806. (*Dr. Willcox.*) So that in this case you cannot say that a skilled medical man made a mistake?—I could not say that, of course. I did not know that. I simply went straight to the hospital, and made inquiries of the nurse, and I found that it was the gardener who went by the window and heard this child crying in the mortuary and ran back and told the nurse, and I saw the nurse herself. They smothered it up.

5807. Do you think it is very easy for such a thing to happen?—Yes.

5808. (*Mr. Bramsdon.*) If the medical man were compelled in every case to see the body before the certificate is given, it would practically nullify this question altogether, would it not?—It would, with a careful medical man.

5809. That I follow?—Yes, it would make him very careful, because he would have to give a certificate to that effect and make it very sure indeed.

5810. It would practically meet your case?—It would practically meet my case. The other things are suggestions. I do not think we shall ever arrive at a state of perfection until we have waiting mortuaries, such as they have at Munich.

5811. It is always difficult to get an ideal condition, is it not?—It always is, but certainly it is a good step in the right direction if every medical man is compelled to see the alleged corpse before he gives a certificate.

5812. And in your opinion do you think the public mind might be fairly set at rest if that practice were adopted?—Most decidedly, because if a medical man is compelled to see the alleged corpse before he signs the certificate, it will make him exceedingly careful. It is a question whether it would not be advisable to publish at the same time to every medical man the various tests he might apply with regard to the case, so as to give him a clear idea.

5813. (*Dr. Willcox.*) What is, in your opinion, a certain sign of death?—I do not know that you have any certain sign of death except incipient putrefaction.

5814. But there are many valuable signs of death?—Undoubtedly.

5815. And in most cases where all the signs of death are present, except that of putrefaction, surely there is no difficulty?—No, I should say that that would be fairly conclusive.

5816. But all these signs of death must be observed by a skilled observer?—Yes.

5817. And a careful examination must be made?—Undoubtedly. But, of course, if you take, for instance, those cases of the Fakirs in India, the fact seems to be established upon the most perfect evidence, that you get no respiration, no pulsation, no cardiac beat, and you can even grow corn on their graves whilst they are lying underground 6 feet, and they are subsequently brought up alive.

5818. I take it that in hot countries, where the period between death and burial is less, the danger of premature burial is very much greater than in a

country like this?—Very much greater. And in France, where they hurry them off in 48 hours also; and with the Jewish custom likewise. I daresay you may know that the Romans were very much more particular than ourselves. According to ancient Roman writings—Quintillian refers to it, for instance—no Roman was allowed to be buried under a week; and he definitely states that the reason was because of the possibility of premature burial.

5819. I take it you are familiar with the fact that in the modern medical curriculum, practical physiology is taught to all medical students, and forensic medicine?—Yes, undoubtedly.

5820. And you would regard a qualified medical man as a sufficiently skilled person to make the tests for life?—Yes, if he were specially instructed and made a special study of it; but although practical physiology and forensic medicine are taught, a careful definition and description of these various matters are not gone into during the curriculum, as I think they should be. I daresay instruction would be given in the present day. I know, of course, in the old days it was not the case, but it should be, I think, made a very special point that special instruction in the differentiation between death counterfeits should take place, because it is a very important matter.

The witness withdrew.

Mr. BERNARD HENRY SPILSBURY, M.B., called in and examined.

5821. (*Chairman.*) You are pathological lecturer and pathologist at St. Mary's Hospital?—Yes.

5822. Do you hold any other offices?—I am curator of the Pathological Museum there.

5823. You wish to give evidence with regard to cases in which the evidence of pathologists should be taken before the coroner?—Yes.

5824. There are two classes of cases that you refer to specially?—Yes.

5825. To begin with, cases of deaths under anæsthetics?—Yes.

5826. Is it your view that in those cases special pathological evidence should be required?—I think it would be preferable, certainly.

5827. Does that mean in all cases in which a patient has died when under an anæsthetic, to whatever the death may be due?—Yes, while under the influence of the anæsthetic.

5828. You also refer to cases which involve questions under the Workmen's Compensation Act?—Yes.

5829. In those cases do you think it desirable that pathological evidence should be required?—Yes, I think it is preferable, certainly; and in criminal cases I also think so.

5830. In all cases in which there is any suspicion of crime?—Yes.

5831. What do you suggest should be the qualifications of the pathologist who is to give evidence in such cases; how would you define him?—He should be a man who is engaged in all routine pathological work; that should be his occupation; he should be doing that and nothing else; and if I may add it should be general pathological work.

5832. For instance, a man holding the appointment at a hospital?—At a general hospital.

5833. How do you suggest that these pathologists should be selected?—I think it would be advantageous that there should be a central body to select them, such as the Home Office. I think that suggestion has been already made.

5834. In fact, a list should be drawn up by the Home Office for the various districts in the country?—Yes, on the recommendation of other authorities if possible. It would be a very great advantage to the pathologists themselves that they should have a recognised status of that sort.

5835. Then would you suggest that the coroner in any district should be required to select a pathologist from out of the list of those practising in that particular district?—Yes, I think it would be very necessary, where it is possible, as in the London district at any rate, that the pathologist should do the coroner's work in the immediate neighbourhood of his own hospital. That would facilitate the work, and it would enable the pathological investigations to be carried on in connection with the post-mortem examinations afterwards.

5836. You think it would be an advantage from the coroner's point of view as well as from the pathologist's point of view?—Yes, it would act in both ways. I think that where the coroner's work is not very far from the hospital in which the pathologist does his work, an adjournment of the inquest might sometimes be avoided—that sufficient time would elapse, say from one day to the next, to enable the pathologist to make a special microscopical examination of the organs and add to the value of his evidence thereby, which would enable the coroner and the jury very often to come to a definite decision without adjourning the inquest.

5837. What happens now?—In some cases, where sufficient time elapses, I am able to make a bacteriological examination in a case between the time when I make the post-mortem examination and the time for which the inquest is fixed, say the following day or two days later; but if I had to go a long distance to make the post-mortem and a long distance again to attend the inquest, I should probably not have sufficient time in the laboratory to enable me to carry out that work. I can quote a case in point, of a young child who died rather suddenly and unexpectedly on the third day of an attack which was thought to be diphtheria. I was asked by the coroner to make a post-mortem examination, and I found that the child had apparently diphtheria in the throat, but of course I could not say on oath, without further bacterial examination, that the infection was one by the diphtheria bacillus. Being near to my hospital, and having about eighteen hours between the post-mortem and the inquest, I was able to have some material, to make cultivations from it, and isolate that organism before the inquest, and in consequence, when I came to the inquest, I was prepared to swear that the child had died of a diphtheritic infection. That is only one case in point.

5838. (*Dr. Willcox.*) That investigation would be now of more importance, since diphtheria has been made a notifiable infectious disease?—Yes, that is the reason I mentioned that particular case.

5839. (*Chairman.*) In cases where a pathologist was called in, do you suggest that the ordinary medical practitioner, or the practitioner who attended the patient before death, should be present at the post-mortem examination?—Yes. I think it is of very great importance. The pathologist, when he goes to a case, apart from what he is told, has no evidence at all as to the mode of death or the disease, and any history, either immediate or remote, is of very great importance. There are many cases in which the pathologist would undoubtedly miss the cause of death, had he not had such evidence. I could give you several cases in illustration of that. I had a case, only recently, of a death under the influence of an anæsthetic. Chloroform was the anæsthetic in this case. The patient was a child of 6 years of age, who was taken into a hospital suffering from inflammation of the coverings of the brain. In the course of the disease the question arose whether a local abscess had formed round the brain, and, with a view of ascertaining it, an operation was performed by a skilled surgeon, in the course of which operation a small vein between the skull and the surface of the brain was torn across. The result was that air entered the vein, and was sucked through the veins to the heart and produced immediate death by air embolism, by preventing circulation through the heart. When I went to the post-mortem the surgeon and his house surgeon were both there; they gave me a full account of the case; they told me they had heard the air enter the vein, and had also by pressing on the heart been able to express again some of the air from the vein. As the result of that my examination was so modified that I opened the heart cavities before cutting across the veins at the root in the neck, and in that way I was able to

prove that the right side of the heart was full of air. Otherwise from an ordinary post-mortem it would have been impossible for me to have sworn that air had not entered as I removed the heart from the body.

5840. It is desirable from that point of view, and it is also desirable in fairness to the medical practitioner, that he should be present?—Certainly. There are cases which do not occur frequently, where the pathologist is quite unable to find the cause of death at all without the information which the medical man can give him.

5841. (*Dr. Willcox.*) Cases such as diabetes and epilepsy?—Yes; and I may add that I have had a case of electrocution, of which the same was true, where, without corroborative evidence, I should have been quite unable to give the cause of death.

5842. Besides the work of the pathologist, it may also be necessary to have a chemical analysis of the parts?—Yes; and according to present form the pathologist is expected, when it is necessary, to make the analysis. My own view on the matter is, that with the recent advances in all branches of pathology and toxicology, it is almost impossible, and certainly impracticable, for one and the same man to do the pathological and bacteriological work, and at the same time to be a chemical and toxicological expert.

5843. The two classes of work ought to be separate?—I think so. It is impossible for a man to practise both with equal success, and therefore the pathologist and bacteriologist should be allowed to hand that chemical work on to another expert, reserving to himself only the work of microscopy and bacteriology to which he is accustomed.

5844. I take it you would have no objection to the toxicologist acting as a pathologist?—No, certainly not.

5845. In fact, it would be a great advantage to the toxicologist to make the post-mortem himself?—Certainly.

5846. At the same time, he is not a competent man to make bacteriological and histological investigations?—No, in all probability he would not be. I quite admit that the toxicologist would learn much more of the case if he had made the post-mortem, than if he merely had the organs sent to him afterwards.

5847. (*Mr. Bramsdon.*) I do not understand exactly what it is that you suggest in your evidence. Do you suggest that certain pathological gentlemen whom you speak of should conduct all post-mortem examinations?—No.

5848. Only in special cases?—Yes, only in certain special cases.

5849. Cases in which, perhaps, crime may have been committed?—Yes, that is one class.

5850. Or difficult cases where the ordinary practitioner may not be able to deal sufficiently with them?—Yes.

5851. Then some special list such as you referred to could be resorted to by the coroners at their discretion, and they would be able to get important assistance in the conduct of their inquests?—Yes.

5852. Do you think that could be done, not only in London, but in the big towns in the country?—Yes, it could certainly be done in the big towns.

5853. Do you think it could be done in country districts?—I think it could certainly, because the type of case in which such work would be required would only occur occasionally, with nothing like the frequency to be found in London and in large towns.

5854. Do you think that the police surgeons who may be used to a greater number of these cases would be fit for this particular duty, or might be placed on that list?—I think they would be better equipped than the ordinary general practitioner, but I do not think their experience would be anything like that of a pathologist.

5855. (*Dr. Willcox.*) They would not be equal to those holding hospital pathological appointments?—No.

5856. (*Mr. Bramsdon.*) Those whom you suggest as being on your list are gentlemen of the highest possible qualifications and attainments for this particular class of work?—Yes.

5857. Who, in the case of London, would be as near to it as could be expected?—Yes.

5858. (*Chairman.*) Why do you suggest that cases in which claims are made under the Workmen's Compensation Act should require the help of a pathologist?—Because in many cases the death which results seems to have, to the general practitioner, probably only a remote connection, if any at all, with the actual accident; it may occur a month or even years afterwards, and the general practitioner, possibly from lack of reading or rustiness in his pathology, may not associate what he finds in the post-mortem with the previous accident, when there is a definite connection which can be traced by one who is habitually doing that work. Frequently changes that are found in a post-mortem appear to have no bearing at first sight upon any accident that may have occurred a long time previously.

5859. (*Dr. Willcox.*) In your own experience have there been a great many cases in which it was necessary for the post-mortem examination to be made by a skilled expert, where an ordinary general practitioner would have been unable to have conducted the necessary investigations?—Yes. Both in hospital practice and in coroner's work I have met with a large number of those cases.

5860–1. I think you have had cases of obscure disease which required special investigations—such as glanders?—Yes, I have.

5862. Where only a man specially skilled would be able to conduct those investigations?—Quite so. And, moreover, it is very important that the bacteriological investigations should be carried out by the same person who makes the post-mortem examination. I myself obtain the best material from the subject for making the subsequent investigations in such a difficult case as that.

5863. In some of these cases, in your opinion, are the investigations necessary from the point of view of public health?—Certainly, in a case of a notifiable disease like glanders it is most important.

5864. You said that in your opinion it would be very advisable if, when a post-mortem is made by an expert, the medical man who had attended the deceased should be present at that post-mortem?—Yes, I think it is of very great importance.

5865. Are you aware that if a medical man be present at the post-mortem, as the law exists now, he would get no fee?—Yes, I believe that is so.

5866. Do you think that the medical man should be paid a fee, who attends the post-mortem to see it made?—Yes, I think he should be paid a fee, certainly, as he is paid at the inquest.

5867. Have you investigated a considerable number of cases of death under anæsthetics?—Yes, I have in all investigated 33 cases in which death occurred under the influence of anæsthetics.

5868. (*Mr. Bramsdon.*) Have you made the post-mortem?—Yes, I made the post-mortem examination in all those cases.

5869. (*Dr. Willcox.*) Do you consider that a careful examination can throw a great deal of light on the cause of death in those case?—Yes, I think in certainly every case that I have had, a careful examination, including generally a microscopical examination, has enabled me to throw light on the cause of death.

5870. A considerable amount of light?—Yes.

5871. Do you consider that a microscopical examination of the heart for fatty degeneration, and other forms of degeneration, is valuable?—Yes, I think it is essential in cases of death from that disease. Frequently fatty degeneration of the heart may be recognised by inspection only of the heart muscles, but there are cases in which it can only be recognised by microscopical examination.

5872. And I believe you have had several cases of status lymphaticus?—Yes, I have had over a dozen in all.

5873. In your opinion does that condition render a person very liable to die from chloroform?—Yes, I think it renders a person very liable to die from any cause which depresses the heart, chloroform being one of them.

5874. Do you consider chloroform one of the most powerful depressants of the heart amongst anæsthetics?—I think it is the most powerful depressant.

5875. Can the condition of status lymphaticus be recognised during life?—My own impression is that in a large majority of these cases it cannot be recognised with certainty, but it may be suspected.

5876. Would it be a very careful examination which would give one suspicions of it?—Yes, I think that is so.

5877. Such as——?—Enlargement of the spleen and the thymus glands.

5878. Which could be detected by very careful physical examination?—Yes.

5879. You have, I believe, made several investigations into deaths under anæsthetics which have occurred in other hospitals than your own?—I have.

5880. In order that the person who made the post-mortem should have no bias in favour of the particular hospital?—Yes.

5881. Has it been your experience that the post-mortem examination has in many cases entirely removed any possible charge of carelessness which might have rested on the anæsthetist?—Yes; I think that in the majority of cases that certainly has been the result.

5882. And from that point of view you consider it most desirable that a post-mortem examination should be made in all cases of deaths under anæsthetics?—For the sake of the anæsthetist only, it is an important circumstance.

5883. In all cases of deaths under anæsthetics, you consider it desirable that an inquest should be held?—Yes, I do.

5884. From your experience as a pathologist, do you consider that it is desirable that a medical man, before giving a certificate of death, should satisfy himself of the fact of death by an examination of the body?—Yes, I think it is of very great importance. A careful superficial examination of the body should reveal to a qualified medical man whether the subject is alive or dead—there should be no difficulty at all.

5885. And as a pathologist, if all the signs of death are present except putrefaction, do you consider that there is any doubt whatever as to whether that body is dead?—I think there should be no practical doubt at all.

5886. You have made, I know, a large number of post-mortem examinations for coroners?—Yes, I have.

5887. From your experience, has the information gained by those examinations been very valuable from the point of view of increasing our knowledge of disease?—Yes.

5888. And from the point of view of increasing our knowledge of forensic medicine?—Yes, it has been extremely valuable. I have obtained some very useful examples in illustration of medico-legal medicine, which have proved extremely valuable for teaching purposes, from that point of view alone.

5889. And not only for teaching purposes, but for increasing our knowledge?—Quite so.

5890. In fact, if a skilled pathologist were appointed to make the post-mortem examination in special cases, some most valuable material from the point of view of medical research would be obtained?—I think so, most certainly.

5891. (*Mr. Bramsdon.*) Following on that, do I rightly understand that if a superficial examination after death were made into all cases, any chance of premature burial would be practically non-existent?—I think so.

5892. You think no apprehension need be entertained about the matter under those conditions?—Certainly. I think we should be quite safe.

5893. Are there any general post-mortem appearances in the organs in the case of deaths from anæsthetics?—In a certain proportion of cases we meet with the condition of status lymphaticus, in which the appearances are very characteristic.

5894. Would you mind telling me what those appearances are?—They consist in a persistence and enlargement of the thymus gland, in enlargement of the spleen and of certain sets of lymphatic glands, and I think in all cases also fatty degeneration of the heart muscle.

5895. And in other cases are there general appearances?—In other cases in which I have made an examination, in which the death has been influenced by chloroform, I have always found fatty degeneration of the heart from other diseases.

5896. Not caused by the anæsthetic?—Not caused by the anæsthetic, as the result of previous long-standing disease.

5897. But I mean what has been the action of the anæsthetic that has produced the particular appearances noticed?—I do not think there is any reliable appearance.

5898. You get suffocation, I suppose?—No, not always suffocation. I think syncope is more often the cause of death in those cases.

5899. Is that the result of depressants on the heart?—I think it is.

5900. Pure and simple?—Pure and simple, I think.

5901. Do the different anæsthetics produce different symptoms?—You are speaking now of general anæsthetics.

5902. Yes? They produce a difference in intensity of the symptoms, but not, I think, a difference in the kind of symptoms.

5903. It is purely a question of degree?—I think it is.

5904. Do you get the same post-mortem appearances after a death from chloroform as after a death from ether?—Yes.

5905. What about local anæsthetics?—There are few local anæsthetics that I think have any danger at all.

5906. Say cocaine?—That is one in point. There the cause of death may be either syncopal or asphyxial; it varies in different cases.

5907. It may be either?—It may be either.

5908. Can you give any explanation of that?—In some cases a subject who is under the influence of cocaine may be seized with epileptic attacks, and he may die during one of those attacks from failure of respiration, from asphyxia, as the result of the rigidity produced by the epileptic form of attack. On the other hand, he may die after the mere epileptic seizures have ceased, and then the death is more likely to be syncopal than asphyxial.

5909. As regards the fees, what fees do you suggest ought to be paid to experts for making a post-mortem examination. Would the ordinary fee be sufficient, or what should it be?—I think for a post-mortem examination the fee paid at present is inadequate.

5910. Do you mean for general purposes, or in the case of an expert?—I am speaking now more of the case of an expert, who has to be prepared for special work, and has special expenses in consequence.

5911. What do you think should be allowed instead of the present fee?—I think for a post-mortem a fair fee would be three guineas instead of one.

5912. I take it that you think there ought to be some sliding scale allowed, according to the importance of the case?—Yes, that would be more satisfactory.

5913. And three guineas, you think, is the minimum?—Three guineas I think is only a fair fee.

5914. If you have a case involving crime, you have to be particularly careful in examining every organ of the body, and perhaps even opening the spine, and matters of that sort?—Yes.

5915. You have to carry it out much more in detail than in an ordinary case, where no suspicion may arise?—Yes.

5916. So that it would be advisable to make a sliding scale?—I think it would. A sliding scale also would cover subsequent investigations of a pathological or microscopical character where necessary.

5917. And as regards the fee for attendance, what would you suggest; at present it is one guinea?—I think that is a fair fee for a single attendance at an inquest.

5918. Do you think that ought to be for each day?—I think it would be fairer if a separate fee were paid for each attendance.

5919. (*Dr. Willcox.*) With regard to fees, when you make a post-mortem examination you have a considerable number of disbursements?—Yes, I have.

5920. In fact, I may take it that there is little, if anything, left of the guinea?—I think that the bulk of the first guinea is gone.

5921. In fact, sometimes more than a guinea is gone?—Yes; I have even spent more than that. I have to take my own man to carry my materials.

5922. As regards the fees that you mentioned in answer to the questions put by Mr. Bramsdon, they refer to the fees for a pathologist who was holding one of these special appointments that we have been considering?—Yes.

5923. And if a pathologist held one of these special appointments, and was certain of getting a considerable number of post-mortem examinations in the year, he would be prepared to make a post-mortem and to give evidence at a lower scale of fees than if he had no definite appointment?—If he had 40 or 50 cases in a a year he would certainly be so.

5924. With regard to the mode of death from anæsthetics, in your experience syncope has been a frequent cause of death?—A general cause of death.

5925. More frequent than asphyxia?—I think so.

5926. And in some cases is it your view that an asphyxial attack may induce syncope?—That is so.

5927. So that the cause of death may be really a combination of syncope and asphyxia?—Yes, in some cases I think it may.

The witness withdrew.

Adjourned to Tuesday next at half-past 10 o'clock.

At the Home Office, Whitehall, S.W.

SEVENTEENTH DAY.

Tuesday, 18th May 1909.

Present:

Sir HORATIO SHEPHARD, LL.D. (*Chairman.*)

Mr. Thomas Arthur Bramsdon, M.P. | Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

Mr. T. Christophers called in and examined.

5928. (*Chairman.*) You are, I believe, coroner for the southern district of Warwickshire?—Yes.

5929. How long have you been coroner?—I first of all took up the deputyship in the year 1892, and for 18 months I acted as deputy, practically doing all the work, my coroner being old and somewhat infirm; then I got the appointment as coroner in October 1893.

5930. Your district is a pretty extensive one?—Yes, it is extensive, and up to a very late period it was very badly served by railway. It is served better now, as you see by the red line of railway (*shown on map of the county produced*), the new line, which has been opened during the last year. It was the North Warwickshire line.

5931. But even now I understand there are large spaces intersected by no railway?—That is so. The trains run very infrequently, so that I frequently have to travel 25 miles out to an inquest and home again; that is as likely as not to happen at any of my inquests.

5932. (*Mr. Bramsdon.*) Is the part coloured red on the plan you have sent us your district?—Yes.

5933. (*Chairman.*) About how many inquests do you hold in a year?—My average is about one a week; I do not hold one a week, but somewhere between 50 or 60 in the year; and the inquiries are about half the number. In the year of which I have before me the official statistics there were 49 inquests and 23 inquiries. I have one other year in which there were not quite as many inquests—41 inquests and 39 inquiries. It varies, of course.

5934. It is a rural district, is it not?—Purely agricultural. I have very few manufactories. I have a few needle factories, but very little manufacturing and no collieries.

5935. Can you say at all how long you take over an inquest in such a district?—I had, in connection with an application that I made to this Office, to give that information to my county council in connection with my salary, and I have kept a careful account; it took me five-and-a-quarter hours per inquest on the average.

5936. That is including going out and coming home?—Yes, the inquest itself takes about three-quarters of an hour on an average.

5937. You are paid by a salary of 150*l.*, I think?—200*l.* now.

5938. And there have been some questions about the amount of your salary from time to time?—Yes, I had one appeal to this Office which was successful, about 1896, and I contemplated another appeal, but this Office wrote to the council, and as the result of their writing it was suggested from this Office that I should again see the Committee of the council, which I did, and we then came to an agreement. There was only one appeal, the other was settled.

5939. Have you any other profession?—I am a solicitor, and I am Clerk to the Justices of the Henley-in-Arden Division.

5940. With regard to salary, you know, of course, that the matter is provided for in the Statute of 1860?—Yes.

5941. You have something to say, I believe, with regard to the way in which these questions of salary are settled?—I cannot make any suggestion—but I think it is unfortunate that we are frequently brought into conflict with our county councils. Of course they have a natural desire to keep down expenses, I suppose, and the rates of the county, but I cannot say that I have any complaint of my own to make. I think I have been more or less fairly treated, on the first occasion by the Home Office, and subsequently by the County Council.

5942. Have you any suggestion to make as to the way the inquiry should be conducted on the Quinquennial Revision?—I feel sure it is desirable that there should be some stereotyped method of calculating the salary. For the purpose of my original appeal to this office, I asked the clerk of the county council if he could give me particulars of how the salary which they proposed as my salary, 125*l.* a year, was made up and he then gave me the information which, on a subsequent occasion he told me he could not give me, but the

information was this: they said, "We calculate the "average number of inquests, at so much per inquest." (I cannot say exactly whether it was the 1*l.* 6*s.* 8*d.*) I urged that in my case, owing to the time that it took, it should be more, "so many inquests at so much per "inquest, then so many inquiries at one guinea each, "and then so much mileage at 9*d.* a mile one way," they said at first; on that point they have given way, and said, "We are quite prepared to pay you 9*d.* a mile both ways." I naturally argued that I had to go out, and I must get home, so they have given way on that point. Then, to the total of those three items, they say, "For stationary payment of deputy, clerk's ser- "vices, and so on, we add 10 per cent. to make the "total of your salary." If the first item is calculated on the right basis, bearing in mind the time the coroner has to spend per inquest, I think it would be a fair average way of getting at the right sum.

5943. That is practically what section 4 says?—Yes, but I am afraid that in many counties, I am sure from what I have learnt of the coroners, the one item of inquiries is not dealt with at all, except that it is taken into consideration in calculating the number of inquests as to the amount at which they would calculate those out. The item of inquiries is not a separate item in the calculation, but it is taken into some considera- tion in saying: "You had so many inquiries in addition "to inquests, and therefore we will calculate you at a "slightly higher sum than we should otherwise do per "inquest."

5944. Do you know whether the councils are always good enough to tell you what principle they have adopted?—I think that was an exception, certainly information was declined to me on another occasion.

5945. Have you any specific suggestion to make with regard to an amendment of this section?—It may not be quite fair to say so, but I should like the salary to be fixed by this office with the right to the county council to make representations, and to the coroner to make representations. I do not know whether this office would like to take the responsibility. There is another point to which I would call attention. It is directed, I think, in the section, you will correct me if I am wrong, that they are to take into account all the circumstances of the case.

5946. Yes, there are three things that they are to take into account; the average amount of fees, mileage, and allowances received previously. That is No. 1?—Yes.

5947. Then they are to take into account the average number of inquests in the preceding five years?—Yes.

5948. And then, thirdly, the special circumstances of each case, and the general scale of salaries of county coroners?—On that point I should like to make one remark which may show you how that has affected us. At the time I contemplated an appeal to this office, but did not appeal because the Home Office said to me: "Go and again confer with the county council." I found this out. The county council said to me, and to the other coroners in the county, at an interview with the coroners' committee, "We find that our salaries are "in proportion larger than the salaries paid by the "surrounding counties of Worcestershire, Gloucester- "shire, Staffordshire, and so on," and Mr. Field, who of course knows me very well, said: "I think it is a "matter you ought to consider, because we are taking "that into account in fixing the salaries of this county." I therefore took it upon myself to make some inquiries, and I got a meeting of the coroners surrounding my own district in Birmingham when I found this:—In Warwickshire it is a regular thing to revise our salaries every five years. In Worcestershire I found that, although the coroner there was dissatisfied with his salary, it had not been revised for 15 years; and he considered that he was being paid a low salary. That was used by Warwickshire against the Warwick- shire coroners as a reason why the Warwickshire coroner should be put upon the same low basis. You say, perhaps, it was the fault of the Worcestershire coroner in not demanding a revision; but, of course, there are some coroners who are shy of getting into an antagonistic position with their paying authorities. At the same time, I think that a quinquennial revision should be made compulsory. It is now, "They may." I think it might be made compulsory. Whether it would hurt some coroners I cannot say, but it is a matter for this Committee to consider, perhaps, whether it might not be made compulsory. It is not compulsory now, I think.

5949. Then, according to the present arrangement, you make payments and are refunded?—Yes; in the Warwickshire case I am glad to say that the county council has done what I think is reasonable and fair, and what might be adopted, perhaps, by other councils if put to them. In my case it is not so very serious. I pay about 50*l.*; in the case of the northern coroner, who has a much larger district and much heavier inquiries than my own, he pays, perhaps, 200*l.* It was pointed out to the county council that we were out of pocket for three months until the county council met afterwards and repaid us, and in my case I now always have at the beginning of the quarter 50*l.*, and for the others it would be proportionately larger. That is quite satis- factory in Warwickshire. I do not think it prevails in all other counties.

5950. The difficulty arising from the distance tells equally with the medical witnesses, of course?—Yes, I raised some point about that, for instance, I sometimes have to get a medical man from a place 6 to 8 miles from the place where I am holding the inquest, and my scale provides for 2*d.* a mile, I think it is. There the medical man, like myself, has to travel to the inquest or motor to the inquest, and I represented that he ought to be allowed something more in addition to his fee than 2*d.* a mile, but my county council declined that and said it must stand on the scale.

5951. In your opinion that is inadequate?—Yes, I think so. I think a medical man should be paid what it costs him at least to come to me and go back again, the same as I claim, I ought to be paid by the county council. I am now, I am glad to say, on excellent terms with the medical men in my district, and I get a lot of information from them which enables me to avoid an inquest, for which they get no pay at all.

5952. Can you suggest anything with regard to the cases in which a medical man gives you a report which saves an inquest?—I have no power to pay a medical man anything simply for the report. It is suggested in the questions that we might have power to pay for a post-mortem which would enable us then to save an inquest, and that might possibly be an advantage, but I try to make it up to the medical man in this way. There is a disposition on the part of the constables, who are my officers, of course, through my district to dispense with the services of a medical man where they can possibly bring sufficient evidence before me to get a verdict without it. I say: "No, dispense, of course, "with a medical man if he is absolutely unnecessary, "but if he can throw any light whatever on the death, "have him here." I am constantly, as I say, receiving information for which they get no pay, and therefore I think it is only fair that I should be liberal in my views as to when a medical man should be called, and I find it has answered and has certainly saved the county of Warwick money in establishing good relations between them and myself. I frequently get letters from them with my official report which enables me to say: "Thank "you for your information, I am not going to hold an "inquest."

5953. But in cases where there is no inquest but an inquiry, you have no power to make any payments?—No.

5954. Do you suggest that you should have that power?—I think that power might quite well be entrusted to the coroner; I think it would enable him probably to give them some small fee for their report, say half a guinea; I think medical men would be more willing to help. I have had one or two medical men (but I am thankful to say there are very few now) who hesitated to write to me because they felt they were preventing an inquest.

5955. You think that if that power were given to the coroner it might have the effect of reducing the number of inquests?—Yes, I think it might; we should simply have inquiries. It would mean that it would have to be coupled from the coroner's point of view

with the fact that we should be remunerated for inquiries.

5956. And in the same way a power vested in the coroner to direct a post-mortem to be held, without there necessarily being an inquest, might have the same effect?—Yes, I think it would. I frequently start an inquest, you understand, in which I have ordered a post-mortem, as to which I am morally certain before I start what the effect will be, and if that is confirmed by the medical man's evidence, it seems an unnecessary thing, if the coroner is a person who may be trusted with a certain amount of discretion, then to summon 12 jurymen and pay 12 jurymen and pay a medical man again.

5957. You think that that power is desirable?—I think so.

5958. Now, with regard to the jury, you suggest, I think, that the number should be reduced?—I suggest it with a little reservation. I am bound to say that there seems to be some hesitation on the part of many members of the Coroners Society about the reduction. My own view is that we might reduce it.

5959. To what number?—Six or seven I should think.

5960. You would have an odd number?—Yes. Of course we should always have the power when the case was a serious one of having 13 or 14.

5961. Are your juries paid?—Yes, they are paid 1*s.* in my county.

5962. Do you consider that that is sufficient or that there should be any power to give a larger sum?—The only case in which I give a larger sum is if I am holding an inquest in one parish and get a jury or jurymen from an adjoining parish; then I pay 2*s.* Some of my districts are sparsely populated, and I have to get jurymen out of adjoining parishes who may have some distance to come. I pay them 2*s.*

5963. I suppose, to give the coroner discretionary power to pay a larger fee to the jury might perhaps be convenient to the coroner?—To obtain the services of a better class of men—a more intelligent class of juryman.

5964. In a particular class of cases would it be of any use, do you think?—I think it is more a question for a coroner in a large town, because I cannot say that in my district it would be of very much use. I do not think it would.

5965. You have no difficulty in getting jurors?—I have had none hitherto.

5966. Then as to the view of the body, do you think it is desirable?—I think it might be left to the discretion of the coroner as to whether the jury should view. I assume, of course, that the coroner would always be obliged to view.

5967. Have you had many instances in which the jury objected?—I have had a few. I cannot say many. My inquests do not lend themselves to that. I mean to say that I do not have cases where one has to put the body into a glass case for fear of infection and that sort of thing.

5968. Now you have had some correspondence with the Home Office with regard to the production of prisoners, I think; that is to say, persons who are in custody?—Yes. It is possible that that matter may now be on a quite satisfactory basis. I only draw attention to it because under the Act 16 and 17 Vic. c. 39 which is still in force, in my view it was not on a satisfactory basis, and in consequence of some action that I took, and a correspondence that I had with the Home Office, some Order was given, I do not know whether by the Office, or by the Prison Commissioners to chief constables and to governors of gaols that without the necessity of an application to the court and an order, any prisoner in custody in connection with any death was to have facilities given to him or her to attend at the inquest if he or she wished to do so; and that, of course, in my county, has certainly answered all necessities. My only reason for mentioning it was that I did not know whether this Order was a permanent thing, fixed and unalterable or not; I did not consider it was satisfactory to have to make an application under the Act 16 & 17 Vic. c. 39 for a person to attend. A case arose in my division in this way: A woman had been delivered of an illegitimate child and the child had died, and I was called upon to hold an inquest as to the death of the child. The woman was meanwhile locked up, not for murder or manslaughter, but for concealment of birth I felt that possibly she might wish to say something at my inquest as to what happened at the birth of the child, and how the child came by its death. I communicated with the governor of the gaol and found that he would not allow her to come. It was some distance from the gaol, therefore it was necessary to send her. Then I communicated with the Home Office, and at the sitting of my court I had a long telegram from the Home Office saying that they had no power to compel the governor, and as he objected, the only process by which to get the prisoner would be to take action under 16 & 17 Vic. c. 39. But meanwhile she had sent word to me by my constable who was at the hearing of the charge for concealment of birth before the magistrate, that she did not wish to attend. I did not intend to force her, so the matter, so far as that particular case was concerned, dropped. But in consequence of that correspondence an Order was issued, I do not know by whom, under which now I simply write to the governor if anybody is in custody, stating that "I am proposing to hold an inquest at such and such "a place at such and such a time. If so-and-so wants "to attend, will you be good enough to make arrange-"ments," and it is done. Possibly the point is quite met by that Order.

5969. At any rate, so far as you are concerned, things are on a satisfactory basis?—Yes, quite.

5970. You point out that the duty of reporting deaths to the coroner does not apply to the keeper of an Idiot Asylum?—Yes, I have in my division quite near to me a Lunatic Asylum with 40 or 50 patients, and from there, of course, I get reports regularly on every death. About six miles off I have an Idiot Asylum, and it came to my notice, after I had been some time at work in the district, that I got no reports from the Idiot Asylum. I mentioned the fact on a visit one day to the Lunacy Commissioners in London, and the explanation given to me was that there was no similar provision in the Idiot Act to the one in the Lunacy Act, directing notice to be sent to the coroner on the death of every lunatic.

5971. What Act are you referring to in connection with the Idiot Asylum?—It is the Idiots Act, 1886. In my division that, again, to some extent has been put right, because it is the practice of the Lunacy Commissioners to try and induce keepers of idiot asylums to report to the coroner, because they think it should be done, and owing to some representation that has been made by the Lunacy Commissioners to the Idiot Asylum in my division they now send me reports of every death. They do not like me to do as I do at the Lunatic Asylum, where, when I get the report of a death, I naturally send my officer to get me an official report. They do not like that because, although he may be a constable even in plain clothes, they do not like the slur of the constable coming, and I am obliged to consider them. They only send reports to me as a matter of grace. I know the medical officer very well, and I am perfectly satisfied that all the reports I get now from the Idiot Asylum are right and true. So that in my division the matter has been put right, but still there is that hiatus.

5972. You say something about post-mortems being made by the medical officers of Asylums. Does that refer to the Idiots Asylum?—No, that refers to the Lunatic Asylum. I got to know of it in this way: I had in contemplation at that time an application to my county council to be transferred to the central division Warwickshire when there was a vacancy there. In the central division the County Lunatic Asylum for Warwick is situated, and during the period that I was contemplating that application for transfer, I saw Dr. Miller, the Medical Superintendent of the County Lunatic Asylum, and had a conversation with him about the coronership generally; and in that conversation he told me that he had been informed by the Commissioners in Lunacy, that they were advised by the Law Officers of the Crown that it was not necessary to obtain the consent of the coroner before holding a post-mortem on a patient who had died in a Lunatic

Asylum. The Act directs that notice of every death in a Lunatic Asylum is to be sent to the coroner. The death may be perfectly natural, but it is the coroner's duty to inquire, and, in theory, I say that the body, directly the notice is sent to the coroner, is in his custody; it is in his jurisdiction, and all the evidence which may be necessary to disclose what is the cause of death might be removed by the post-mortem entirely. The post-mortem is made apart from the coroner, by somebody entirely out of the jurisdiction of the coroner, and evidence which would come before his jury if an inquest followed might be absolutely removed.

5973. If a post-mortem is held independently of the coroner you mean?—Yes.

5974. Your suggestion with regard to Idiots' Asylums is that the same provision should apply to them as is applicable to Lunatic Asylums?—Yes, I cannot see why there should be any difference.

5975. (*Mr. Bramsdon.*) What is the situation with regard to medical fees if you hold an inquest at these Idiot Institutions, do you pay the doctors' fees; have you held an inquest?—Yes, I have.

5976. (*Chairman.*) There ought to be the same provision for payment in the one case as in the other—that is what it comes to?—Mr. Bramsdon's point I take to be whether the medical officer there would be precluded from receiving a fee?

5977. (*Mr. Bramsdon.*) Yes, under section 21, subsection 2, of the Coroners Act, 1887?—I have not paid the medical officer of an Idiot Asylum any fee on holding inquests on patients dying in the Asylum. I considered that he was precluded by that section from receiving a fee.

5978. (*Chairman.*) Where do you hold your inquests generally?—Of course in a place like Stratford, which is the largest place in my division, I have the town hall. Where there is a police magistrate's court, I use the magistrate's court—at Shipston-on-Stour, Studley, and such places. Outside those, I use anything in the shape of a reading-room in country villages, or if they have a little public room I use that. I sometimes get the use of a school if I happen to be in the village at the time that the school is not being used for its ordinary purpose. One or two schoolmasters have on rare occasions given the children an hour's play while I am holding an inquest. Of course in many country districts it is somewhat difficult to avoid the public-house. I strenuously fight against the public-house, and my police know that there have to be very exceptional circumstances to induce me to go to a public-house. But it is still necessary, rarely, but still occasionally. I do not quite see (I have suggested it indeed to the Clerk of my County Council) why they should not put schools at our disposal in the purely rural districts, because the occasions on which I should go to a particular village would be very rare, perhaps not even sometimes once a year, and spread over the whole county the interference I should necessarily have to make with school hours would be very little; because I should not go to a school if there was anything in the shape of a room that I could use otherwise. I think it would only mean for the actual holding of the inquest, perhaps three-quarters of an hour.

5979. You think that could be done without inconvenience?—Without any serious interference with the use of the school. It is only fair to say that Mr. Field, the Clerk of my County Council, does not favour that view.

5980. On what grounds?—Mr. Field writes of follows: "I do not like the notion of turning school "children out of school to hold inquests, or even of "holding inquests on school premises out of school "hours. Elections seem to be quite different."

5981. (*Mr. Bramsdon.*) What is the population of your district?—51,934, according to the census of 1901.

5982. You hold rather few inquests then in comparison with the population?—I account for that by this fact, that I have not, in my division, much in the way of manufactures; I have absolutely no coal mines, and I have not very much railway to bring about accidents.

5983. It is an agricultural population?—Purely agricultural.

5984. What is the acreage?—207,829 acres.

5985. I take it that you are very well satisfied now with the salary that you have?—I have no cause now to complain.

5986. I want to make this quite clear; I think you have expressed it fairly so, but I wish to know clearly that in framing your salary the County Council take into consideration the inquiries you make without holding an inquest?—I understand that is so. It was so at the time I appealed to the Home Office in 1896, and I presume it is so still.

5987. The forms that you have to use, the services of clerks, and the payment of a deputy?—Yes, they add 10 per cent. as a lump sum, at the end, for the three I take it. That is what I understood.

5988. Then you were paid last year for 41 inquests, taking the basis of inquests alone, something like 5*l.* per inquest?—41 inquests is the number for the year 1906; in 1907 the number was 49; in 1908, 52. The salary is an inclusive one covering mileage and everything.

5989. Then it would be about 4*l.* per inquest?—Very nearly, owing to the great time spent over each inquest.

5990. What I want to get from you is that that looks on the face of it rather a generous payment, but your district is a special one, is it not?—I regard it so in this way, that it takes five and a quarter hours to hold an inquest, in which time the coroner of Birmingham would hold five inquests.

5991. There are very few districts throughout England, I should judge, that are identical with yours?—I should think mine is as bad as most. I have occasionally to make use of my brother coroners, and they always grumble if they have to come and hold an inquest for me, because of the trouble it is to get there and back. There may be parts of Gloucestershire adjoining me which would run me close; I cannot be sure that there are not.

5992. Do you take a clerk with you?—Oh no, I could not.

5993. How is your district served by telephones?—Until within the last month or six weeks I have not had a telephone at my headquarters at Henley-in-Arden; it has just been installed; therefore until it was installed I never used the telephone at all. I make great use of the telegraph. I may say that my view is not taken by every coroner, but when I came to take up my work I found that in this vast area of country district the policeman who is my officer would walk or come in a carriers' cart or get a lift from anyone coming my way to tell me that somebody had died, and he would arrive without any previous notice to me and perhaps find me away somewhere else, perhaps holding an inquest, or in London on other business. There would always be somebody in my office, of course, to take his report, but no one who could fix the time and place and date of the inquest. I paid that constable when I was there and saw him, and, any way, he got from me 2*d.* a mile for every mile he came to see me. I pointed out to the County Council that I thought this was an unnecessary expense and trouble, and I said to the County Council, "If you will allow me to charge you the cost of the "telegrams I will give instructions to the superin-"tendents throughout my division that the constables "are not in the first instance to come to me at all, but "that immediately something happens to be reported "to me they will send me a short telegram setting out "very shortly what has happened," so that I may know that something is in front of me, and if it is a case that looks like a serious case I should at once wire to the constable to come and see me. If it looks like a simple case the verdict of which is practically known to me when I start, I do not see the constable until I get to his village. He follows the telegram by a full report in a stereotyped form that is supplied to all the constables. So I get, first of all, a telegram, and if it is not a matter of importance I wire to the constable to arrange the time and place. I may add instructions about calling a doctor or anything, but in nine out of ten of my inquests I do not see the constable until I get to the village.

5994. Does that system work satisfactorily?—Yes, I find that it saves money to the county.

5995. Could you tell us in a few words whether there are any special difficulties experienced by the coroner of a rural district, and if so what are they?—You mean, for example, that one lacks, as a coroner in such a district, the advantages which the coroner in a large town or London has in having at his fingers' ends all such things as technical assistance and so on. One has sometimes a serious case of a post-mortem or an analysis of the contents of the stomach, or something which the ordinary medical man does not feel qualified to do, and it is sometimes necessary for us to obtain the assistance of the County Medical Officer of Health, who lives in Birmingham, and is somewhat away from my district. I am 14 miles from Birmingham at Henley-in-Arden, and before actually employing him one is wise to confer with the County Council by telegram.

5996. Have you any other difficulties?—I do not know of anything very much. I have found that one has difficulties; but one gets over them somehow.

5997. And the system works fairly well?—Yes.

5998. With regard to the jury fees that you spoke of, would it be wise to have power to pay the juryman in rural districts perhaps at times more than others owing to the distance they have to travel?—That is met in my division by 2*s.*, instead of 1*s.*, for jurymen coming from another parish.

5999. That is the reason why it is allowed; because of the greater time it takes?—Yes.

6000. Do I correctly understand you to suggest that medical witnesses should also be entitled to the same mileage as you are entitled to in attending an inquest, say, over two miles away?—Yes, I do suggest that.

6001. That is 9*d.* a mile?—Yes, each way; if a man comes four miles, to give him 6*s.*

6002. (*Chairman.*) You have something to add as to the rectification of boundaries of districts?—I think it would be desirable that the process should be simplified, that it should be done by agreement and an order.

6003. There ought to be simplification of the procedure?—Yes, that is what it comes to.

6004. It is at present provided for by the Act of 1888?—Yes, by a petition to the Privy Council. There has to be a petition, and then the Clerk of the Peace gives notice to the coroner, and so on. It is rather elaborate.

6005. (*Mr. Bramsdon.*) I think your point is this: there is a small part of your district that is outside your area, and in the area of North Warwickshire?—Yes, the parish of Bickenhill; and I have to go through Central Warwickshire to get to it.

6006. That parish might be very properly be added to and form part of the district which surrounds it?—Yes, it would be taken from me, and there would be the ordinary sort of compensation, or something of the kind. An exchange for other bits near to me is what I tried to bring about, but I failed.

6007. Is this little island parish in North Warwickshire part and parcel of the rural district of South Warwickshire?—I do not think so.

6008. It is part of South Warwickshire only for the purpose of a coroner's inquest?—Yes. It has somehow slipped in there by mistake, I fancy.

The witness withdrew.

Mr. JOHN GRAHAM called in and examined.

6009. (*Chairman.*) You have been coroner for the Chester Ward of the county of Durham for the last 35 years?—Yes.

6010. And also until four years ago you practised as a solicitor in Sunderland?—Yes, for 50 years.

6011. Your district is partly agricultural, I suppose?—Yes, but it is principally mining; in fact it embraces everything where men are employed in dangerous avocations, and the seaboard and rivers as well.

6012. First of all, with regard to the view, you have a strong opinion adverse to the view by the jury?—Yes, most adverse.

6013. The coroner himself you think should view the body, I suppose?—I think he ought to have a discretion. I think the day has gone past for compulsory legislation, and at the same time I would like to reserve to myself and my brother coroners the right to inspect the body if we want to do so, but not to be compelled to do so.

6014. But as to the jury?—As to the jury, if you take my word for it they never want to go.

6015. That is not the question. Is it desirable that they should go?—It does no service; on the contrary, it very often leads to confusion. They have the body turned over and see black marks on the back, and they say, "That man has been frightfully used," when it is simply the result of post-mortem changes—the blood has gravitated to the lower part.

6016. In fact you think it is positively disadvantageous?—Yes, they have often made mistakes. There is also great danger of infection when viewing bodies where death has been caused by infectious diseases, and relatives generally resent the intrusion of coroners' juries and constables when viewing bodies.

6017. You have a great many accidents and violent deaths?—Yes, a great many.

6018. And your objection to the view is in cases of that sort?—In all cases. We have the evidence of surgeons who describe to us everything.

6019. You think that is sufficient?—Yes, quite sufficient; and identification.

6020. In your précis you suggest with regard to a case where there are a great many deaths, that there ought to be one inquest. What is your general practice?—My practice is to deal with the whole of the cases, because it is found to be desirable that each body should be properly accounted for; but that we could get well enough without having to require the jury to view every case, as, for instance, in the West Stanley case, where there were 166 bodies, and they were five days occupied in viewing them and doing nothing more.

6021. You suggest that there should be only one inquest when there are several deaths?—That is founded on the Bill I have referred to in my précis, which was introduced into the House by the Government in 1879, and which passed the third reading after evidence taken by a Select Committee: that is the Coroners' Act Amendment Bill, 1879, clause 8. There are two points involved: first, in the case of one fatality, not to have a number of inquests held by one coroner; and, secondly, not to have a number of inquests held by different coroners.

6022. That is to say, with regard to the same accident?—Yes; because, for instance, in the case of an accident occurring between coroners' jurisdictions, some bodies are landed on one side of the river and some are landed on the other, some in boroughs with adjoining county jurisdictions, and so on; it is to prevent several inquiries.

6023. Your suggestion is that when there is one accident and several deaths resulting from it, there should be one inquest?—One general inquiry.

6024. Notwithstanding the fact that the bodies may be found in different jurisdictions?—Exactly. At the same time for purposes of registration we would take formal evidence of identity and the cause of death, but it is not necessary to duplicate and triplicate the inquiries.

6025. Have you found inconvenience yourself from that?—Yes, I can refer to the Victoria Hall disaster at Sunderland, where an immense number of children were slaughtered in a panic rushing down stairs. Part of the bodies were removed to one coroner's jurisdiction, and part were in mine. We took it upon ourselves to run them together and make one inquiry. We had the approval of the Home Office, and counsel was sent down by the Home Secretary to attend the inquiry, but we were irregular.

6026. You got over the difficulty?—We got over the difficulty by being irregular.

6027. (*Mr. Bramsdon.*) Supposing that, as the result of an accident, a number of deaths took place in one district and a full inquiry was made, and then persons who were injured in the accident and lived for some time died in other districts, if the second set of deaths was in your jurisdiction what would you do?—I should, if there were statutory power, avail myself of the evidence which had been already taken with regard to the initial cause of the fatality.

6028. What do you do now?—I simply obtain such sufficient evidence as I can readily obtain and give burial orders.

6029. Do you not hold some inquiry in those cases?—I must do that. At present I am bound to do so.

6030. I want to know what you do at the present time?—I hold separate inquests.

6031. Do you consider it necessary in such a case to hold an exhaustive inquiry?—We cannot help ourselves. We cannot get our records complete without.

6032. Is it not a fact that in many districts the coroners get some evidence from a previous inquest and so limit their inquiry considerably?—That I cannot say. It would be irregular.

6033. Why?—Because we only know of it by hearsay.

6034. Do you not find that as a matter of practice a coroner in holding an inquest in an accident case where an inquest has already been held on another body or other bodies is able to satisfy the jury and to dispense with a great deal of evidence?—So far as possible we do; but if you put it to me whether it is strictly legal and correct and proper, I should say it is not.

6035. Using the Chairman's words just now, in those cases do you not get over the difficulty very well?—I am afraid that we try and get over difficulties in the best way we can; that is really the truth of the matter.

6036. (*Chairman.*) The next point raised in your précis is in regard to the custody of inquisitions and depositions. What is your practice with regard to the custody of documents?—My practice is to keep my own records, except in cases of murder and manslaughter, when the proceedings, that is to say, the inquisition, verdict, depositions, and recognizances must go to the Clerk of Assize.

6037. That is under statute?—Yes; but the coroners' court being a court of record, I maintain that the coroner should keep his own records; and if you want the reason why, I may say this: It not infrequently happens that coroners are called upon by relatives or by police authorities and others to refer to their inquisitions and depositions and give information. I have had to do it in murder cases as far back as upwards of 20 years. If I had not had my papers I could not have done so. That enabled the police to get materials on which to found a prosecution against the man, and he was dealt with afterwards for that old murder.

6038. Have you had any inconvenience result from the fact that the records have been handed over to the Clerk of the Peace or County Council?—I cannot say positively; but from my own observation, I should say, speaking as to my county practice, that the Clerk of the County Council has quite as many documents to take care of as he can manage.

6039. You think you can look after them better?—Yes, I can look after them better. The other point is, that when a coroner dies or is removed, I think his papers should be handed over to his successor. There is no law to that effect at present. I think there should be continuous custody. Whilst he holds his office he should hold his papers.

6040. (*Mr. Bramsdon.*) Do you know of any legal right that the Clerk of the Peace has to demand these papers?—No; but I have had the demand made and declined to comply.

6041. You do not think he has any such right?—I am certain he has not.

6042. Is it not also sometimes a convenience, perhaps, that all these records should be placed in the custody of an officer whose duty it is to keep records?—No, because I say that the County Council Clerk, for instance, has such an enormous quantity of papers to take care of that he requires a staff of clerks to know where to find them.

6043. But that is his duty?—That is his duty; but people do not always do their duty.

6044. He is the *custos rotulorum* of the county?—Yes, and it would perhaps take him a week to perform his duty. But a coroner who simply has to take care of his own records, if he is a methodical man, keeps those records in such a fashion that he can lay his hand on them or tell his clerk, and his clerk can find the papers of any given year in a few minutes.

6045. You said if he was a methodical man; but supposing he is not?—You cannot legislate for people of that class.

6046. Therefore, in those cases, might it not be better to let them go to the Clerk of the Peace?—The Clerk of the Peace may not be methodical also. The short answer to it is that the coroners' court is a court of record, and if the coroner hands over his papers, where are his records.

6047. You are a very old lawyer; have you any opinion as to how it was that these inquisitions in the first place got to the Clerks of the Peace?—I cannot tell, excepting that they probably asked for them (these gentlemen sometimes do), and the coroners in ignorance of their legal rights, weakly complied with their requests.

6048. As a sort of voucher of the inquest?—Yes, probably. It might be with the view of checking the coroners' accounts. I do not know.

6049. That is my meaning?—There are many ways of accounting for it. I rather resented it. I thought the Clerk of the Peace was really impertinently curious.

6050. The coroner has the right to the possession of his own papers, and if he gives them up that is his own act?—Yes, it is entirely.

6051. That settles the question?—Yes, there is no law. I asked the Clerk of the Peace to quote his authority. I said "I am not aware of any power you have," and he could not give any authority in support of his request, therefore I refused to give up my papers to him.

6052. You are not quarrelling with any statutory power?—No, there is no statutory power.

6053. You refer in your précis to a very important matter that there has to be necessarily a double inquiry in a great many cases—an inquiry before your jury and an inquiry before a magistrate?—Yes.

6054. Have you any suggestion as to the mode in which that double inquiry could be avoided?—I feel I am in rather an invidious position with respect to that matter, because the jurisdictions are competing. There is this to be said for coroners: they are the seniors; they were in possession of their office and performed the duties of their office centuries before the modern magistrates were ever invented; and I am not aware that coroners have ever failed in their duty in committing for trial.

6055. How do you suggest that the double inquiry could be avoided?—In this way: Supposing that you put an end to the coroner's right to commit for trial and so on; if a coroner is first in the field in taking his evidence (which in many instances happens) and the magistrates only follow after (because the coroner is the first to get the information), then I would say in such a case, let him hand over his depositions to the magistrates, and let them deal with the case subsequently, and, if they see fit, commit for trial. On the other hand, if you deprive the magistrates of the power of committal for trial in cases of murder and manslaughter (and by the way they have plenty to occupy them without—every Session of Parliament adds to their work, and they could very well be relieved in it), then it would be just the other way. If they are first in the field, let them hand their depositions over to the coroner.

6056. (*Chairman.*) What is this dictum of Lord Herschell to which you refer in your précis?—It is a very important one, if you will allow me to refer to it. It is very fully dealt with by Dr. Maclagan in his pamphlet (*handing in the same*).

6057. Can you tell me what the substance of his suggestion is?—The substance of it, I think, if I remember it rightly (it is some time since I read it), is

that it is a great waste of time and a waste of expense having a double inquiry. You go over the same ground and practically at the same time. You are harrassing witnesses with two inquiries, and you are putting the accused in peril twice.

6058. It is very difficult to see a way out of it?—Except in the way of abolishing either the one or the other.

6059. Your view is that the magistrate might take the matter up at the point where the coroner leaves it?—Yes, or *vice versâ*; the one to help the other, but not to have the two.

6060. (*Mr. Bramsdon.*) In reference to this question, the coroner's investigation is an inquiry, is it not?—Yes.

6061. And therefore it touches upon a much wider ground than the investigation before a magistrate?—Very much wider ground.

6062. Therefore it serves an excellent purpose in the investigation of crime?—Yes, because you are not limited to a charge against A, B, C, or D. No man is charged in the first instance before a coroner's inquest.

6063. That was the next question I was going to ask you?—The scope of the inquiry is to find out and gather in such evidence, as well as point to a possible A, B, C, D, or somebody else.

6064. Then having as it were discovered evidence as to the person who may have committed the crime, a charge is then preferred against that person before the magistrates?—Yes.

6065. Therefore it is difficult to be able to say that either investigation is sufficient without the other?—If I might be allowed to give an opinion (although it may be considered to be perhaps somewhat wrong for me to pretend to say). The coroner's court is superior in this way. I do think that the great power that the coroner's court possesses in getting in evidence and information all round, is superior to the power possessed by magistrates; because the coroner's power is unlimited in accumulating evidence. Then he can from that mass of information collected in the first instance, deduce evidence so as to charge somebody definitely with that which the magistrates can only start with. They must trust to somebody coming before them and prosecuting somebody else on some information that they have obtained.

6066. Then in substance you agree to the suggestion I made just now, that both investigations would seem to be necessary?—Useful in the first instance.

6067. There is a danger, I take it, that if the committal goes on the coroner's evidence only, extraneous evidence may be introduced that is not strictly evidence against a person?—That might be cured by another point that I deal with, that is as to the qualifications of coroners. If you have a man who understands his office properly, he will not put anything on the depositions that will not be evidence. Is that what you mean?

6068. No; you are obliged in the initial stage very often to put on the depositions matters that in the result may not be evidence against a particular person, because you have no person charged, as you said just now?—Yes.

6069. Therefore the coroner's depositions naturally contain a great deal that is not evidence against a particular person?—Precisely.

6070. Whereas, when the case goes on afterwards to the magistrates, it gets sifted as it were, and evidence only against particular persons is taken?—Yes.

6071. Have you in your experience run across any cases in which there has been a committal by a coroner and a conviction upon it, although the magistrates have thrown out the committal?—No, for a very good reason, that as a general rule if there is no committal by the magistrates, the judge directs that there shall be no evidence offered on the coroner's inquisition—and the man goes scot free.

6072. Is that your experience?—Yes. I have only known one instance where a bill was sent up by a judge to the grand jury at assizes on a coroner's inquisition and depositions. The coroners' inquisition itself is a bill of indictment.

6073. Was there a conviction?—No, because the witnesses broke down; but the judge was satisfied on the facts that it was a proper case for investigation; whereas the magistrates in the first instance thought it was not.

6074. Would you be surprised to hear that there have been several cases in which committals have been sent up by coroners where the magistrates have refused to do so, and a conviction has been obtained?—No! I am very pleased to hear it. Generally speaking, coroners and magistrates agree very well in my part of the country.

6075. Would you be surprised to hear that I had a case myself of that particular nature?—No!

6076. These cases I refer to show the usefulness of the two committals, because otherwise guilty persons might go unconvicted?—Certainly.

6077. (*Chairman.*) As regards the number of the jury, you suggest that it should be reduced?—Yes, on the lines of the Bill of 1879.

6078. To seven, I think?—Yes.

6079. Have you any difficulty in getting your juries?—None at all except in colliery cases, because the law prevents men employed in a colliery where the accident has happened from acting as jurors; and in many places the collieries are in remote parts of the country and there is great difficulty in obtaining jurors.

6080. You suggest that the coroner and juries should have the right to demand admittance to works, railways, and so forth?—Yes.

6081. Have you had any difficulty in that respect?—Personally I may say that I have had only one refusal and I pretty speedily dealt with it. It was a refusal to allow my officer to go into a ship-repairing yard and obtain evidence to enable him to report to me about a case. I was refused admittance, and I had to be very plain with the manager of the works and I succeeded in getting admission, but I had no right to it. I could not have enforced it. They are very good in that way, but we should have the power. In the Scotch inquiries they have that power.

6082. Under the Scotch Act?—Yes, the Fatal Accidents Inquiries Act, 1895, section 2, and they have the further power, that is very useful, to take possession of any article, any piece of machinery, for instance, or anything that may be required. We have to trust to their good offices.

6083. Then you refer to the Board of Trade Surveyors and their attendance at the inquest. Why cannot they be called as witnesses; what is the difficulty of calling them as witnesses?—I have not experienced any difficulty in "calling" them, but I have had to threaten with pains and penalties a gentleman who attended and refused to give evidence.

6084. In what sort of cases?—Steam boiler explosions. I had a steam boiler explosion on board a steamer, and naturally I applied to the local surveyor of the Board of Trade to attend and give evidence. Oh! dear no, he declined, I had to send a summons and give him conduct money and he attended, and then he still persisted in refusing to give evidence. I had to be pretty straight with him, and at last, with very great reluctance, I got some evidence out of him. He sheltered himself behind the Board of Trade. He was simply a surveyor of the Board of Trade and had no right to communicate any information to me at all on his own part. That being so I have had to abstain from asking any of these Board of Trade surveyors to come, but I had a recent case of an explosion from overheating of a boiler, when water supply was frozen, where I had to act independently, and with great difficulty I got the evidence I wanted; whereas, on the other hand, the Board of Trade Inspector made his inspection and report, and I never heard anything of it; it was sent to me afterwards by the clerk to the county council. The Board of Trade surveyors act perfectly independently under the Boiler Explosion Act. I think inasmuch as they represent the public interest and the coroners do the same we ought to work together; the same as we do with respect to the inspectors of mines, minerals, and quarries and everybody else; there is no difficulty and no hitch there.

6085. There ought to be more co-operation you think?—Yes. They have got a false idea, I am afraid,

of their rights and liabilities especially in relation to coroners' inquests.

6086. Coming to quite another matter, you refer to the system of registration of deaths, and you have a suggestion to make as to the mode in which the Registrar-General makes his returns?—Yes, I think it is a pity that there should be the old custom continued of entering up in the Registrar's Returns all these cases I have referred to, cases in which coroners have satisfied themselves by medical and police reports and so on where an inquest is not necessary. In the paper issued by the Registrar-General, which I have here, which is used in his office, in every case that I deal with I put in the cause of death. I ascertain that from the medical man; I do not put simply "natural causes," I say what the actual cause of death is; and I think it is a great mistake that those should continue to be entered under the heading of uncertified deaths. If there is to be a distinction made, I should say that these notifications that the coroner sends in after making inquiries are of more value than the ordinary medical certificate, about which there is no trouble; any doctor can give any certificate he chooses; whereas, here we are fortified by the medical report, the police report, and the coroner's own knowledge or ability to judge. Instead of being specially classified they are thrown on one side and put amongst uncertified deaths. I have been twitted with this: "You are neglecting your duty, you are not "holding an inquest when you ought to have done so; "in reference to such and such a part of the country, "and such and such towns," (I have some towns) "there "are so many uncertified deaths—there is something "wrong here." I am put on the *qui vive* and send round to the registrar's to know what it is, (I have a dozen registrars in my jurisdiction), and they wrote "It is easily to be explained; all your cases are entered "as uncertified." I say that about 50 per cent. of the deaths reported to me do not come before a jury at all; they are dealt with as cases that the Home Secretary has been good enough a few years ago to have a column for, in the Annual Judicial Statistics, Coroners' Inquests' Section, namely, as cases which after preliminary inquiry by coroners are not followed by an inquest. I can give you my figures. Whereas my total inquests in 1907, the last published statistics, amounted to 460 inquests held, I had buried without inquests 476.

6087. We have had evidence of that nature already?—I do not know that you have an instance where the proportion is so large. You would have the fact that it is done.

6088. (*Mr. Bramsdon.*) Can you tell me whether there are any cases in your district that are uncertified in which an inquiry has not been made by you?—That is rather a large question. I should think it is quite likely that there have been cases uncertified, at least that are dealt with by the registrars as uncertified, that have not been reported to the coroner.

6089. But I take it there are not many?—Not many.

6090. In several towns in the kingdom, as the result of inquiries made by us, we learn that there have been no cases?—I cannot tell you the figure, and I have no means of ascertaining.

6091. Have you any means of ascertaining the facts?—I am going to see the Registrar-General about this very subject.

6092. (*Dr. Willcox.*) The pink form is the form you send to the Registrar-General after you have satisfied yourself that it is unnecessary to hold an inquest?—Yes.

6093. There is no space on this form for the cause of death?—There is not. I always put it myself. There is no provision for it.

6094. You think it is necessary?—Yes, to be of any service at all for statistical purposes that should be done.

6095. Because on this form it is not implied that the cause of death should be shown?—It is not. This has been urged by me on the attention of the Registrar-General, and I believe the Form will be altered accordingly in next issue, so as to require the cause of death to be shown, in future. I have an idea that what is worth doing at all is worth doing thoroughly, and I always have that done.

6096. Arising out of that, are you a medical man?—No, I am a solicitor (at least I was till I retired).

6097. It is necessary, if the coroner is not a medical man, that before filling in the cause of death he should take medical evidence?—In practice it is, but there is no statutory law imposing that duty upon us. As a matter of practice, I never issue one of those forms without having a medical man at my back.

6098. I only wanted your opinion as to whether you consider it desirable that the coroner should have the evidence of a medical man before he does so?—Yes, certainly. Let me tell you what our practice is in Durham. We pay a small fee to the medical man, who sends me a receipt for it. I believe it is perfectly illegal, but it is most useful in practice.

6099. (*Chairman.*) You are authorised to pay a fee to a medical man who gives you a report as to the cause of death?—Yes. The fact is this. I am responsible for it as a result of my letter 29th July 1899 to the Clerk of the County Council, Durham, in which I suggested that a great saving would be effected if coroners were empowered to pay a small fee to a medical practitioner for a written report. This suggestion has been acted upon with great saving of expense to ratepayers and trouble to relatives of deceased persons and jurors, *see* the tabular statement* showing results for years 1900 to 1905 inclusive. That has been the practice in Durham.

6100. What is the fee that you pay?—There is discretion to pay from 5*s.* to 10*s.* 6*d.* according to the nature of the case, and I have no difficulty in dealing with these cases of deaths from natural causes without holding inquests.

6101. Independently of any inquest; simply on an inquiry?—Yes, a preliminary inquiry without a jury.

6102. (*Dr. Willcox.*) Most coroners have not that power?—I do not think any county in England except Durham has adopted this practice.

6103. And you find it works very well?—Splendidly, except in this way—I am like the tree in the fable of the Woodman: "The tree has supplied him with the "handle for his axe, and then he has proceeded to cut "the tree down." I have supplied these gentlemen with the means of saving the county rate, and my salary is suffering.

6104. Because your inquests have diminished?—Yes, because they say, "Your work has diminished."

6105. (*Mr. Bramsdon.*) But that could be got over by all these things being taken into consideration when the salary is fixed?—Yes, but they do not do so.

6106. (*Chairman.*) The law says that they should?—Yes. But there is no scale by which to assess county coroners' salaries, and the "Local Authority" is sometimes inclined to be very economical.

6107. On the subject of fees, the fee for a post-mortem examination is two guineas?—Yes, in England.

6108. Do you suggest that that is too low?—It is too little. Let me give you a case. Everybody knows that it requires two good men to make a post-mortem properly. In practice it means two men dividing the couple of guineas between them for the responsible and sometimes difficult work of making the post-mortem, and then having to come and give evidence.

6109. Do you find the lowness of the fee inconvenient?—The medical men do, they grumble and say it is insufficient. In Scotland they can go up to four guineas.

6110. That is under rules, I suppose?—Dr. Maclagan quotes what their practice is in his pamphlet.

6111. There ought to be a rule with regard to it?—Yes, there should; it is too hard and fast a line. There should be discretion to pay from two to four guineas according to the circumstances. An ordinary post-mortem might be paid two guineas; but in a difficult post-mortem in a murder or manslaughter case or, what is of frequent occurrence, in a case under the Workmen's Compensation Act where almost invariably there has to be a post-mortem made and there are four or five medical

* *See* Appendix No. 16.

men doing it on account of the fight between the employer and employed.

6112. You held the inquest on the bodies of those who perished in the Gateshead Theatre fire?—I did.

6113. And I believe Colonel Fox, Chief Officer of the London Salvage Corps, who is our next witness, sat with you?—I think Colonel Fox rendered me splendid service on that occasion, voluntarily. He took an immense amount of trouble about it.

6114. Have you any opinion as to the question whether it would be desirable to give coroners power to hold inquests in the matter of fires independently of deaths occurring?—I think they should. I never could understand why they were deprived of the power. It was said because the law was obsolete; but I do not apprehend the law is ever obsolete until an Act of Parliament puts an end to it.

6115. But you think it is very desirable?—Yes, certainly.

6116. (*Dr. Willcox.*) In cases of accidents do you find it as a rule necessary to order a post-mortem examination, in view of compensation claims?—Where the death is apparent, say, from machinery or from a fall from a scaffold, or from an explosion, or from anything that is apparent and can be spoken to by ordinary witnesses, certainly not; but there are cases where it is. In mining cases a man after going home says, "Oh, I "am ill; I must have strained myself. I was lifting a "heavy piece of coal (or stone, or trying to get an iron "plate up) and I wrenched myself; and that must be "what it is." The man takes to his bed and dies a fortnight afterwards, and perhaps this story does not come out until then. Then there is information given that the man met with an accident and there is a claim to follow. Naturally there must be a very careful post-mortem made, to know whether the man received injury or did not; and those are cases that are frequently troubling North country coroners in the mining districts now.

6117. Do you think in cases of that kind it is important to have a man specially skilled to make the post-mortem?—You must have the very best man you can get. This is what happens. There may be, in addition to the medical man I appoint, one or two medical men on behalf of the men and one or two on behalf of the owners. I have known cases where there have been five or six medical men making one post-mortem.

6118. And in some of these very difficult cases you think that a special fee should be allowed to the medical man?—Certainly.

6119. Have you any experience in your district of conspiracies on the part of people to obtain money for compensation; because we have had a coroner from Wales who had a great deal of experience in that?—No, I cannot say that I have met with cases of conspiracy, but I have present to my mind an individual case where a man went in a drift as it is called, that is, an entrance to the coal mine on the level from the hillside instead of having to go down the shaft, and he contrived a fall of stone on the spot where he thought his relative had received his injury. But he got the wrong place; the man's body was found some distance away. This fall was where the man had placed his clothes (they very often work without their clothing); he put the stone down where the clothes were, and not where the man's body lay; and it was found that his death was instantaneous from heart failure.

6120. In other words, he was giving false evidence?—Yes. But there was no conspiracy, because it was the man himself. I had a difficulty about prosecuting for perjury.

6121. Do you find numerous claims for compensation made which are unjustifiable?—I would not like to say that; but many are just on the border line.

6122. And they require most careful investigation?—They require most careful investigation. If there is any point that "the Local authority" which fixes the coroner's salary should have their attention drawn to, it is that; because our business has been increased most terribly by the claims under the Workmen's Compensation Act.

6123. (*Chairman.*) You refer to the status of the coroner as needing improvement. In what respect do you mean?—In this way. At the present moment any man, whatever may be his disqualification, if he succeeds in obtaining the appointment from the local authority, whether it is county council or town council, is eligible; whereas his deputy must be a member of the legal or medical profession.

6124. You would wish to have some qualification?—Certainly. I consider that it is a judicial office, and an important office, and should be filled by a man who has had a legal training.

6125. What qualification would you suggest?—I say he should be a barrister-at-law, or a solicitor of five years' standing, as provided in that Coroners' Act Amendment Bill, 1879.

6126. Or a medical man?—No, I do not say a medical man; because I have the authority of a medical man against it, that is Dr. Maclagan. He says—may I be allowed to say, I think most correctly—it is a judicial office, and the coroner should be a man with a legal training sitting on the bench, and the medical man should be a witness called before him to give evidence.

6127. And you recommend a pension?—A pension by all means. I consider that is a matter that ought not to be lost sight of in common fairness. A coroner may work on until the Lord Chancellor is petitioned to remove him because he is unable to work any longer, through accident, disease, or old age, and he may try for a 5*s* pension if he likes elsewhere, and that is all he can get. There is another thing: we have no power in our courts to pay a shorthand writer.

6128. We have not overlooked that. In special cases you think there ought to be power to have a shorthand writer?—Yes, and also power to appoint and pay an analyist instead of requiring the consent of the "local authority."

The witness withdrew.

Lieut.-Colonel Charles Fox called in and examined.

6129. (*Chairman.*) You are, I believe, Chief Officer of the London Fire Salvage Corps, and you live at the headquarters of the London Fire Salvage Corps, Watling Street, in the City of London?—Yes.

6130. You have been in command of the corps more than 13 years?—Yes, that is so.

6131. Have you during that time had great experience of the working of the City of London Fire Inquests Act?—I have.

6132. And have you attended a considerable number of fire inquests?—Yes, I have attended and given evidence at all the more important fire inquests for the past 13 years.

6133. Altogether have you had 30 years' experience of fires in London?—Considerably over 30 years.

6133*a*. Before you became Chief Officer of the London Fire Salvage Corps you assisted coroners on request at inquests in cases where death had resulted from a fire?—Yes.

6134. What is your opinion generally as to the utility of fire inquests?—I am very strongly of opinion that it would be a very good thing if the power of holding fire inquests vested in the coroner for the City of London, were made general throughout England, Ireland and Wales—the United Kingdom. I am of opinion that the holding of a coroner's inquiry, especially in the provinces, in places where the Fire Brigade is not so efficient as it is in London, would tend to bring the public to realise their local shortcomings, and so gradually force the local authorities to arrange for more adequate protection, especially protection of life. I consider that the City of London Fire Inquests Act is a most valuable one. I am of opinion that its action is partly to act as a deterrent, and prevent persons who would otherwise set fire to their premises doing so for fear of having to face an inquiry. I sometimes hold such inquiries myself, but, of course, have no power to compel anyone who is unwilling to answer questions, to do so.

6135. What are your grounds for that opinion? Do you think the publicity that an inquiry of that sort involves has a good effect?—Undoubtedly—and a deterrent effect also.

6136. It calls the attention of the public to the danger?—It has a deterrent and an educational effect.

6137. Do you think that the Act would make people more careful?—Undoubtedly.

6138. Because the reports of the inquiry would be of themselves a liberal education?—Certainly. At these inquests, valuable points are brought out with regard to fire appliances, building materials, exits, &c.

6139. And there is also the fact that it might have the effect of preventing people from setting fire to their houses from fear of what would come out at the inquiry?—Yes.

6140. As a matter of fact, do you think that has happened?—I am sure of it.

6141. Have you had many instances of arson or suspected arson?—A great many cases of suspected arson have come under my notice. It is very hard to prove arson, but not so difficult to detect it. Many cases are within my knowledge, when I have been perfectly satisfied that the premises have been wilfully fired. I have been as sure of it as though I had seen the act committed. Evidence with regard to fires requires to be very carefully considered. I have known cases where, on the face of it at first blush, intentional firing appeared to be the case, but on carefully sifting the facts, these evidences were explainable.

6141*a*. Can you give an instance?—Some premises were inhabited by aliens; fire marks were found on the paper of the walls of one of the rooms as if a candle had been held against the paper, and I found it was a fact that a lighted candle had been so held from time to time, but not with the object of setting fire to the premises.

6141*b*. With what object, then?—With the object of doing to death certain obnoxious insects. Another instance occurs to me. We were called to a fire in the Barbican in an oil shop. When the fire was extinguished, I asked for the person in charge of the premises at the time of the fire, in order to endeavour to ascertain the cause. I was informed that there was a manager, and that he was on the premises at the time of the outbreak. Search was made for him, but he was not to be found. In about three-quarters of an hour, however, he appeared, and when I questioned him as to what he had been doing he made me the astonishing reply that he had been to buy a hat. He said he had rushed out without a hat at the time of the fire, and fearing to catch cold and seeing that he could personally do nothing, he had gone to get a head covering. I pointed out that the interval that had elapsed between the outbreak and his return to the scene was sufficient to buy many hats. His answer was that he always bought hats at a certain hat shop some mile and a half away, and had consequently gone there as usual. This I found to be a fact. A man will think twice before setting fire to his premises if he thinks that he will have to face a jury and the questions of fire experts, as well as to stand examination and cross-examination as to his financial position. It is often the case that these gentlemen are not quite clever enough, and do some act or omit to do something which gives the expert the clue. I prefer not to give instances of these, because I do not wish to assist possible criminals to cover their tracks.

6142. In those cases the persons who would be likely to have committed the arson are examined as witnesses at the inquiry?—Yes.

6143. Do you recollect any case where, as the result of the inquest, a verdict of "Arson" has resulted?—Yes. Two men were committed some years since, and another case where arson against someone unknown was the result.

6144. In that respect, has the inquiry had a good effect in the way of eliciting evidence?—Certainly.

6145. When there is an inquiry and there is reason to believe that there has been arson, what is the form of verdict generally brought in?—Arson against some person or persons unknown, as a rule. In a recent case, where it was undoubtedly arson, the coroner's jury did not bring it in as arson.

6146. Houses are set on fire generally for the purpose of fraud on insurance companies?—Mostly; and sometimes to cover crime.

6147. Have you known of such cases?—Yes, both to cover murder and to cover burglary or robbery.

6148. The insurance companies you say in some cases refuse to insure persons who may be likely to set their houses on fire?—Yes, they exercise a very wise discretion, which is good for their neighbours. If a man has a shop, the contents of which are uninsured, and he gets into financial difficulties, he does not set fire to it and thereby sacrifice or at least jeopardise the lives of persons living in the rooms above.

6149. The discretion which the insurance companies exercise is good for the neighbours as well as for themselves?—Yes, as well as for themselves; for the neighbours of the people who are endeavouring to be insured.

6150. The jury frequently, I imagine, append riders to their verdicts?—In the City of London they do, and some of them are very valuable.

6151. As affording suggestions for the avoidance of fires?—Yes.

6152. With regard to precautions, you suggest that there is danger from the want of fireguards where there are children?—Yes.

6153. Is that of very frequent occurrence?—Yes; danger of children falling in the fire, and of sparks coming out from the fire, especially among the poorer classes. Fire guards should be fitted to the grates of all rooms usually occupied by children, or where children are likely to be left alone.

6154. An inquest is not held in the case of every fire, I apprehend?—No.

6155. Do you hold an inquiry in the case of every fire?—The coroner does.

6156. But you?—Personally either myself or my officers, according to the magnitude of the fire. I hold a sort of inquiry, brief or lengthy, according to the circumstances. A coroner can put questions to the owner of property which I could not put without serious risks as to the results. We always satisfy ourselves as far as possible as to what the cause of the fire is.

6157. Then what is the practice? You inquire into the cause of the fire. Do you report the matter to the coroner?—I should report the matter to the coroner if I saw any circumstances which led me to suppose that there was mischief; but it would be almost superfluous, because the coroner's officer is informed by the police of any fire in the City of London, and the coroner's officer makes a preliminary investigation.

6158. Independently?—Independently.

6159. Nevertheless, you report fires?—I should, as a matter of courtesy.

6160. Then, of course, you or your officer attends at the fire inquest?—I attend under subpœna.

6161. But not otherwise?—No, not otherwise.

6162. (*Mr. Bramsdon.*) I take it that you are of opinion that the holding of these fire inquiries act as a deterrent?—Absolutely.

6163. Can you tell us whether you think the holding of these public inquiries has reduced the number of fires in the City of London?—I think it has. There is not only fewer fires, but fewer serious fires; this, however, does not arise from the inquests, but from the greater efficiency of the London Fire Brigade.

6164. Do you correspondingly think that if similar inquiries were held throughout the country they would also reduce the numbers there?—I think they would.

6165. Do you think there would be any harm or injury to the honest trader by holding public inquiries?—Not in the least. An honest man can always face an inquiry of that sort. And may I add, that if it were the law every man would respect it and his neighbours would know the reason of an inquiry—that he was merely complying with the law.

6166. Do you think that an honest trader would be only too glad to give his explanation?—I have always found it so.

6167. Are there many serious fires that take place in which deaths have only just been avoided?—That is so. There was a recent one in Cornwall, only a few days ago.

6168. And an inquiry which prevented cases, therefore, of serious fires would prevent loss of life in a number of cases in future?—It would tend to considerably reduce them.

6169. Following on the chairman's suggestion, valuable riders would no doubt follow from inquiries into these serious cases?—Yes.

6170. And they would be acted upon in future in dwellings or other cases, and so prevent future fires?—It is quite possible, and I think probable.

6171. If a criminal knew that he had to face a jury in case of a serious fire, would that not act as a deterrent?—He would think twice about committing the crime.

6172. You think, I take it, that the City Fire Inquest Act is a most valuable one?—I consider it a very valuable one indeed. I certainly think that the existence of the Fire Inquests Act has reduced to an appreciable degree the fires within the area of the City jurisdiction.

6173. Have you any criticisms that you want to offer upon it?—No, I do not think so.

6174. You think it works well?—I think it works exceedingly well.

6175. Are the authorities in the City satisfied as to the working of the Act, so far as you know?—I have heard no complaint. I would only suggest that I have heard the question raised whether it should be held by a magistrate or the coroner. I am very much in favour of its being held by the coroner, because he has already the machinery at hand. Coroners appear to manage the question of deciding in cases of death very well in consultation with medical men. I think, therefore, they should be left to decide in consultation with the local fire chiefs or other experts they may call upon for assistance.

6175*a*. Are you of opinion that these inquiries present greater technical difficulties than inquests on bodies?—I certainly do, but think the existing machinery capable of bearing the strain. Coroners have great general experience, and can always obtain expert evidence.

6176. (*Chairman.*) Your experience extends over 30 years?—Yes.

6177. The Act has been in force about 20 years?—Yes.

6178. Therefore you can, as it were, compare the state of things before the Act was passed with the state of things since?—I was not so actively employed 20 years ago as I am now. Then it was a voluntary thing; now I am employed officially. It was my hobby; now it is my profession.

6179. Still your experience goes back so far that you can say whether fires were more frequent in the first 10 years of your experience as compared with the last 10 years?—Speaking from memory I think the loss of life from fires has been considerably reduced of recent years.

6780. How do you connect that with the fact that fire inquests are held?—People are more educated.

6781. That is another cause?—Yes, that is another cause.

6182. Do you think the fact that there is an inquest is one of the causes which contribute to the reduction?—Yes.

6183. Is there anything else you would like to say?—I am of opinion that the value of these inquiries would be greatly enhanced if the law was amended so as to permit shorthand notes to be taken.

6184. When you say that you think it would be advisable that there should be similar Acts for other parts of the country, do you refer to towns or country districts?—I suggest that there should be one Act which should be applicable to the entire country—not other Acts.

6185. You make no distinction between town and country?—No; a fire is a fire wherever it takes place.

6186. (*Mr. Bramsdon.*) Would you recommend that discretion should be given to county and borough councils to adopt the Act; or would you make it compulsory throughout the kingdom?—I would certainly make it compulsory.

6187. Can you give us any reason for that?—Because a man who wanted to fire his premises would choose a locality where the Act did not apply.

6188. And certain county and borough councils might not adopt the Act for sundry reasons, some of which may not be perhaps of the best?—For local and personal reasons very often.

6189. (*Chairman.*) Can you say whether there is generally in England a disposition and desire to adopt the Act. Have you any means of knowing?—No, I could not suggest that. I should think it would meet with the approval of any thinking person.

6190. (*Mr. Bramsdon.*) Have you any knowledge of recommendations by the Associated Chambers of Commerce in the kingdom?—No, I have heard of nothing.

The witness withdrew.

APPENDICES TO PRECEDING EVIDENCE.

CONTENTS.

APPENDIX No. 1.

LETTER AND QUESTIONS ADDRESSED BY THE COMMITTEE TO THE CORONERS OF ENGLAND AND WALES.

Home Office, Whitehall,
24th December 1908.

SIR,

I am directed by the Chairman of the Committee appointed by the Secretary of State to inquire into the law relating to Coroners and Coroners' Inquests and into the practice in Coroners' Courts to say that it will be of great assistance at the outset of the inquiry if the Committee can have before them information as to the opinions and the experience of Coroners on the points raised in the accompanying paper.

I am accordingly to request that you will be so good as to favour the Committee with your observations in reply to the questions set out on the paper. It will be of great convenience if your reply can reach me at as early a date as may be possible, and at latest within a month from now.

I am, yours faithfully,
J. F. MOYLAN,
Secretary to the Committee.

The Coroner for

Questions.

1. With regard to the requirement (Coroners' Act, 1887, s. 4 (1)), that the Coroner and Jury shall view the body, do you consider (1) that the requirement should be dispensed with altogether (*a*) in the case of the Coroner, (*b*) in the case of the Jury; or (2) that the Coroner should have a discretion as to (*a*) viewing the body himself, (*b*) requiring the Jury to view?

2. Are you of opinion that a Coroner, before deciding in a given case whether to hold an inquest, should have power to direct a post-mortem examination as a preliminary step?

3. When a post-mortem examination is directed either as at present (Coroners' Act, 1887, s. 21), or in pursuance of the suggestion in the foregoing question, do you consider that it should be entrusted to the medical practitioner engaged or concerned in the case, or should further provision be made for examination by an independent expert in special cases?

4. What is the practice in your Court as to the payment of Jurymen, and have you any suggestions to make on the subject?

5. It has been suggested that it might be desirable to reduce the number of persons necessary to constitute a Jury at an inquest. Do you consider that this suggestion should be adopted, and if so, what number of Jurymen do you consider should be (*a*) summoned, (*b*) sworn.

6. Coroners are at present empowered (Coroners' Act, 1887, s. 4 (5)), to accept a verdict of any twelve of the Jury. Are you of opinion that they should not be empowered to accept anything short of a unanimous verdict, or do you consider that the verdict of a majority is satisfactory?

7. Have you any suggestions to make as to (*a*) payment* of witnesses, or (*b*) orders for the production of documents or exhibits, or is the present law sufficient?

8. In the City of London, in the case of loss or injury by fire, even though no deaths result, the Coroner, (*a*) *may* hold an inquest, if on the Report of the Chief Officer of Police he thinks it expedient; and (*b*) *must* hold an inquest if ordered to do so by the Lord Chief Justice or a Secretary of State (51 & 52 Vict. ch. xxxviii). Are you of opinion that it would be advantageous to extend this or some similar system to the country generally?

9. Do you consider that the jurisdiction of the Coroner to inquire into Treasure Trove (Coroners' Act, 1887, s. 36), should be continued, or might it advantageously be transferred to some other tribunal having jurisdiction to determine questions of title?

10. Should the Coroner continue to have power (cf. Coroners' Act, 1887, s. 15), to act in place of the Sheriff in certain cases in executing the process of the High Court, or might this jurisdiction advantageously be transferred to the County Courts.

11. In your experience have any difficulties arisen from the present system of death certification, or does the system work satisfactorily?

* Please enclose a Schedule of the payments you are authorised to make.

APPENDIX No. 2.

Handed in by Mr. Brooke Little. (*See* Q. 642.)

ENGLAND AND WALES.

TABLE showing the NUMBER of DEATHS and INQUESTS and the proportion of Inquests per 1,000 Deaths for the period 1856—1907.

Year.	Number of Deaths.	Number of Inquests.	Inquests per 1,000 Deaths.	Year.	Number of Deaths.	Number of Inquests.	Inquests per 1,000 Deaths.
1856	390,506	22,221	57	1882	516,654	27,513	53
1857	419,815	20,157	48	1883	522,997	28,725	55
1858	449,656	19,846	44	1884	530,828	28,603	54
1859	440,781	20,531	47	1885	522,750	28,181	54
1860	422,721	21,178	50	1886	537,276	28,940	54
1861	435,114	21,038	48	1887	530,798	30,030	57
1862	436,566	20,591	47	1888	510,971	29,057	57
1863	473,837	22,757	48	1889	518,353	29,675	57
1864	495,531	24,787	50	1890	562,248	32,027	57
1865	490,909	25,011	51	1891	587,925	32,816	56
1866	500,689	24,926	50	1892	559,684	32,254	58
1867	471,073	24,648	52	1893	569,958	33,227	58
1868	480,622	24,774	52	1894	498,827	32,059	64
1869	494,828	24,709	50	1895	568,997	34,688	61
1870	515,329	25,376	49	1896	526,727	33,289	63
1871	514,879	25,898	50	1897	541,487	34,556	64
1872	492,265	25,705	52	1898	552,141	34,541	63
1873	492,520	26,427	54	1899	581,799	37,026	64
1874	526,632	27,184	52	1900	587,830	37,076	63
1875	546,453	28,587	52	1901	551,585	37,184	67
1876	510,315	26,845	53	1902	535,538	36,092	67
1877	500,496	26,287	53	1903	514,628	35,861	70
1878	539,872	27,628	51	1904	549,784	36,269	66
1879	526,255	27,056	51	1905	520,031	36,027	69
1880	528,624	26,588	50	1906	531,281	36,570	69
1881	491,935	27,466	56	1907	524,221	36,756	70

APPENDIX No. 3.

Submitted to the Secretary of State by Dr. Hewitt and referred to the Committee. (*See* Q. 1180.)

DRAFT BILL FOR AN ACT TO REGULATE THE ADMINISTRATION OF GENERAL ANÆSTHETICS.

MEMORANDUM.

The object of this Bill is to protect the public, so far as possible, against deaths arising directly or indirectly from the action of general anæsthetics—a class of drugs employed for producing unconsciousness during surgical and medical operations, acts and procedures.

The three following facts indicate the need for this legislative protection:—

1. General anæsthetics are for the most part powerful poisons.

2. They are constantly being used upon a vast and increasing scale throughout the country.

3. A considerable and increasing number of fatalities are annually taking place in connection with their administration.

The promoters of the present Bill are of opinion that the solution of the problem of reducing the number of deaths wholly or partly referable to anæsthetics is to be found in a careful study of the circumstances and symptoms which have attended the deaths hitherto recorded. Such a study clearly seems to them to indicate that if general anæsthetics are to be safely and successfully administered for surgical or medical purposes it is essential that in every case the administrator shall be a person who has received a fundamental or general medical education. This Bill therefore proposes to make it a penal offence (save under certain circumstances herein specified) for any person other than a legally qualified medical practitioner to administer a general anæsthetic for a surgical or medical operation, act, or procedure, or during child-birth.

GENERAL ANÆSTHETICS ACT, 1909.

An Act to regulate the administration of general anæsthetics.

Be it enacted by the King's most Excellent Majesty by and with the advice and consent of the Lords Spiritual and Temporal and Commons in the present Parliament assembled and by the authority of the same as follows:—

1. Any person other than a legally qualified medical practitioner registered under the Medical Acts who shall wilfully administer or cause to be administered to any other person, by inhalation or otherwise, any drug or substance, whether solid liquid vaporous or gaseous and whether pure or mixed with any other drug or substance, with the object of producing a state of

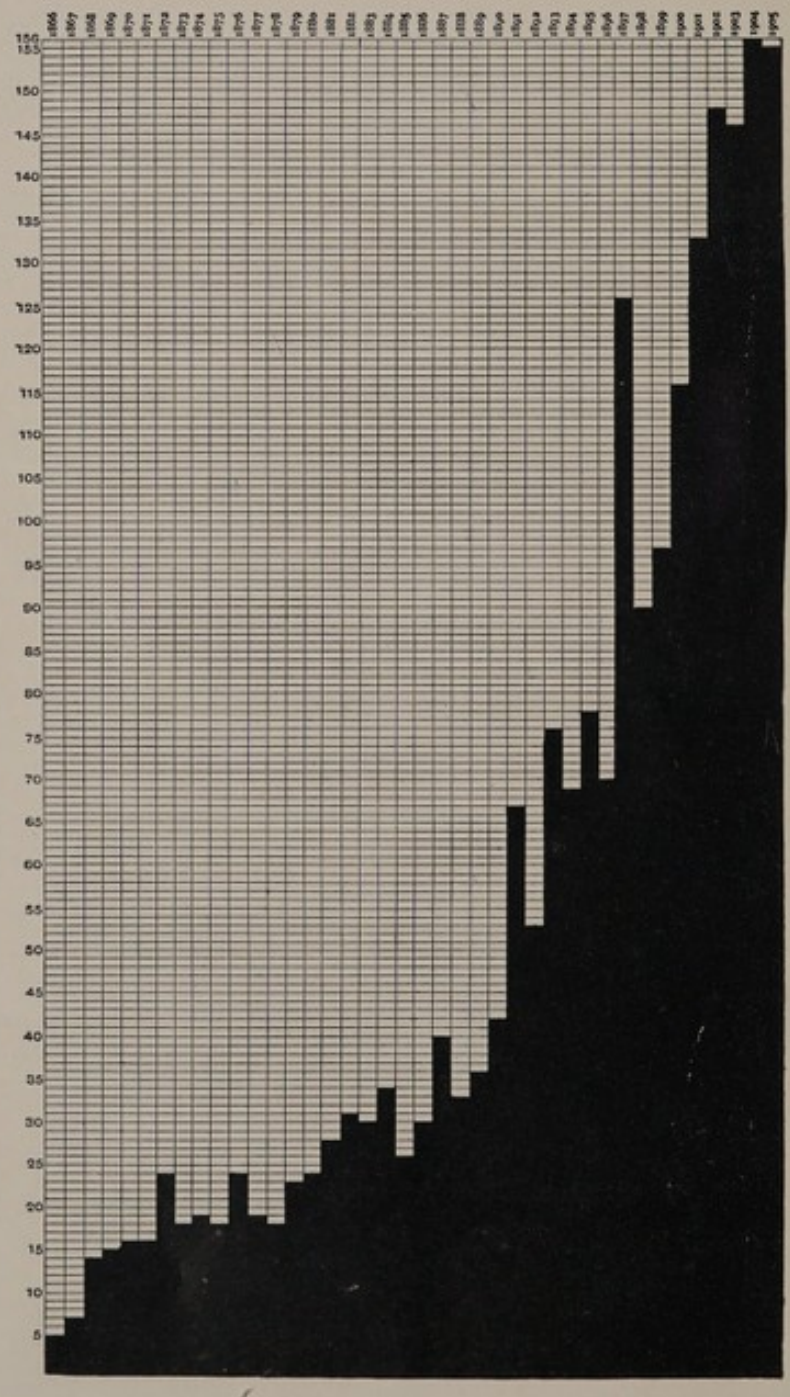
To face p. 221.]

APPENDIX No. 4.

Handed in by Dr. Hewitt.

(*See* Q. 1351.)

DIAGRAM showing Deaths from "Anæsthetics for Operations" in England and Wales from 1866 to 1905 inclusive (constructed from the Reports of the Registrar-General for Births, Deaths, and Marriages).



unconsciousness during any medical or surgical operation, act, or procedure, or during child-birth shall be liable on conviction before a Court of Summary Jurisdiction for such offence to a penalty not exceeding 10*l.* and in the case of a second or subsequent conviction to a penalty not exceeding 20*l.* Provided always that a person shall not be liable to a penalty under this section if in conducting such administration he was acting under the immediate direction and supervision of a legally qualified medical practitioner, or if the circumstances attending the administration were such that he had reasonable grounds for believing and did believe that the delay which would have arisen in obtaining the services of a legally qualified medical practitioner would have endangered life.

2. This Act shall not apply to any person who having been registered under the Dentists Act 1878 before the passing of the present Act shall administer any drug or substance with the object of producing a state of unconsciousness during any dental operation, act or procedure.

3. The expression "Court of Summary Jurisdiction" in this Act shall have the same meaning as in subsection 11 of section 13 of the Interpretation Act 1899 In Scotland it shall mean any Justice of the Peace and also the Sheriff. The expression "the Medical Acts" shall mean the Medical Act 1858 and any Acts amending the same passed before the passing of this Act.

4. This Act may be cited as the General Anæsthetics Act 1909.

APPENDIX No. 5.

Handed in by Dr. Buxton. (*See* Q. 1608.)

NOTES RELATING TO A DEATH REPORTED TO HAVE ARISEN FROM ANÆSTHESIA.

Please hand to Coroner at Inquest.

Name _____ Age _____ Sex _____

Date of Death _____ Place _____

1. What anæsthetic or anæsthetics were administered, and what influenced your choice?

2. Where and when was the anæsthetic administered?

State if in an operating theatre, casualty room, out-patient department, or private house?

3. What was the temperature of the operating room. Had the room, previous to the operation, been well ventilated?

4. Was the anæsthetic given by artificial light? State what kind. If gas, was the flame exposed?

5. For what purpose was the anæsthetic administered? State nature of operation, with name and address of surgeon operating.

6. How many patients were placed under anæsthesia by you that day, and how much time was occupied in producing complete anæsthesia in each case?

7. Was there any, and if so, what reason, for administering the anæsthetic quickly?

8. How was the anæthetic administered? If by means of an inhaler, state what kind and make.

9. How was the mixture of air with the vapour of the anæsthetic secured, and in what proportion?

10. What quantity of the anæsthetic was used?

(*a*) From the beginning of the administration until complete anæsthesia was produced.

(*b*) From then until the administration was stopped.

(*c*) Was the anæsthetic applied by drops or by measurement?

11. How was the deceased prepared for the anæsthesia? (*re* food, clothing, &c.)

Was there any mechanical or other obstruction to the respiration?

12. What was the condition of the heart, lungs, and kidneys of the deceased, previous to the administration?

Were you satisfied that the patient was in a safe condition to be placed under the anæsthetic?

Had the patient previously been under anæsthesia?

13. Was the deceased, at the time of the administration, suffering or recovering from any acute or chronic illness, or from alcoholism?

14. Was the deceased excited or violent during the first stage of narcosis?

15. Was the pulse and respiration watched during the administration, and if so, by whom? State the conditions observed.

What was the state of the pupils, and of reflex irritability generally?

16. At what period during the administration of the anæsthetic was the first symptom of impending death noticed? What was it?

Did deceased vomit at any time? If so, when and how often?

17. Did the deceased die *during* the administration of the anæsthetic? If not, how long after it had been discontinued?

Was the operation then completed? If so, for how long?

18. What efforts were made to restore animation, and how long were they continued?

19. To what *immediate* cause do you yourself attribute the sudden death of the deceased?

20. In how many cases have you given an anæsthetic previously? If any fatal cases, say how many?

Signed _____ *Qualifications* _____

Address _____ *Date of P.M.* _____

[*Continued on next page.*

Synopsis of the Post-mortem Appearances that have been observed in cases of Death from Chloroform or Ether Poisoning produced by Inhalation.*

	Death from Chloroform.		Death from Ether.
	Sudden.	Protracted.	
Decomposition	Sets in early; extensive dark-livid post-mortem stains in depending parts; blood contains air-bubbles.	The same	Onset less rapid; hypostatic discolouration well-marked; air-bubbles in blood less constant.
Rigor mortis	Well-developed; lasts a conderable time.	The same	The same.
Peculiar smell of inhaled gas.	Seldom noted; entirely absent after 24 hours after death.	Absent	Noticeable for a long time in brain, lungs, liver, and kidneys.
Face	In some cases cyanosed; in others pale.	The same	The same.
Pupils	Of medium width; equal	The same	The same.
Conjunctivæ; lips, mouth, tongue.	No pathological changes	The same	The same.
Scalp	Venous congestion	The same	The same.
Meninges, brain, medulla oblongata, and spinal cord.	Congested; sometimes blood-stained.	The same	The same.
Pharynx	Mucous membrane congested	No pathological changes.	Mucous membrane much congested, sometimes swollen.
Larynx and trachea and bronchi.	Congested; much post-mortem discoloration; more or less numerous sub-mucous ecchymoses.	The same	Mucous membrane much congested, swollen and covered with glassy mucus; numerous sub-mucous ecchymoses; much post-mortem discolouration.
Lungs	Venous congestion; moist; blood in pulmonary veins often containing air-bubbles.	Marked venous and hypostatic congestion.	Much active and hypostatic hyperæmia; œdema; broncho-pneumonic consolidation.
Pleura	Sub-pleural ecchymoses	The same	The same.
Heart	Relaxed, flaccid, empty; or right ventricle and auricle distended with blood; wall of right ventricle often found thin and showing fatty infiltration; sub-epicardial ecchymoses at the base, especially at the back.	Parenchymatous, or fatty degeneration of the heart muscle besides the other changes already enumerated.	Numerous sub-epicardial ecchymoses at the base, especially at the back; fatty changes in heart-muscle less pronounced.
Blood	Dark, fluid	Loose, black-currant jelly-like clots in heart and large vessels.	Dark, thick, fluid.
Pericardium	Sub-pleural ecchymoses	The same	The same.
Œsophagus, stomach, intestines, peritoneum.	No pathological changes	The same	The same.
Liver, spleen	No pathological changes	Parenchymatous degeneration.	No pathological changes.
Kidneys	No pathological changes	Parenchymatous or fatty degeneration.	No pathological changes.
Muscular system	No pathological changes	Parenchymatous or fatty degeneration.	No pathological changes.
Thyroid body, thymus; supra-renal capsule.	In children these organs sometimes contain petechial hæmorrhages.	The same	The same.
Pancreas	No pathological changes	The same	The same.
Genital organs	No pathologial changes	The same	The same.

* Pathological changes obviously due to pre-existing diseases have been omitted from this compilation.

¶ In 10 cases of death from chloroform poisoning, chloroform was found in the œsophagus, stomach, duodenum, and intestines, 4 times.
" " " " " " " heart substance, 5 times.
" " " " " " " lungs, 6 times.
" " " " " " " blood contained in the heart, 6 times.
" " " " " " " liver, kidneys, and spleen, 7 times.
" " " " " " " brain, 8 times.

[¶Prof. A. Lesser, Viertelj. f. ger. Med. vol. XVI.]

[*Continued on next page.*

NOTES on POST-MORTEM EXAMINATION.

A.—External Examination.

State of Decomposition; Rigor Mortis; Post-mortem Hypostasis; Peculiar Smell of inhaled Gas.

Condition of Skin; Face; Pupils; Conjunctivæ; Lips; Tongue; Mouth.

B.—Internal Examination.

Scalp; Skull; Meninges; Brain; Medulla Oblongata; Spinal cord.

Larynx; Trachea; Bronchi.

Lungs; Pleura.

Pericardium; Heart; Blood.

Pharynx; Œsophagus; Stomach; Intestines; Peritoneum.

Liver; Spleen; Kidneys.

Thyroid Body; Thymus; Supra-renal Capsules; Pancreas.

Genital Organs; Muscular System.

Summary; Cause of death.

_____

Date _____ *Signed* _____ *Qualifications* _____

Address _____

APPENDIX No. 6.

(*See* Q. 2030.)

CITY OF LONDON FIRE INQUESTS ACT, 1888. (51 & 52 Vict., Ch. xxxviii.)

An Act to define the Jurisdiction and to regulate the Proceedings of the Coroner of the City of London with regard to Inquests upon Fires within the said City. [28th June 1888.]

WHEREAS the origin of many fires taking place within the city of London is undiscovered:

And whereas it is desirable that better provision should be made for inquiry respecting the same:

May it therefore please Your Majesty that it may be enacted and be it enacted by the Queen's most Excellent Majesty by and with the advice and consent of the Lords Spiritual and Temporal and Commons in this present Parliament assembled and by the authority of the same as follows (that is to say):—

1. This Act shall be cited as the City of London Fire Inquests Act 1888.

2. In case of loss or injury by fire within the city of London and the liberties thereof situate in the county of Middlesex it shall be the duty of the Coroner for the said city to consider any report which may be made to him as hereinafter provided by the Commissioner of City Police or the Chief Officer of the Metropolitan Fire Brigade and a coroner's inquest shall be held respecting the same if either—

The Lord Mayor for the time being
The Lord Chief Justice of England or
One of Her Majesty's Principal Secretaries of State so order or
If the Coroner be of opinion that proper cause for such an inquiry exists.

3. In any case where loss or injury by fire within the city of London and the liberties thereof has been brought to the knowledge of the Commissioner of City Police or the Chief Officer of the Metropolitan Fire Brigade it shall be the duty of the said Commissioner or the said Chief Officer forthwith to report the same to the Coroner of the city of London.

4. For the purpose of holding such inquest the Coroner and his deputy shall respectively have and lawfully exercise the same jurisdictions authorities functions powers duties and obligations for compelling the attendance of jurymen witnesses and others of administering oaths taking recognizances taking evidence making payments and allowing expenses and of doing all and any judicial magisterial formal or necessary act in all respects as they now have with regard to inquests upon view of a dead body.

5. Such inquest shall be held in the same manner with regard to the number and constitution of the jury the qualifications of the jurymen the mode of examining witnesses and taking their despositions and in all other respects as nearly as may be as if it were an inquest held by the said Coroner or his deputy upon view of a dead body.

6. Upon such inquest the Coroner or his deputy shall inquire into the cause and circumstances of such fire and all matters connected therewith and the means for preventing the same as to the said Coroner or his deputy holding such inquest shall seem fit and also whether there is ground for believing that such fire was caused by the wilful and unlawful act of any person or persons whether known or unknown under such circumstances as to render such person or persons guilty of arson and if such person or persons be known and the evidence shall warrant it the jury may find a verdict of arson against such person or persons in order that he or they may be placed on his or their trial for such offence and such verdict and inquisition shall have the force and effect of an indictment:

Provided that if any person with regard to whom such verdict shall have been found shall not have been present at the inquest he shall be taken before a magistrate sitting at the Mansion House or Guildhall justice rooms as an accused person to answer such charge.

7. The Coroner or his deputy holding such inquest shall take down in writing and sign the depositions of the witnesses.

8. Within seven days after the termination of such inquest the Coroner or his deputy whichever shall have held the inquest shall report in writing to the Lord Mayor and to the Home Secretary the result of the inquest and shall send a copy of the depositions and any remarks thereon as may be deemed necessary.

Copies of the report or depositions shall be supplied by the Coroner to any person demanding the same upon payment of two pence per folio of seventy-two words.

9. For the purpose of such inquest the Coroner or his deputy and the jury and such person or persons as the jury may require for their assistance may enter and view any premises or place within the said city of London and the liberties thereof situate in the county of Middlesex where the fire has happened or where it may be suspected to have originated and have all reasonable access through other premises within the aforesaid limits for that purpose.

10. The costs charges and expenses preliminary to and of and incidental to the preparing of and applying for and the obtaining and passing of this Act shall be paid by the mayor commonalty and citizens of the city of London.

APPENDIX No. 7.

Handed in by Dr. Waldo. (*See* Q. 2061.)

FORMS IN USE IN CONNECTION WITH FIRE INQUESTS.

Forms.

1. Post Card to Ward Beadle.
2. Officer's Report Form.
3. Warrant to Officer to Summon Jury.
4. Deposition Form.
5. Inquisition Form.
6. Vouchers for Disbursements.
7. Report Form for Coroner to send to Lord Mayor and Home Secretary.

1.

Coroner's Office,
Golden Lane, E.C.

_____ 19

Sir,

Re fire at _____

on _____

Please make the usual enquiries and submit your Report to the Coroner without delay.

Yours faithfully,

_____

Coroner's Clerk.

2.

CITY OF LONDON FIRE INQUESTS ACT, 1888.

Coroner's Officer's Report concerning a fire.

Place and floor.

Time, day, and date.

Name and business of occupier.

Owner of premises.

Residence of owner.

If the premises are insured state name or names of insurance office or offices, dates of policy or policies, number of policy or policies and amount.

Damage to premises.

Damage to contents.

Give the cause or supposed cause of fire, stating whether there are any suspicious circumstances.

Is smoking known?

If fire occurred after premises were closed, state—

(*a*) time of closing.
(*b*) by whom closed.
(*c*) where keys left.

Who discovered fire?

Who called fire brigade and how?

State whether any previous fires on same premises. If so give particulars.

Has owner or occupier of premises had fire anywhere else? If so, state particulars.

General description of building. State whether there is a basement and give number of storeys and height of building. State whether there are lifts. whether stone or wooden staircase, and *what means of exit in case* of fire (that is, trap-door with fixed or unfixed ladder, windows, doors, parapets, &c.).

What precautions against outbreak of fire are taken? *E.g.* hydrants, private fire brigades, automatic alarms, &c.

General remarks.

(Officer should state how many persons occupy the premises at night and how many work there during day, giving number of males and females; also what means of artificial light, heating for trade and show purposes, there are, &c., &c.).

_____

_____

_____

Signature, date and address of officer making this report?

_____

_____

_____

3.

INQUEST at o'clock, on day noon. To the Constables, Headboroughs, and Beadles of the Ward of in the City of London.

CITY OF LONDON to wit. } BY Virtue of my office, These are in His Majesty's Name to charge and command you that, on Sight hereof you summon and warn twenty-three able and sufficient Men of your Ward, personally to appear before me, on day, the day of 190 at of the clock in the noon, at the Coroner's Court, Golden Lane, Barbican, St. Giles, Cripplegate, in the said City, then and there to do and execute all such things as shall be given them in charge, on behalf of our Sovereign the King touching the burning of certain premises situate and being at

in the said City; and for so doing this is your Warrant. And that you also summon and warn to be and appear at the said Inquest, at the same time and place, all witnesses whom you may be credibly informed can give material evidence touching the fire; and that you attend at the Time and Place above mentioned, to make return of the Names of the Persons whom you shall have so summoned.

And further to do and execute such other matters as shall be then and there enjoined on you; and have you then this Warrant. GIVEN under my hand and seal day of in the year of our Lord One Thousand Nine Hundred and .

_____ (L.S.)

Coroner for the City of London.

To Mr. ,

Constable.

[*Continued on next page.*

NAME and ADDRESSES of JURORS summoned to attend INQUEST as per WARRANT on other side.

	Names.	Addresses.	Observations.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

4.

DEPOSITIONS

Of Witnesses taken and acknowledged on behalf of our Sovereign Lord the King at the Coroner's Court, Golden Lane, Barbican, in the Parish of St. Giles, Cripplegate, in the City of London aforesaid, on

CITY OF LONDON to wit. the day of One Thousand Nine Hundred and , before FREDERICK JOSEPH WALDO, Esquire, His Majesty's Coroner for the said City, touching the burning of certain premises, situate and being at

5.

CITY OF LONDON to wit. AN INQUISITION, taken for our Sovereign Lord the King, at the Coroner's Court, Golden Lane, Barbican, in the Parish of St. Giles, Cripplegate, in the City of London, on the day of , 190 before Frederick Joseph Waldo, Esquire, Coroner of our Lord the King, for the said City, under the Provisions of the City of London Fire Inquests Act, 1888, upon the oath of and affirmation of good and lawful men of the said City duly sworn and affirmed to inquire for our said Lord the King, when, how, and by what means certain premises situate and being at

in the said City, were lately burnt, and those of the said Jurors whose names are hereunto subscribed, upon their oaths and affirmation do say:—That

IN WITNESS whereof as well the said Coroner as the said Jurors have hereunto subscribed their hands and seals the day and year and place first above written.

Coroner Foreman.

6.

No._____.

CITY OF LONDON FIRE INQUESTS ACT, 1888.

VOUCHER FOR CORONER'S DISBURSEMENTS on holding an inquest under the Above Act, on the _____ day of _____ 190 concerning a fire which occurred at _____

	£	s.	d.	Receipts of the Parties testified by their Signatures.
OFFICER.				
For summoning Jury and attending Inquest - - -				
„ attending Adjournment ____ days - - -				
„ summoning ____ Witnesses - - - -				
„ swearing ____ Witnesses - - - -				
„ Coach Hire or Travelling Expenses to _____				
SPECIAL OR EXPERT ASSISTANCE.				
JURY ____ in number - - - - -				
WITNESSES:— Names. / No. of Days. / Distance.				
TOTAL - - - -				

Coroner's signature _____

7.

CITY OF LONDON FIRE INQUESTS ACT, 1888.

Date of Inquest.	Premises burnt.	Verdict of Jury.

(Signed) _____

Coroner for the City of London.

Coroner's Office,
Golden Lane, E.C.

_____ 19

To
The Right Honourable
(The Lord Mayor) *or*
(His Majesty's Principal Secretary of State).

CITY OF LONDON FIRE INQUESTS ACT, 1888.

(My Lord Mayor) *or*
(Sir)

In accordance with the requirements of this Act I have the honour to report to you the result of an inquest held by me on the instant. The particulars are attached.

I have the honour to be,
(My Lord Mayor) *or*
(Sir),
Your obedient servant,

Coroner for the City of London.

APPENDIX No. 8.

Handed in by Dr. Waldo. (*See* p. 81.)

ADDRESS entitled:

CITY FIRES FROM A CORONER'S POINT OF VIEW.

Delivered originally before the United Wards Club of the City of London, on Wednesday the 21st November 1906.

By F. J. WALDO, Esq., M.A., M.D., J.P.,

(Coroner for the City of London), Barrister-at-Law.

GENTLEMEN,

THE subject of fires will not be altogether unfamiliar to the United Wards' Club, which has honoured me by the invitation to read an address to-night on some matter of general interest. The lecture of Lieutenant-Colonel Fox upon the work of the London Salvage Corps will still be fresh in your minds. His limelight pictures served admirably to illustrate his subject and to convey a vivid impression of the dangers and difficulties that surround his arduous profession. A similar means of graphic illustration is, unfortunately, not within my reach, and I must accordingly ask your indulgence for a series of observations of a somewhat dry-as-dust nature, but which I will endeavour to present to you in a concise and simple fashion. At the same time it need hardly be said that I shall do my best in responding to the specific invitation of our Committee. Knowing the difficulty and delicacy of the subject, personally I should have been inclined to select something less complicated and controversial for discussion.

The crime of arson is easy to commit and hard to detect. It often affords to the dishonest the easiest escape from pecuniary difficulties, and the readiest method of obtaining money by fraudulent means. The criminal knows that the present provisions of the law against this crime are poor and ineffectual. He is further encouraged by the fact that the insurance companies are far too ready to settle claims even when doubtful or fraudulent, and are at all times loath to prosecute.

This disinclination on their part is explained by the great difficulty of obtaining evidence, the unwillingness of people to come forward to give evidence, the want of proper means for compelling them to do so, the prejudice existing in the public mind and in the minds of juries against public companies prosecuting private individuals, the unpopularity to which a prosecution exposes them, and the uncertainty of the result.

The law regarding fire inquiries of other countries may here be briefly glanced at. On the Continent and in America it is the general practice to inquire into the origin of all fires, and in most instances settlement of the claims on the insurance companies is deferred until the termination of the inquiry.

On the Continent the inquiry is held by the police, and in America by a special officer called the fire marshal, a public official who attends fires, and can call and examine witnesses on oath and prosecute before magistrates.

In the various States of the Commonwealth of Australia, as well as in the colony of New Zealand, a coroner's jurisdiction is exercised over all fires in exactly the same way as over deaths. In Adelaide, the capital of the State of South Australia, for instance, the coroner is empowered by "The Bush Fires Act, 1864," incorporated in "The Coroners Act, 1884," to "inquire into the cause and origin of any "fire, whether a bush or other fire, whereby any "building, ship, merchandise, or any stack of corn or "hay, or any growing crop, pasture, or any other "valuable effects shall be endangered, destroyed, or "damaged." In the event of a verdict of arson being given, the coroner commits the accused for trial just in the same way as in the case of murder and manslaughter. As in inquests on bodies, so in the case of inquiries into non-fatal fires, provision is made for the payment of the fees and expenses of the coroner.

It is of interest to note that an adoptive "local option" Act, known as the "Careless use of Fire Prevention Act, 1865," is in force in the State of Queensland. This Act, *inter alia*, enacts that "if any "person shall wilfully or negligently set fire to any "growing crops or to any stacks of corn, pulse, or "hay, or to any grass, and thereby the property of "any other person shall be injured or destroyed, he "shall forfeit and pay for every such offence a sum "of money not exceeding 50*l.* nor less than 2*l.*, or be "imprisoned, with or without hard labour, for any "period not exceeding three months." In the State of Victoria no coroner has jurisdiction (unless by ministerial authority) to inquire into the cause and origin of a fire until some person has paid five guineas to the coroner or some receiver of revenue.

The coroner may sit with or without a jury, and, if with a jury, the Scotch system of taking the verdict of the majority is adopted.

Clearly, everything connected with the protection of life and property from fires deserves the careful attention of all classes of the community. Under present methods there is no adequate system of skilled inquiry into the causation of fires outside the City of London. In that jurisdiction a fire is attended by the fire brigade, the salvage corps, and the police. In some cases a representative of the insurance companies also attends, and makes independent inquiries.

It is the duty of the heads of the fire brigade and the salvage corps to ascertain, as far as possible, the cause of fire. Should there be any suspicion of arson, information is given by them to the police. Obviously, an investigation of this kind is incomplete, as the evidence must be almost entirely of a circumstantial nature, and there is no power either to call witnesses or to examine on oath. In the City of London, however, an additional machinery exists in the special powers of enquiry conferred upon the coroner by a Local Act, namely, "The City of London Fire Inquests Act, 1888." No corresponding powers exist in England, Ireland, or Wales. In Scotland, however, the Procurator-Fiscal holds a preliminary enquiry into every fire upon the report of the police, and if necessary refers further investigation to the Crown. The attitude of the Procurator-Fiscal with regard to fires, differs from that of the Coroner of the City of London in the fundamental features of secrecy of investigation, and in the absence of a jury. The peculiar powers of the City of London Coroner, it should be clearly understood, apply to and include non-fatal fires. Where a coroner in any part of the kingdom has to inquire into the death at a fire or explosion, or both, he is probably within his rights if he insists upon a close investigation into the cause and origin of the fire, or explosion, or both.

The powers conferred upon the City of London Coroner are wide and complete, as may be gathered from the following definition laid down by the Act under section 6, namely, "upon such inquest the "coroner or his deputy shall inquire into the cause "and circumstances of such fire, and all matters "connected therewith, and the means for preventing "the same as to the said coroner or his deputy holding "such inquest shall seem fit, and also whether there "is ground for believing that such fire was caused by "the wilful and unlawful act of any person or persons "whether known or unknown under such circum-"stances as to render such person or persons guilty "of arson, and if such person or persons be known, "and the evidence shall warrant it, the jury may find "a verdict of arson against such person or persons in "order that he or they may be placed on his or their "trial for such offence, and such verdict and inquisi-"tion shall have the force and effect of an indictment."

It may be as well at this point to recall the fact that the office of coroner is one of great antiquity and

probably originated about the time of the Norman Conquest. In early times his functions were to enquire into and prove and try all felonies, but his powers were gradually curtailed, until in the time of *Magna Charta* he was finally deprived of the right to conduct trials, Fire inquiries appear to have been held by him up to the time of King Edward the First, at the close of the 13th century. From this period up to the year 1845 his special function as regards fires was in abeyance. At this date, however, it was revived by one of my predecessors in the post of coroner of the City of London, Mr. Sergeant Payne. During the five years 1845 to 1850 he held 71 fire inquests, of which number no less than nine were found to be wilful, 34 accidental, and 28 cause unknown. In one instance conviction followed, and two men were transported for life. This case occurred in the Southwark jurisdiction, which does not nowadays fall within the special powers of inquiry conferred by the "City of London Fire Inquests Act."

In the year 1850 Mr. Sergeant Payne discontinued holding fire inquiries in the City. His action appears to have been due to the fact that the Court of Common Council declined to pay further disbursements connected with special fire inquests, on the ground that such payments had not sufficient legal warrant.

It is interesting to note that the citizens and the insurance companies were so pleased with the result of Mr. Sergeant Payne's investigations that they presented him with a diamond star in recognition of his services.

Stimulated, doubtless, by the example set by his brother coroner, Sir John Humphreys, coroner for the County of Middlesex, held a number of fire inquiries which amounted to five or six in a single year, prior to 1860. A few others were held in various parts of the Kingdom. Amongst them came a fire inquiry, held by Mr. Coroner Herford, of Manchester, in the year 1860. At the instance of the chief constable he proceeded to investigate into the origin of a non-fatal fire. Counsel representing the owner objected that the coroner had no power to hold an inquest concerning a fire. The inquiry was adjourned and pending the adjournment the owner obtained a rule from the Court of Queen's Bench prohibiting the holding of the inquest. Since that time no British coroner has held fire inquests except in the case of the City of London where special powers were obtained 28 years later and are still in force.

As regards the leading case, *Queen* v. *Herford*, the matter was argued before the late Lord Justice Cockburn and three other judges. Their decision was that a coroner who holds an inquest on a fire is acting beyond the proper limits of his office and jurisdiction. The case was imperfectly argued, and the decision would probably have been reversed had it been carried to an appeal. However it has unfortunately been accepted and confirmed by the Coroners Act of 1887.

A few words may now be said as to the special features of the City of London Fire Inquests Act. Briefly put, it confers upon the coroner the right of making private and independent investigations on his own initiative into any case of fire reported to him by the Commissioner of City Police or the chief officer of the London Fire Brigade. His powers of preliminary inquiry are obviously much of the same kind as those applying to ordinary death inquests. It is only when the jury is sworn and the court opened that the powers of the coroner become effective and absolute. Both he and his deputy then have the right to enter and view premises, to compel the attendance of witnesses and to examine them on oath, and, generally, to exercise the same jurisdiction as when holding an inquest upon view of a dead body.

The term "arson" originally meant "the malicious "and voluntary burning of the house of another by "night or by day." That definition, however, was widened by the enactment known as "the Malicious Damage Act, 1861," and made synonymous with incendiarism, that is to say, the setting fire to houses or other buildings whether in the possession of the fire-raiser or anybody else, with the intent either to injure or defraud. The punishment for wilful fire-raising is penal servitude for life or imprisonment, and in the case of a male under 16 years of age with or without whipping. In the case of the wilful setting on fire or burning of any of H.M. Ships or goods lying in a royal dockyard the penalty is death.

The firing must be wilful and malicious, so it follows that no negligence or mischance can amount to arson unless perchance the offender in the act of committing a felony such as burglary accidentally sets fire to the burgled house, Loss of life under similar circumstances would involve a charge of wilful murder.

The desirability of some additional judicial safeguard in the case of fires is admirably set forth in the preamble of the Fire Inquests Act as follows:— "Whereas the origin of many fires taking place within "the City of London is undiscovered; and whereas it "is desirable that better provision should be made for "inquiry respecting the same," and so on.

As to the desirability of the special Act in question it may be laid down as a general proposition, to quote a pithy remark of the late Sir John Humphreys "the "advantage of the Coroner's Court is not so much "from the number of crimes detected as from the "number of crimes prevented." Persons are less likely to commit an offence if they know an inquiry from a competent officer would immediately follow. It is not easy to bring proof of these propositions either one way or the other. Mr. Sergeant Payne, however, secured one conviction out of nine cases in which his jury found wilful arson, but, on the other hand, it is impossible to estimate the amount of incendiarism that was prevented by his five years' vigorous action. Of all crimes, that of arson is probably the most difficult to bring home to its perpetrator, a fact that is well known amongst lawyers. As already remarked, there is no crime more easy to commit or more difficult to detect. The object may be to defraud an insurance company or to hide the evidences of guilt, such as theft or murder. It is only on the rarest occasions that the criminal is caught red-handed, and in most most cases the incriminating evidence is mainly circumstantial.

So far as my personal experience of fire inquiries extends I am inclined to think that one of the most valuable indirect advantages is the detection of gross or culpable negligence in the causation of fires. In cases where life is endangered or has been actually sacrificed by reckless disregard of ordinary precautions, the question arises whether the Coroner's verdict should not be strengthened by law so as to secure criminal prosecution. For instance, suppose a man to have caused an extensive fire by dropping matches carelessly amongst explosives the Coroner's jury could do nothing more than pass a censure, because the act causing the fire was not wilful and malicious, in other words: the Coroner's court can deal only with arson.

This aspect of the case seems to have been in the mind of the Select Committee of the House of Commons on Fire Protection in 1867, when they made the following recommendation: "That where in an "investigation into the origin of a fire, it has been "proved to have been caused by the culpable care-"lessness of some person or persons, such person or "persons shall be deemed guilty of a punishable "offence." The principle regarding culpable recklessness of the kind under consideration was carried to an extreme in an Act passed in the 14th year of George III., which enacted *inter alia* that "servants "by carelessness firing a house should forfeit one "hundred pounds, or be imprisoned eighteen months." This draconic enactment was actually in force until the year 1865, when it was repealed by the Metropolitan Buildings Act.

Other ways in which inquests are likely to be of value to the community are by directing attention to fire extinction and prevention, and to the saving of life.

Fire Extinction.

With regard to the means of extinguishing fires, as applied by the fire brigade, it goes without saying that a public inquiry may often elicit valuable information both as to the efficiency and to the defects of the official organisation. At the same time much good may be done by showing the occasional value of

domestic appliances of fire extinction used by the householders. Again, the efficiency or otherwise of the water supply as regards both quantity and pressure, would be elicited by inquiry.

Fire Prevention.

Systematic inquiry into fires cannot fail to bring about valuable general observations as to the resistance there may be offered to fires by suitable building construction and the use of fire-resisting materials. In this way may be demonstrated the absolute necessity of well-considered building, providing for ample and properly constructed fire exits. Another point is the safe storage of inflammable and explosive materials, such as celluloid and other substances that do not fall within the control of the Petroleum and Explosives Acts.* The importance of this point has long been recognised. There can be no doubt that many serious conflagrations have been due to the indiscriminate storing of goods in warehouses and other business premises The best and most fire-resisting structure is of little use in the face of inflammable material of this kind. By drawing attention to fires of this nature, not controlled by special legislation, it is clear that the Coroner's Court might confer a useful service to the public.

A case of reckless and indiscriminate storage of inflammable goods was investigated by me early in the present year. A man met his death in a fire caused by himself by bringing a naked candle in contact with some celluloid sheets in the basement of a Southwark factory. The cellar contained two to three hundredweight of highly-inflammable French celluloid, separated by an imperfect wooden partition from some 3,000 gallons of a spirituous proprietary compound belonging to another firm. By some extraordinary chance the fluid did not ignite, although the flames spread through the windows into the ground and first floor rooms, in which between 5,000–6,000 celluloid collars and cuffs were stored. Some thirty girls were employed on the top floor, with inadequate means of escape. Had the spirits been ignited instead of the celluloid the consequences would probably have been far more disastrous.

Life Saving.

In fatal and non-fatal fires the coroner's inquiry furnishes the public with speedy and full information as to the efficiency or otherwise of the life-saving methods adopted by the fire brigade, and of those provided by the householder for his own protection.

Procedure under the City Fire Inquests Act.

Under the oft-quoted Fire Inquests Act of 1888 the Coroner may be set in motion in the case of any given fire within the City boundary by the Lord Mayor, by the Lord Chief Justice of England, or by one of His Majesty's Principal Secretaries of State. So far as I can ascertain none of the authorities named have on any occasion exercised that particular right. Every inquest, therefore, hitherto held under the Act has rested upon the initiative of the Coroner himself.

On a fire being reported to me in the Daily Official Report of fires of the Chief of the London Fire Brigade, and in a report from the Chief Commissioner of City Police a letter is sent off by my clerk to the Beadle of the ward in which the fire has occurred asking him to make the usual inquiries and submit his Report without delay upon a printed form. I visit the burnt premises myself, and make up my mind as to whether "proper cause" for an inquest exists. If an inquest be fixed, after swearing the jury, I visit with them the scene of the fire accompanied by experts, if wanted by the jury, from the fire brigade and salvage corps, and a District Surveyor. The depositions are then carefully taken down in writing as in murder or manslaughter cases, and signed by the witnesses and myself. Within seven days after the termination of the inquest I report in accordance with the Act in writing to the Lord Mayor and to the Home Secretary the result of the inquest with any remarks thereon as may be deemed necessary. The Lord Mayor always brings my report before the Court of Common Council, and any suggestions of the jury receive careful consideration in committee often resulting in useful reforms. One of the first things arranged by me on entering office with the Commissioner of City Police and Chief Officers of the London Fire Brigade and Salvage Corps was the agreement to furnish me with information of any doubtful or suspicious circumstances coming to their knowledge and connected with any City fire. I always summon the Chief of the London Fire Brigade or one of his Divisional Officers, and the Chief Officer of the Salvage Corps, to a fire inquest, and they give valuable evidence and are afforded every opportunity of eliciting evidence from any of the witnesses. I also welcome the presence of any lawyers or representatives of the City of London, County Council, Insurance Companies, or of anybody interested in the fire.

A brief account of the fire inquests held under the provisions of the Act since its passing in 1888 up to the present time may be of interest. My predecessor in office, the late Mr. Langham, held from June 1888 till June 1901, 85 inquests, and I have held from July 1901 to 31st December 1908, 37 inquests, so that altogether 122 non-fatal fire inquests have been held under the Act.

Mr. Langham's 85 inquests resulted in verdicts of arson in 4 cases, in ascertained causes in 19 cases, and in 62 cases no conclusion at all could be arrived at. In the four cases of arson, three were directed against unknown persons, and the fourth case resulted in Zechariah Abid and Moses Valensin being committed for arson, which was followed by trial and conviction at the November (1893) Sessions of the Central Criminal Court, where they were sentenced to long terms of imprisonment.

Table.

Year.	No. of Fire inquests held under Fire Act.
1901 latter half of year	1
1902 whole year	1
1903 " "	7
1904 " "	6
1905 " "	8
1906 " "	3
1907 " "	8
1908 " "	3
	27
Fire inquests held by Mr. Langham from latter half of 1888	85
Total No. of inquests	122

The 37 inquests held by me have resulted in the cause being ascertained in 17 cases, while in 20 cases the cause of the fire remained "unknown."

Although I have made a careful and searching personal inquiry on the premises into the cause of nearly all of the City fires reported and have satisfied myself as to the cause of many reported to me as "unknown," yet I have so far only been able to detect one case of wilful fire-raising in the City.* The only other case, one of a non-fatal fire reported to me as "doubtful" seemed to be on a superficial examination of a shop with evidence of two separate fires in it, if not a clear case of arson, at least one for full investigation. Subsequently, however, it turned out that the premises were just outside the City boundaries, and therefore, outside my jurisdiction. The explanation of the present scarcity of arson in the City nowadays, is, I think, largely due to the increased apprehension of would-be fire raisers of discovery in consequence of a possible judicial

* Illustrative cases also under the Acts are (1) Non-fatal fire inquest re fire of waggon loaded with petrol at Cornhill; and (2) "Safety Cartridge" explosion and fire inquest at Aldermanbury.

* In another case an open verdict was returned with an expression of opinion from the jury to the effect that the fire in question was a suspicious one as regards its cause.

inquiry backed by the greater vigilance of the City Police and efficiency of the Fire Brigade. Not only is there a diminution in the actual number of fires in the City, but there is also evidence of fewer serious fires nothwithstanding the fact that the fire risks are greater owing to the storage of a greater amount of inflammable materials, and the introduction of electric lighting and the use of electricity as a motive power. The following are the number of fires within the City of London as reported by the Fire Brigade for five years before and five years since the introduction of the Fire Inquests Act.

Year.	Fires.	Year.	Fires.
1884	214	1897	180
1885	172	1898	145
1886	145	1899	172
1887	175	1900	136
1888	143	1901	171
1889	177	1902	166
1890	181	1903	150
1891	222	1904	144
1892	201	1905	178
1893	190	1906	122
1894	210	1907	145
1895	235	1908	134
1896	193		

The above table shows that for the four years immediately preceding the Act the number of fires was 706, whereas for the four complete years (1902 to 1905) following the Act, the number of fires was 638 or 17 fires a year less now than formerly.

I find the number of fires in the City reported to me by the fire brigade under supposed cause "unknown" in proportion to the gross number of fires, varies in different years. For instance in the year 1902, 47 per cent. were reported as "unknown," whereas in the year 1905 25 per cent. only is the figure. In the year 1908 34 fires were reported by the fire brigade under "cause unknown," but the cause of 17 of these fires only remained unknown after further inquiry. It appears likely that the explanation of this seeming discrepancy lies in the greater care now given by the fire brigade in searching for the cause of City fires.

As regards the cause of fire in the City there is undoubtedly a great deal of carelessness in warehouses particularly with reference to the habit of smoking, to the blocking of passages with inflammable rubbish, and to the improper storage of goods. A light thrown down within premises, and less frequently from a street, is one of the most frequent causes. The statement of the secretary of the Sun Fire Insurance Company, in 1867, to the effect that the careless use of lucifer matches cost his office 10,000*l.* a year is a suggestive and significant fact. Faulty flues, often placed in close proximity to hidden wood, figures somewhat largely also in my returns, and I believe old defective electric circuits, badly fitted and imperfectly protected, are at the bottom of more fires than is generally imagined. Hot ashes and naked lights again are another frequent cause. If only occupiers would see that some responsible person went carefully over their premises before locking up, a great many fires thereby would be prevented.

In five or six cases of fires at printers, the cause of which has been reported as "unknown," I have suspected what is generally spoken of as "spontaneous ignition." In these cases the fire originated in the space between the floor and the ceiling of the room beneath, in which was found sawdust and fluffy rubbish more or less saturated with oil from the machinery and heated by gas-jets in use on the floor below. In other cases oily cotton waste has been carelessly left lying on the floor instead of being collected and removed in proper iron receptacles. One of the most valuable outcomes of the inquiries held by me into City fires has been the recommendations added by juries in the form of riders to their verdicts. In the Barbican conflagration in 1902 the jury, after a most careful investigation, lasting six whole days, arrived at the conclusion that the rapid spread of the fire was accelerated by the inability, owing to lack of full steam pressure, of the firemen to get to work immediately on the arrival of the first fire-engine from Redcross Street. The jury recommended that one fire-engine should be kept at each of the City stations with steam pressure sufficient for immediate action in readiness before starting for a fire, and asked the City Corporation to urge upon the London County Council the necessity of speedily carrying out this and other suggestions. By the adoption of engines fed by oil fuel the London County Council have since fully carried out this recommendation.

Another valuable recommendation, to the effect that the street fire-alarms be distinguished by a distinctive lamp throughout the Metropolis, has not yet been fully carried out, notwithstanding the fact that the jury who inquired into the fire that occurred at 37, Noble Street, in March last passed a similar rider. In this fire valuable time was lost over the house telephone, and from ignorance as to the whereabouts of the nearest fire-alarm. The only practical outcome of this suggestion so far is, I believe, due to Mr. George Heilbuth, C.C., a member of our club, which innovation can be seen nightly in combined fire-alarms and lamps situate in Newgate and Cannon Streets, City.*

In reply to the suggestion by the Barbican jury to the effect that the authorities might advantageously offer a reward for the most efficient automatic fire-alarm, with a view to its adoption, the London County Council declined the responsibility of determining which was the best kind of apparatus for the purpose.

A little later the late Sir Eyre Shaw, one of the highest authorities on fire prevention, in his evidence at the Queen Victoria Street fire inquest, gave it as his opinion that he was in favour of automatic fire alarms, and that they should be in direct communication with fire stations. Since the inquest held by me on the bodies of the ten young persons who lost their lives in 1902 at the General Electric Companies premises at 67, Queen Victoria Street, I have been particularly struck with the many improved means of exit provided in City houses as a direct outcome of this fire. The twelve days sitting at the Guildhall in that inquiry has also led to several other and far-reaching reforms, including the sending now of long ladders to every City fire, and the introduction into London and use of the pompier or hook ladder. I am pleased to see that attention, also, has been paid to the recommendation of the jury who "considered that Watling Street station " was totally inadequate to meet the demand of the " district in which it is situated, and that it should be " immediately reconstructed as a first rate station." The new city fire station at the corner of Cannon Street and Queen Victoria Street is now in use, and I understand motor appliances and a horsed turntable long ladder, with a reach of ninety feet, is there provided for use in the City.

Another sad and notable inquiry was held by me in 1904 concerning a fire at No. 3, Duke's Head Passage, Ivy Lane, City, which resulted in the death of seven young adults. The inquiry lasted two days and the jury made the two following recommendations :—

(1) The jury consider that the City Authorities should have full powers to inspect all buildings and compel the owners to supply a proper means of exit to roofs by fixed ladders or other adequate means of escape.

(2) For the safety and protection of the adjacent residents the jury earnestly recommend that the Authorities should now make a clear opening at both ends of Duke's Head Passage, and demolish those four old houses, so as to have a roadway from Ivy Lane into Paternoster Square, similar to Whitehart Street from Paternoster Square to Warwick Lane. The first recommendation was suggested by me in my summing up to the jury in 1902 at the Queen Victoria Street Fire Inquiry and has since been acted upon by the Amending Building Act brought in by the London County Council. With regard to the second rider I understand the City Corporation have at the present time the matter under their serious consideration. One of the practical results of this fire was the removal by the City Corporation of several obstructive posts

* Fire-indicators fixed to lamps have lately been introduced by the Corporation in the City streets on the suggestion of the London County Council. They are only useful during daylight.

from this dangerous district with its network of narrow streets.

The inquiry, lasting three days, into the electrical fires that occurred simultaneously in 1905 at Mansion House Chambers, Queen Victoria Street, and at Oxford Court, Cannon Street, resulted in the following verdict, viz., "that the fire was caused by a powerful current " of electricity, transmitted through the cables of the " National Telephone Company to the test room of the " Bank Exchange and from there to the distributing " room at Oxford Court, and that the current was " derived from a charged conductor rail of the District " Railway Company through contact or arcing between " such conductor rail and the cables of the Telephone " Company at Westminster Bridge Station."

They added to their verdict the two following recommendations :—

(1) "That the test and distributing rooms leaves great room for improvement and would suggest a greater use of non-combustible material and the use use of modern devices in all exchanges."

(2) "That special powers are required to regulate all structural and other matters connected with telephonic services."

These fires followed upon two other fires which occurred in 1902 and 1905 in the test rooms of the National Telephone Company at 57 and 59, London Wall, City, and which were probably due to the fusing of electric wires. This inquiry has been followed by the test room of the Bank Exchange at Mansion House Chambers, and that at London Wall, having been brought up to date with the provision of lightning fuse arrestors and other modern safety devices. The use of the test room at Oxford Court has been discontinued and the National Avenue Exchange in the City has been improved.

Another practical outcome of the inquiries into these fires has been the entire reconstruction of the chief telephone station of the General Post Office in Carter Lane, City.

I have held several inquests where the jury have condemned the exits both in the roof as well as in the basement and sub-basement. From my visits to burnt premises I find a large proportion of buildings in the City are without adequate exits in the event of fire.

The foregoing list of personal experiences might be considerably extended, but enough has probably been said to prove the desirability of holding fire inquests.

In 1901 a Bill to provide for the holding of fire inquests passed the first reading in the House of Commons. It was introduced by Colonel Brookfield, M.P. There has been no subsequent attempt at legislation, but the matter is now under the consideration of the Home Office, at the instigation of the London Chamber of Commerce and the Municipal Corporations Association.

In conclusion, I may say that the system of inquiry followed in the City of London seems to have proved satisfactory in its results. At any rate I think that inference may be fairly drawn in the absence of any recorded protest. Indeed to my mind the experience of the Corporation furnishes a strong argument in favour of entrusting to Coroners any extended system of public fire inquiries. In this ancient Court of Inquiry will be found an organisation fitted for a duty of that particular kind by tradition and by experience no less than by the possession of the machinery necessary for such a purpose. The general payment of coroners by salary, instead of by the case, has removed one of the most serious objections that could have been formerly advanced against their appointment to investigate the cause of fires. Finally, there remains the strong, and to my mind, well nigh unassailable argument that were the function of fire inquiry to be restored to Coroners it would be but the formal restitution of powers that have been entrusted to them for upwards of eight centuries.

APPENDIX No. 9.

Handed in by Inspector Shorthouse. (*See* Q. 2812.)

RETURN OF AMOUNTS RECEIVED BY METROPOLITAN POLICE OFFICER ACTING AS CORONER'S OFFICER FOR SUMMONING JURORS, ATTENDING INQUESTS, &C.

F. or PADDINGTON DIVISION.

1906.				1907.				1908.			
Month.	£	*s.*	*d.*	Month.	£	*s.*	*d.*	Month.	£	*s.*	*d.*
January	4	15	0	January	5	15	0	January	6	0	0
February	2	15	0	February	4	7	6	February	2	12	6
March	5	2	6	March	4	0	0	March	4	2	6
April	3	5	0	April	4	2	6	April	3	17	6
May	4	7	6	May	3	17	6	May	3	5	0
June	2	12	6	June	2	17	6	June	2	10	0
July	4	15	0	July	3	5	0	July	3	17	6
August	6	2	6	August	3	12	6	August	1	17	6
September	2	5	0	September	2	10	0	September	3	12	6
October	5	17	6	October	4	12	6	October	2	12	6
November	4	5	0	November	3	12	6	November	5	2	6
December	4	12	6	December	4	12	6	December	4	5	0
Total	50	15	0	Total	47	5	0	Total	43	15	0

Annual *average* 47*l.* 5*s.*

H. SHORTHOUSE, Inspector.

APPENDIX No. 10.

Handed in by Mr. Butterfield. (*See* Q. 2912.)

FORM OF APPLICATION FOR ADMISSION TO MEMBERSHIP OF THE INCORPORATED SOCIETY OF EXTRACTORS AND ADAPTORS OF TEETH, LIMITED.

To the PRESIDENT and COUNCIL of the INCORPORATED SOCIETY OF EXTRACTORS AND ADAPTORS OF TEETH, LIMITED.

SIRS,

I BEG to submit for your consideration the answers contained in the annexed schedule, also testimony of my respectability and local status, and request that my name may be entered on the List of Members of the Society in accordance with the rules and regulations; and I solemnly declare that I will demean myself honourably in the practice of my profession, and to the utmost of my power I will maintain the dignity and welfare of the Society, and will observe the rules thereof, and will pay the fees prescribed. I now enclose $\frac{\text{cheque}}{\text{P.O.}}$ for Two Guineas to be applied in payment of entrance fee, if elected. If I am not elected, your Society are to deduct from the Two Guineas the expenses incurred in dealing with this application and in making such inquiries as they may think necessary as to my eligibility for membership.

Yours,

_____

Address _____

_____

Witness _____

Address _____

THE INCORPORATED SOCIETY OF EXTRACTORS AND ADAPTORS OF TEETH, LIMITED.

Schedule B.

This Schedule must be filled up by the Applicant himself, and not by any other person.

Name in full.

Residence.

Addresses of all establishments where practices are carried on. If insufficient room for all, kindly send separate list attached to this form.

How long in practice on own account?

How long at present addresses (residential and business)?

Age last birthday?

Do you possess any other qualifications. If so, state what?

Who was your tutor? Give address, and state registered or unregistered. Give names and addresses of any practitioners you have been employed by, and length of time with each.

Length of time you served apprenticeship, and give date of commencement.

Do you issue any handbill, or advertise? If you do, you must send copies of such; also of any plate or sign you exhibit.

Have you ever been prosecuted for infringement of the Dentists Act, 1878? Result.

NOTE.—Assistants are not eligible for membership.

THE INCORPORATED SOCIETY OF EXTRACTORS AND ADAPTORS OF TEETH, LIMITED.

Schedule C.

Requires not less than three signatures.

We, the undersigned, have known Mr. of for a period of not less than three years. We believe him to be an honourable and respectable person, worthy of being admitted into the Incorporated Society of Extractors and Adaptors of Teeth, Limited.

Name.	Trade or Profession.	Address.

APPENDIX No. 11.

Handed in by Mr. Butterfield. (*See* Q. 2962.)

STATISTICS OF ADMINISTRATION OF ANÆSTHETICS IN ENGLAND, IRELAND, SCOTLAND, AND WALES, BY MEMBERS OF THE INCORPORATED SOCIETY OF EXTRACTORS AND ADAPTORS OF TEETH.

1909.

ENGLAND.

County.	Number of Places in each County.	Population of County. 1901 Census.	Total Number of Administrations of Local Anæsthetics during 1908.	Fee charged for "Local."	Total Number of Administrations of Nitrous Oxide Gas for 1908.	Fee for Gas.	Number of Administrations of Local Anæsthetics since Members joined the Society.	Number of Administrations of Gas since Members joined the Society.	Fatalities.	Remarks.
				s. *d.*		*s.* *d.*				
Bedford	1	174,972	138	1 6	14	5 0	680	39	Nil	
Berkshire	5	283,531	8,547	2 6	1,478	5 0	12,734	2,139	Nil	
Buckingham	6	173,061	1,900	2 0	380	7 6	6,492	1,178	Nil	
Cambridge	14	200,680	6,678	2 6	4,314	10 6	95,310	45,008	Nil	
Cheshire	18	792,913	32,138	1 6	6,384	3 6	207,468	54,704	Nil	
Cornwall	12	318,591	5,200	1 6	90	5 0	20,830	610	Nil	
Cumberland	18	266,933	20,188	1 0	2,930	3 6	52,395	10,176	Nil	
Derby	10	491,032	5,950	1 0	460	2 6	17,100	1,420	Nil	
Devon	45	664,697	57,879	1 6	857	5 6	106,860	6,913	Nil	
Dorset	4	199,968	2,750	2 0	27	7 6	9,250	108	Nil	
Durham	40	1,194,590	36,117	1 0	1,069	5 0	177,260	5,820	Nil	
Essex	9	1,062,645	22,804	2 6	841	5 0	120,525	6,088	Nil	
Gloucester	45	648,627	51,604	2 0	3,080	5 0	377,935	30,455	Nil	
Hampshire	19	768,608	12,057	2 0	1,066	5 0	15,420	5,948	Nil	
Hereford	8	112,549	1,523	2 6	350	5 0	11,700	2,200	Nil	
Hertford	2	239,760	600	2 6	100	5 0	1,800	800	Nil	
Huntingdon	1	46,750	200	2 6	100	5 0	2,000	1,000	Nil	
Kent	26	935,144	20,523	2 6	1,302	5 0	63,012	8,117	Nil	
Lancashire	309	4,437,518	278,857	1 0	52,630	2 6	2,465,880	506,900	Nil	
Leicester	10	440,932	7,730	1 6	175	5 0	68,560	1,450	Nil	
Lincoln	21	492,994	8,150	1 6	6,327	5 0	54,958	25,977	Nil	
London	163	4,536,541	81,431	2 6	12,289	5 0	465,760	92,635	Nil	
Middlesex	6	810,306	4,280	2 6	304	5 0	5,155	812	Nil	
Monmouth	11	316,864	9,352	1 0	426	5 0	46,310	3,213	Nil	
Norfolk	17	467,754	2,150	2 0	1,260	5 0	34,800	17,062	Nil	
Northampton	9	348,947	3,400	1 6	180	7 6	6,608	1,755	Nil	
Northumberland	39	603,119	19,675	1 0	570	3 6	129,914	17,807	Nil	
Nottingham	39	596,705	21,825	1 0	2,924	2 6	71,730	15,720	One Mar. 4, 1907	Under ethyl chloride.
Oxford	1	186,698	437	1 6	20	5 0	1,628	160	Nil	
Rutland	1	20,753	1,965	2 0	360	4 0	9,710	3,240	Nil	
Salop	1	259,088	580	1 6	29	5 0	3,380	174	Nil	
Somerset	18	466,193	18,168	2 0	673	5 0	88,424	4,947	Nil	
Stafford	25	1,251,910	21,193	1 6	4,914	3 6	168,194	48,394	Nil	
Suffolk	10	361,900	8,186	2 0	625	5 0	34,745	4,400	Nil	
Surrey	15	718,549	6,513	2 6	921	5 0	56,464	5,020	Nil	
Sussex	4	605,785	3,480	2 0	279	5 0	26,180	1,786	Nil	
Warwick	39	906,601	24,707	1 6	15,846	2 6	125,035	148,432	Nil	
Westmoreland	2	64,409	2,300	1 0	105	2 6	13,384	4,467	Nil	
Wilts	6	263,944	7,380	2 6	75	7 6	27,950	256	Nil	
Worcester	7	500,819	4,320	1 6	1,919	3 6	41,040	9,945	Nil	
Yorkshire	255	3,596,325	96,524	1 0	15,179	3 6	661,749	151,892	Nil	
Total	1,291	30,829,695	919,399		142,872		6,106,329	1,242,167	One	

IRELAND.

				s. *d.*		*s.* *d.*				
Antrim	8	461,634	768	1 0	186	5 0	11,510	2,116	Nil	
Armagh	6	125,392	11,600	1 0	750	3 6	16,830	1,549	Nil	
Cork	10	404,611	4,750	2 0	430	5 0	19,452	1,893	Nil	
Clare	4	112,334	2,500	2 6	100	10 0	5,000	200	Nil	
Fermanagh	3	65,430	600	1 0	—	—	3,500	—	Nil	
Dublin	7	448,206	3,840	2 0	99	7 6	18,773	216	Nil	
Derry	14	144,404	5,087	1 6	26	5 0	20,648	284	Nil	
Mayo	1	199,166	450	2 6	—	—	1,330	—	Nil	
Limerick	12	146,098	2,500	2 0	350	5 0	25,000	4,200	Nil	
Total	65	2,107,275	32,095		1,941		122,043	10,458	No deaths.	

SCOTLAND.

County.	Number of Places in each County.	Population of County. 1901 Census.	Total Number of Administrations of Local Anæsthetics during 1908.	Fee charged for Local.	Total Number of Administrations of Nitrous Oxide Gas for 1908.	Fee for Gas.	Number of Administrations of Local Anæsthetics since Members joined the Society.	Number of Administrations of Gas since Members joined the Society.	Fatalities.	Remarks.
				s. d.		s. d.				
Aberdeenshire -	4	304,439	520	1 0	87	3 6	3,257	615	Nil	
Ayrshire - -	4	254,468	3,940	1 0	150	5 0	19,400	1,050	Nil	
Dumbartonshire	2	113,865	280	1 0	100	5 0	800	200	Nil	
Forfarshire -	4	284,082	12,900	1 0	1,685	5 0	165,000	21,575	Nil	
Invernesshire -	2	90,104	1,000	2 6	20	7 6	17,000	920	Nil	
Lanarkshire -	35	1,339,327	49,024	1 0	6,871	5 0	359,739	31,326	Nil	
Linlithgowshire	4	65,708	3,000	1 0	50	5 0	15,000	650	Nil	
Midlothian -	12	488,796	4,460	1 0	6,668	5 0	31,695	16,559	Nil	
Perthshire -	1	132,283	2,000	1 0	100	5 0	6,500	500	Nil	
Renfrewshire -	3	268,980	1,200	2 0	500	5 0	12,000	4,500	Nil	
Rosshire - -	3	76,450	6,000	1 0	50	5 0	12,000	100	Nil	
Shetland Isles -	1	28,166	1,000	1 6	—	—	10,000	—	Nil	
	75	3,446,668	85,324		16,281		652,391	77,995	No deaths	

WALES.

				s. d.		s. d.				
Cardiganshire -	5	82,707	600	1 6	—	—	6,500	—	Nil	
Carmarthenshire	2	123,570	4,650	1 0	—	—	35,600	—	Nil	
Carnarvonshire -	8	137,236	1,200	1 6	—	—	18,000	—	Nil	
Denbigh - -	4	126,458	4,650	1 0	26	2 6	2,100	568	Nil	
Flintshire - -	6	42,261	2,000	1 6	36	5 0	10,850	324	Nil	
Glamorganshire	2	866,250	15,342	1 6	392	5 0	81,891	2,152	Nil	
Montgomery -	6	63,994	2,300	1 6	700	5 0	20,000	2,000	Nil	
Pembrokeshire -	3	82,424	6,800	1 0	253	5 0	29,800	2,034	Nil	
	36	1,524,900	37,542		1,407		204,741	7,078	No deaths	

I hereby Certify that the above-named Statistics have been prepared from figures and information furnished by Members of the Incorporated Society of Extractors and Adaptors of Teeth, Limited.

ARTHUR NICHOLAS, *Accountant and Auditor,*
83, Bridge Street, Manchester.

15th March 1909.

APPENDIX No. 12.

Handed in by Mr. Butterfield. (*See* Q. 2968.)

INCORPORATED SOCIETY OF EXTRACTORS AND ADAPTORS OF TEETH.

ANÆSTHESIA CENSUS AND ANALYSIS.

Form of Return.

Name.	Address.	List of Branches. — Days and Hours of Attendance.	Dates when Branches were Opened.	Population.	Approximate Annual Number of Local Anæsthetic Cases.	Approximate Annual Number of Gas Cases.	Approximate Number of Cases since commencement.	Fees Charged for Local.	Fees Charged for Gas.

APPENDIX No. 13.

Handed in by Mr. Robert Peacock. (*See* Q. 4749.)

NOTES OF ANSWERS TO QUESTIONS IN APPENDIX No. 1, SUBMITTED ON BEHALF OF THE ASSOCIATION OF MUNICIPAL CORPORATIONS.

1. *Question.* With regard to the requirement (Coroners' Act, 1887, s. 4 (1)) that the coroner and jury shall view the body, do you consider (1) that the requirement should be dispensed with altogether, (*a*) in the case of the coroner; (*b*) in the case of the jury; or, (2) that the coroner should have a discretion as to (*a*) viewing the body himself; (*b*) requiring the jury to view?

Answer. I am of opinion the requirement to view the body should not be dispensed with altogether. In the case of the jurors I should leave it as a rule to their individual choice whether or not they all viewed the body, but the coroner should have a discretionary power to direct all members of the jury to view the body in special cases. There are many cases where a view of the body by the jury is necessary in order to enable them to arrive at a satisfactory verdict, for instance, in cases of neglect of children where the body is in an emaciated condition owing to neglect on the part of parents or guardians; and in other cases where it is necessary that the state of the body or nature of injuries should be brought to the special notice and attention of the jury.

Many reasons can be adduced for relaxing the compulsory viewing of bodies by juries. It sometimes is performed in a perfunctory manner. Often the jury view the body from such a distance that they cannot note any marks or peculiarities on the body; in other cases where a body is decomposed jurymen frequently complain of being made ill by the sight and smell.

In cases, however, where all the jury did not see the body, it would be necessary to give careful and satisfactory evidence as to the true identification of the body, and I suggest this could be accomplished by calling as a witness the constable in charge of the case or other competent person who could give positive evidence as to the identity of the body.

2. *Question.* Are you of opinion that a coroner, before deciding in a given case whether to hold an inquest, should have power to direct a post-mortem examination as a preliminary step?

Answer. I think that the coroner should have discretionary power to order a post-mortem examination before deciding to hold an inquest. The exercise of such power would be the means of preventing the holding of many really unnecessary inquests.

3. *Question.* When a post-mortem examination is directed either as at present (Coroners' Act, 1887, s. 21) or in pursuance of the suggestion in the foregoing question, do you consider that it should be entrusted to the medical practitioner engaged or concerned in the case, or should further provision be made for examination by an independent expert in special cases?

Answer. I am of opinion that further provision should be made for post-mortem examinations to be conducted in special cases by an independent expert, but not necessarily the same expert in all cases.

4. *Question.* What is the practice in your court as to the payment of jurymen, and have you any suggestions to make on the subject?

Answer. Jurymen are not paid any fees in Manchester. I should suggest that a small fee be paid to each juryman, as many complaints are now made by jurymen that they not only lose their day's pay (in their employment) but also out-of-pocket expenses, such as travelling fares and cost of refreshments, when attending the coroner's court.

5. *Question.* It has been suggested that it might be desirable to reduce the number of persons necessary to constitute a jury at an inquest. Do you consider that this suggestion should be adopted, and, if so, what number of jurymen do you consider should be (*a*) summoned, (*b*) sworn?

Answer. In my opinion it would suffice if nine jurymen were summoned instead of 17 as at present, and at least seven should be sworn to constitute the jury, in place of 12 sworn as at present, this number would appear to be sufficient for the purpose. It must be remembered that the important cases come before the magistrates and an assize jury.

6. *Question.* Coroners are at present empowered (Coroners' Act, 1887, s. 4 (5)), to accept a verdict of any 12 of the jury. Are you of opinion that they should not be empowered to accept anything short of a unanimous verdict, or do you consider that the verdict of a majority is satisfactory?

Answer. I am of opinion that the unanimous verdict of a jury is the most satisfactory verdict, especially if the numbers were to be reduced as above suggested.

7. *Question.* Have you any suggestions to make as to (*a*) payment of witnesses, or (*b*) orders for the production of documents or exhibits, or is the present law sufficient?

(Please enclose a Schedule of the payments you are authorised to make.)

Answer. In regard to the production of documents the present law is sufficient inasmuch as the coroner can summon any person to produce any document or exhibit he considers necessary for the purposes on an inquest.

In regard to the payment of witnesses I am not acquainted with any Act of Parliament authorising the payment of witnesses other than medical and expert witnesses.

The practice in Manchester for many years has been to pay medical witnesses 2*l.* 2*s.* for a post-mortem and evidence, and 1*l.* 1*s.* for giving evidence; magistrates clerks for producing dying depositions, 10*s.* 6*d.*; chemists, 2*s.* 6*d.*; midwives, 2*s.* 6*d.*; other witnesses, 1*s.*

Relatives of deceased persons and witnesses associated with the accident or incident by which the fatal injuries were received, are not given any remuneration; nor are any fees paid to medical witnesses from hospitals, infirmaries, and poor law institutions.

In addition to the fees named above third class railway fares are allowed to witnesses attending the court from a distance.

8. *Question.* In the City of London, in the case of loss or injury by fire, even though no deaths result, the coroner (*a*) *may* hold an inquest, if on the Report of the Chief Officer he thinks it expedient and (*b*) *must* hold an inquest if ordered to do so by the Lord Chief Justice or a Secretary of State (51 & 52 Vict. Ch. xxxviii.) Are you of opinion that it would be advantageous to extend this or some similar system to the country generally?

Answer. I do not think it would be advantageous to authorise inquests in the provinces in the case of fires. Such inquiries would be long, expensive, and unproductive, as it is difficult to arrive at a safe and satisfactory decision as to the precise manner in which a fire has originated when, as in the case of a large fire, all traces of the origin are destroyed in the general destruction of the building.

9. *Question.* Do you consider that the jurisdiction of the coroner to inquire into Treasure Trove (Coroners' Act, 1887, s. 36), should be continued, or might it advantageously be transferred to some other tribunal having jurisdiction to determine questions of title?

Answer. I do not see any objection to a continuance of the coroner's powers in relation to treasure trove. An inquest upon treasure trove has not been held in Manchester to my knowledge, and the records, which have been searched, do not show that such an inquiry has ever been held there.

10. *Question.* Should the coroner continue to have power (*c.f.*, Coroners' Act, 1887, s. 14), to act in place of the Sheriff in certain cases in executing the process of the High Court, or might this jurisdiction advantageously be transferred to the county courts.

Answer. I agree to the suggestion of transfer to the county court.

11. *Question.* In your experience have any difficulties arisen from the present system of death certification, or does the system work satisfactorily?

Answer. The present system is not satisfactory. In my opinion doctors should be compelled to notify the coroner immediately after death in cases of death resulting from injuries, from unknown causes, or where there are suspicious circumstances in the case. At the present time instances occur where doctors give certificates without sufficient inquiry—often there is a delay of two or three days before the certificate is presented to the registrar; with the result that the coroner is not informed until several days after the death, thus causing an unnecessary and undesirable delay in holding the inquest.

Many doctors now notify the coroner of any death within their knowledge respecting which they think an inquest should be held, but this is done voluntarily and is not the general practice I am of opinion it should be done compulsorily.

APPENDIX No. 14.

(*See* Q. 4750.)

Fire Inquests Bill.

Memorandum.

The object of this Bill is to provide that every coroner shall hold an inquest respecting any fire which occurs within his district when the police report that the fire is suspicious or when the coroner is directed so to do by a Secretary of State or two justices, or where an application for such an inquest is made to the coroner by a person interested.

Under the provisions of the City of London Fire Inquests Act, 1888, inquests respecting fires are held by the city coroner, but except in the city of London, there is at present in ordinary cases of fire no provision for the holding of such an inquiry unless death results, nor is there any person possessing the necessary power to summon witnesses and examine them upon oath.

Fire Inquests Bill.

Arrangement of Clauses.

Interpretation.

Fire Inquests. (8 Edw. 7.)

A

BILL

TO

Provide for the holding of Fire Inquests.

BE it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Interpretation.

1. In this Act, unless the context otherwise requires,—

"Coroner authority" means the authority or person having power to appoint a coroner;

"Coroner's jurisdiction" means the area within which a coroner acts for the purpose of holding inquests respecting deaths;

"Coroner" includes deputy coroner;

"Franchise coroner" has the same meaning as in the Coroners Act, 1887;

"Insurance company" means any person insuring premises or property against fire;

"Police area" and "chief officer of police" have the same meaning as in the Police Act, 1890;

"Prescribed" means prescribed by a Secretary of State;

"Suspicious fire" means a fire which there is ground to believe has been caused or aggravated by the unlawful act, default, or negligence of any person, whether known or unknown.

Fire Inquests.

2.—(1) Within every coroner's jurisdiction the coroner shall hold an inquest respecting every fire occurring at premises within such jurisdiction in any of the following cases:—

(*a*) when a report is made to him by an officer of police, as hereinafter provided, that the fire is a suspicious fire; or

(*b*) when he is so directed by a Secretary of State or by two justices for the place where such fire happens; or

(*c*) when an application is made to him by a person interested accompanied by—

(i) an affidavit sworn by such person before a justice of the peace to the effect that in the judgment of such person such fire is a suspicious fire;

(ii) a deposit as security for the expenses of the inquest as hereinafter provided.

(2) In this section "person interested" means—

(*a*) any person being an owner or occupier of any part of such premises, or of any immediately adjoining premises; and

(*b*) any person whose property was destroyed or damaged by such fire, or was in or upon such premises or any immediately adjoining premises at the time of such fire; and

(*c*) any insurance company, or officer of such company, by whom such premises or any immediately adjoining premises or any property in or upon any such premises as aforesaid were or was insured at the time of such fire; and

(*d*) the council of the administrative county and also the council of the municipal or metropolitan borough or county district in which the fire occurs.

(3) The deposit under this section—

(*a*) shall be of such amount as the coroner may in each case determine;

(*b*) shall be made either by leaving such amount with the coroner (who shall give a receipt for the same) or by giving security to the satisfaction of the coroner to the extent of such amount.

(4) An inquest under this Act shall be commenced within seven days of the report, direction or application in this section referred to, or within such further time as a Secretary of State or two justices acting for the place where the fire happens allow.

3. It shall be the duty of every chief officer of police, within three days after the happening at a place within his police area of any fire—

(*a*) by which life has been lost or endangered, or

(*b*) which has caused or threatened the destruction or material injury of any premises or valuable property, or

(*c*) which is a suspicious fire,

to make, by himself or by his subordinate officers, a report in writing to the coroner of the coroner's jurisdiction within which such place is situate of the fact and circumstances of such fire, and in particular whether it is a suspicious fire.

In this section "coroner" does not include the coroner's deputy.

4. For the purpose of holding such inquest the coroner shall have the same jurisdictions, authorities, functions, powers, duties, privileges, and obligations for compelling the attendance of jurymen, witnesses, and others, of administering oaths, taking recognizances, taking evidence, making payments, and allowing expenses, and of doing all or any judicial, magisterial, formal, or necessary acts in all respects as he now has with regard to inquests upon view of a dead body.

5. Such inquests shall be held in the same manner, with regard to the number and constitution of the jury, the qualifications of the jurymen, the mode of examining witnesses and taking their depositions, and in all other respects as nearly as may be as if it were an inquest held by the said coroner upon view of a dead body.

6. Upon such inquest the coroner shall inquire into the cause and circumstances of such fire, and all matters connected therewith, and the means for preventing the same, as to the said coroner holding such inquest shall seem fit, and also whether such fire was a suspicious fire and occurred under such circumstances as to render any person guilty of arson; and if such person be known, and the evidence warrant it, the jury may find a verdict of arson against such person in order that he may be placed on his trial for such offence, and such verdict and inquisition shall have the force and effect of an indictment:

Provided that if any person with regard to whom such verdict shall have been found shall not have been present at the inquest he shall be taken before a court of summary jurisdiction for the place where such fire occurred as an accused person to answer such charge.

7. For the purposes of such inquest the coroner and the jury, and such person or persons as the jury may require for their assistance, may enter and view any premises or place where the fire has happened or where it may be suspected to have originated, and have all reasonable access through other premises within the coroner's jurisdiction for that purpose.

8. The coroner holding such inquest shall take or cause to be taken down in writing the depositions of the witnesses, and sign the same.

9. When an inquest has been commenced under this Act no proceedings shall be commenced or prosecuted against an insurance company in pursuance of any claim arising from a fire which is the subject of such inquest until the time when the coroner transmits his report as by this Act provided, and any times prescribed for notice of claims or damage by any contract of insurance between such company and other persons shall be extended accordingly.

10.—(1) When an inquest is held upon the application of a person interested who has made a deposit in pursuance of the provisions of this Act, if it appears to the coroner that the applicant had not, at the time of making his application, reasonable ground to believe that the fire was a suspicious fire he shall direct all the expenses of the inquiry to be paid by such person, and

(*a*) the coroner shall apply such deposit, or, if the deposit is made by giving security, enforce such security accordingly, accounting for the same in the accounts of his disbursements and expenses, and returning the balance (if any) of the deposit, after payment of such expenses, to the person who made the same;

(*b*) If the expenses exceed the amount of the deposit such excess may be recovered from such applicant as a civil debt under the Summary Jurisdiction Acts by the authority by whom the coroner is paid.

(2) If on such an inquest it appears to the coroner that the applicant had such reasonable ground as aforesaid, the deposit shall be given up to, or as directed by, the person who made the same.

11.—(1) At the close of the inquest the coroner shall sign a written report respecting the fire and all the matters in relation thereto respecting which he is directed to inquire, and shall, not later than one week after such close, transmit such report, with the evidence so taken and signed as aforesaid, to the town clerk of the borough or metropolitan borough council, or to the clerk of the district council in whose area the place where such fire happened is situate, and copies of the same, so signed, to the Secretary of State and to the coroner authority, if a Secretary or such authority so require.

(2) Such town clerk or clerk shall safely keep the same, and permit any person to inspect the same at any reasonable time on payment of the fee of *one shilling*, and shall furnish copies of the same or of any part thereof to any person applying for the same on payment of a rate not exceeding *fourpence* for every hundred words.

(3) Any such report or evidence, or any copy thereof, shall, if it purport to be signed by the coroner by whom it was made or before whom it was taken, be conclusive evidence that such report or evidence was duly made or taken down in pursuance of this Act, but not for any other purpose.

12.—(1) It shall be the duty of the local authority to use and actively employ, for the avoidance of future fires, such information as is afforded by the coroner's report so transmitted to their clerk, and for that purpose to put in force all powers vested in them by any Act.

(2) The local authority may, on receipt of the report so transmitted to their clerk, institute and conduct criminal proceedings in respect of any offence disclosed by the report, and may out of the local fund pay the expenses of such proceedings so far as such expenses are not provided for by any Act.

(3) In this section—

"Local authority" means the town council of any borough or metropolitan borough and the council of any urban or rural district;

"Local fund" means the fund or rate out of which general expenses under the Public Health Acts, 1875 to 1907, or in the case of a metropolitan borough the Public Health (London) Act, 1891, are paid, and all provisions as to such expenses shall apply accordingly.

13. Nothing done under the provisions of this Act in relation to any inquest shall be invalidated by reason of any accidental or immaterial defect in the conduct of such inquest.

14.—(1) A coroner who is paid by fees for inquests held by him in cases of death shall be entitled to the like fees and allowances in respect of any inquest under this Act, and such fees and allowances shall be paid, allowed, and borne as in the case of inquests on death.

(2) A coroner who is paid by salary shall be allowed in respect of his duties under this Act such additional salary as may from time to time be fixed by the persons by whom and in the manner in which his salary in respect of his other duties is fixed. Such additional salary of a coroner shall not, in the first year after the commencement of this Act, bear less proportion to his salary in respect of inquests on deaths than half the proportion borne by the number of inquests held by him under this Act to the number of inquests held by him in cases of death.

15. Every coroner shall annually, at the prescribed time and in the prescribed form, make a report to a Secretary of State of all fires which in the prescribed period have been reported to him by the police, and in particular of all fires respecting which he has within such period held inquiries in pursuance of this Act.

Application of Act.

16. Nothing in this Act shall—

(*a*) affect any investigation or inquiry directed by or under any Act of Parliament;

(*b*) extend to a fire which occurs on or in, but does not spread beyond, a railway, light railway, or tramway, and the works thereto belonging or a mine or quarry.

17. In the application of this Act to Ireland the Lord Lieutenant shall be substituted for a Secretary of State, the Public Health (Ireland) Acts, 1878 to 1907, for the Public Health Acts, 1875 to 1907, and county or county borough for police area and chief officer of police shall mean, with regard to each such county or borough, such officer of the Royal Irish Constabulary or of the Dublin Metropolitan Police as the Lord Lieutenant shall prescribe.

18.—(1) This Act may be cited as the Fire Inquests Act, 1908.

(2) This Act shall, save as otherwise provided, come into operation on the *first day of January nineteen hundred and nine.*

(3) This Act shall apply to the common council of the city of London in respect of the coroner appointed by them for the borough of Southwark, but shall not otherwise extend to the city of London nor to the said coroner save as regards the said borough.

(4) Nothing in this Act shall extend to Scotland.

Transitory Provisions.

19.—(1) Any coroner in office at the time of *the passing of this Act* may, within two months after *the passing of this Act*, by notice in writing, refuse to undertake the duties by this Act directed to be performed by coroners in respect of fires.

(2) Such notice shall be addressed—

(*a*) if the coroner authority is a county council, to the clerk of that council;

(*b*) if the coroner authority is the town council of a borough, to the town clerk;

(*c*) in any other case to a Secretary of State.

(3) In the event of any such coroner so refusing the coroner authority shall appoint a person qualified for the office of such coroner to be temporary fire coroner for the coroner's jurisdiction of such coroner.

(4) A fire coroner shall cease to hold office on the appointment by the coroner authority of a coroner in lieu of the coroner in whose stead such fire coroner was appointed.

(5) Subject as aforesaid a fire coroner shall for the purposes of this Act have all the powers, duties, privileges, and liabilities of the coroner so refusing, and all things to be done by or to such coroner for any of the said purposes shall be done by or to the fire coroner, and the coroner so refusing shall not act for any of the purposes of this Act.

(6) A fire coroner shall be paid the same fees and allowances or salary as would under this Act have been paid to the coroner of the coroner's jurisdiction if he had not refused to Act, and the same shall be paid in like manner as they would have been so paid.

APPENDIX No. 15.

Handed in by Mr. Bradley. (*See* Q. 5387.)

FORMS IN USE IN CONNECTION WITH INQUIRIES AND INQUESTS.

FORM of PRECEPT for the JURY.

CITY OF BIRMINGHAM, Warwickshire. To Wit. } *To His Majesty's Peace Officers, the Chief Constable, Superintendents, Inspectors, Serjeants and Constables of the Police force, in the City of Birmingham, and to either of them.*

THESE are, in His Majesty's Name, and by virtue of my Office, to command and require you, or one of you, immediately upon sight hereof, to summon lawful men of the City of Birmingham, so that they may be and appear before me, His Majesty's Coroner for the said City, at the Coroner's Court, Victoria Courts, Corporation Street, in the parish of Birmingham, in the said City, by of the clock in the noon, on the Day of then and there to inquire touching the Death of

now lying dead at in the said City: And you are also to summon and cause to appear, at the Time and Place aforesaid, all material Evidences and Witnesses relating to the Death of the said and be you yourself then and there also present, to make a return of this Precept, with a list of such Evidences and Witnesses, their several Residences and Occupations, and further to do and execute such other matters as shall be then and there enjoined you. And herein fail not at your peril.

Given under my Hand and Seal this Day of in the Year of the reign of our Sovereign Lord EDWARD THE SEVENTH by the Grace of God of the United Kingdom of Great Britain and Ireland King, Defender of the Faith, and in the year of our Lord 190

Coroner.

E.R.

The answer of

Witnesses hereunto annexed.

The Execution of this Precept appears by the Panel and List of the Evidences and

Coroner's Officer.

Witnesses.	Residence.	Trade or Occupation.

FORM of SUMMONS to MEDICAL MAN directing POST-MORTEM EXAMINATION.

CITY OF BIRMINGHAM, To Wit. }

Coroner's Inquest, at the Coroner's Court, Victoria Courts, Corporation Street, in the said City, upon the body of

By virtue of this my Order, as Coroner of the City of Birmingham, you are required to appear before me and the Jury, at the Coroner's Court, Victoria Courts, Corporation Street, in the said City, on the day of One thousand nine hundred and at of the clock in the noon, to give evidence touching the cause of death of

and make or assist in making a post-mortem examination of the body including the viscera of the head, chest and abdomen, and report thereon at the said inquest.

Dated the day of 190 .

Coroner.

To _____

_____

_____

_____

FORM AUTHORISING and DIRECTING REMOVAL of BODY.

CITY OF BIRMINGHAM, To Wit. }

Coroner's Inquest upon the body of

As Coroner for the City of Birmingham, I hereby authorise and direct you to remove the body of

aged from

to

for the purpose of $\frac{\text{external}}{\text{post-mortem}}$ examination.

Dated the day of 190 .

Coroner.

To _____

_____

_____

_____

FORMS of NOTICE to MEDICAL OFFICER of ASYLUM and of WORKHOUSE INFIRMARY that no further INQUIRY necessary.

CORONER FOR BIRMINGHAM.

To the Medical Officer of Birmingham City Asylum.

_____ 190

I HEREBY CERTIFY that no further inquiry into the Death of

_____

a patient of the above Asylum, is necessary.

_____ *Coroner.*

CORONER FOR BIRMINGHAM.

To the Resident Medical Officer of Birmingham Workhouse Infirmary.

_____ 189

I HEREBY CERTIFY that no further inquiry into the Death of

_____

an inmate of the above Infirmary, is necessary.

_____ *Coroner.*

FORM of LETTER to MEDICAL MAN.

CITY OF BIRMINGHAM.

Coroner's Office,
Victoria Courts,
_____ 190 .

DEAR SIR,

_____ deceased.

I thank you for the information you have rendered me, which, with the inquiries I have caused to be made, do not disclose any criminal or suspicious circumstances surrounding the death. I do not therefore deem an Inquest necessary, and have notified accordingly to the Registrar for the District in which the death took place.

The official instructions of the Registrar-General to the Registrars provide that "immediately on receiving this notification, the Registrar must register the death on the information of an ordinary informant, and if the deceased was attended during the last illness by a Registered Medical Practitioner, his certificate must be obtained and delivered to the Registrar." You will observe, therefore, that the Registrar will require from the friends a certificate or such other evidence as may be available as to the cause of death.

In cases where you are in a position to certify, you will no doubt do so if required; and in cases where you cannot certify, some trouble may frequently be saved to the friends by your writing to the Registrar (if so desired) with any information you can give as to the probable cause of death.

Yours truly,

Coroner.

To _____

FORM of LETTER to RELATIVES.

CITY OF BIRMINGHAM.

Coroner's Office,
Victoria Courts,
_____ 190 .

SIR OR MADAM,

I do not intend to hold an inquest on the body of _____

consequently application must be made to the Registrar of the District in which the death took place, for a burial order.

Yours, &c.

Coroner.

To _____

APPENDIX No. 16.

Handed in by Mr. John Graham (*See* Q. 6099.)

COUNTY OF DURHAM (CHESTER WARD).

RETURN

showing how the number of inquests in "natural causes" deaths has been reduced in Chester Ward, by Coroner Graham's voluntary action during the last five years, from 789 to 133, owing to the adoption by the Finance Committee of his suggestion that a small fee should be paid to medical men for preliminary medical reports in such cases,

And also that, although the total number of deaths reported to him during the last five years has increased from 3,746 to 4,411, the number of inquests held by him during that period has been reduced (also by his voluntary action) and to save needless cost to the county from 2,758 to 2,200.

And further, that by the granting of the certificates to the registrars of deaths (after due inquiry and obtaining preliminary medical reports) that inquests were

unnecessary in 1,867 "natural causes" deaths Coroner Graham has effected during the last five years a saving to the county rates of at least 3,267*l.* 5*s.*, because but for such preliminary medical reports inquests must necessarily have been held in each of such cases and at an estimated average cost of 2*l.* per case (including medical fees of 1*l.* 1*s.* or 2*l.* 2*s.*, either of which fees must have been paid in each case and the expenses of such 1,867 cases, if inquests had been held, would have amounted to 3,734*l.*, whereas the amount actually paid by him for medical reports amounted to the almost nominal sum of 466*l.* 15*s.*, resulting in a clear saving of at least 3,267*l.* 5*s.*, but without any appreciable diminution of his official work (which is not capable of being measured merely by the "number of inquests held" or "a number of days on which they were held"), whilst at the same time adding greatly to his responsibility and the necessity for exercising the utmost care and discrimination in deciding whether inquests should or should not be held.

Years.	Deaths reported.	Totals.	Inquests held.	Totals.	Certificates given Inquests not necessary.	Totals.	Number of Medical Reports paid for.	Totals.	Amounts paid for Medical Reports.	Totals.	Number of Verdicts Natural Causes Inquests.	Totals.
									£ s. d.	£ s. d.		
1896	646		553		93		—		—		227	
1897	711		591		120		—		—		202	
1898	705		605		100		—		—		204	
1899	796		522		274		—		—		94	
1900	888		487		401		259		65 0 0		62	
		3,746		2,758		988		259		65 0 0		789
1901	895		455		440		339		84 15 0		18	
1902	903		456		447		363		90 15 0		26	
1903	871		459		412		361		90 5 0		25	
1904	855		393		462		412		103 0 0		16	
1905	887		437		450		392		98 0 0		48	
		4,411		2,200		2,211		1,867		466 15 0		133
Total increase of deaths reported, or Average per annum over 5 years.		665 / 133				Total reduction of verdicts "deaths from natural causes" - - - - - - or Average per annum over 5 years - -						656 / 131⅓